

Response to the Independent review of the physician associate and anaesthesia associate roles

1. Purpose

To provide the Board with information on the requirements placed upon employers emerging from the review by Professor Gillian Leng of Physician Associate and Anaesthesia Associate roles. In addition, provide an overview of the action underway as a system to respond and ensure compliance.

2. Background

Following high profile debate amongst professionals and the public regarding Physician Associates (PA) and Anaesthesia Associates (AA) with some concerns for safety raised, an independent review of the two professions was commissioned in the Autumn of 2024 (the Leng Review). The principal aim of the review was to determine whether the roles of PA and AA were safe and effective as members of a multidisciplinary team.

The review included national bodies such as the Care Quality Commission; professional regulatory bodies; coroners; NHS Foundation Trusts; NHS staff and patients. In addition, international literature, audit data and unpublished research was considered.

3. Key Findings

The independent review was published in July 2025 and presented its findings. Key messages were:

- **Role and Impact:** The review recognises and highlights the contributions of physician associates (PAs) and anaesthesia associates (AAs) in the healthcare system. There was no evidence to support abolition of the roles, although further exploration is required regarding the need for further training of AA roles in the future.
- **Training and Education:** It emphasises the need for standardised and comprehensive training programs for PAs and AAs. The review suggests that enhancing the quality of education will ensure that these professionals are well-prepared to meet the demands of their roles. This includes more experience working in secondary care prior to taking up roles in primary care.
- **Regulation and Governance:** The review calls for clearer regulatory frameworks and governance structures for PAs and AAs. This includes defining their scope of practice and ensuring that they are integrated into the healthcare team effectively. Importantly however it calls for some

limitation to practice particularly in relation to PAs and undifferentiated diagnosis.

- **Career Progression:** The review identifies the importance of creating clear career pathways for PAs and AAs. It suggests that providing opportunities for professional development and advancement will help retain these professionals in the healthcare system.
- **Public Awareness and Acceptance:** The review notes that increasing public awareness and understanding of PAs and AA roles is important, ensuring PAs in particular are distinguished from doctors. Both roles should be known as assistants rather than associates.

These key findings underscore the importance of PAs and AAs in the healthcare system and provide recommendations for enhancing their roles and contributions whilst ensuring clinical safety and ongoing monitoring.

4. PAs and AAs in the North East and North Cumbria

There are varying numbers of PAs and AAs working across health services in our region:

Organisation	PA Headcount	Area of Work	AA Headcount
County Durham and Darlington NHS Foundation Trust (FT)	2	Paediatrics & Surgery	0
Cumbria Northumberland Tyne and Wear NHS FT	0	N/A	0
Gateshead Health NHS FT	0	N/A	0
Newcastle Upon Tyne Hospitals NHS FT	16	Range of services including Cardiothoracic Services, Women's Services, Medicine and Emergency Care (Assessment Suite, Dermatology, Hepatology, Older Peoples Medicine & Respiratory), Surgical Services, Trauma & Orthopaedics & Clinical Research.	0

Organisation	PA Headcount	Area of Work	AA Headcount
Northumbria Healthcare NHS FT	20	Range of services including primary care, ambulatory care, cardiology, emergency care, stroke team.	9
North Cumbria Integrated Care NHS FT	10	Emergency Services, General Surgery, Gastroenterology, Respiratory Medicine & Education	0
North East Ambulance Service NHS FT	0	N/A	0
North Tees and Hartlepool NHS FT	9	Medicine, A&E	0
South Tees Hospitals NHS FT	2	Neurology & Stroke	3
South Tyneside and Sunderland NHS FT	11	Emergency Care & Neurology (Rehab and Elderly Medicine)	0
Tees Esk and Wear Valley NHS FT	6	Medical department (Mental Health)	0
NENC Primary Care	23	Data unavailable	0
Total	99		12

* Data provided by NHS Foundation Trusts. Primary care data held by the ICB.

5. Review Recommendations

Eighteen recommendations were made in relation to the two roles. These are summarised by Dr Leng¹ in the BMJ as follows and have implications at national, system and employer level:

- Renaming the two associate professions to physician assistants (PAs) and physician assistants in anaesthesia (AAs) and positioning of roles as supportive and complementary working alongside doctors.
- Roles must be clearly identified using a combination of nomenclature, name badges, lanyards, and uniforms, ideally at a national level.
- Standard job descriptions for the first roles that AAs and PAs undertake.
- Limitations to the practice of the PA, particularly in relation to undifferentiated patients and a requirement for experience in secondary care before working in general practice.

¹ BMJ 2025;390:r1478 <https://doi.org/10.1136/bmj.r1478> (accessed 15.08.25)

- Career development opportunities to give AAs and PA the ability to progress in a similar way to other professionals and new faculties for AAs and Pas.
- Clarification on how the roles work at a local level informed by all relevant professions through a national working group.
- Rebuilding of an effective team structure for doctors and for others in the healthcare workforce, supported by the ongoing review of postgraduate training of doctors.
- Collaboration on workforce requirements, especially in relation to the AA role.
- Ongoing review of safety outcomes.

System actions include supporting doctors as leaders and line managers to identify time and develop knowledge and skills to supervise the PA and AA roles. In addition, it is recommended the Department for Health and Social Care establish a group to redesign medical and multidisciplinary teams.

6. System Response

NHS England has written to all employers and informed them that with immediate effect job titles should be change to assistant rather than associate; ensure all new entrants to primary care have at least two years' experience in secondary care; and ensure PAs do not triage patients nor see undifferentiated patients.

In addition, NHS England has asked that for current PAs and AAs in post, their duties and job descriptions are aligned to the template published in the national review. Importantly, employers should also engage with, and support affected staff groups through transition, including pastoral as well as professional support.

However, independent sector organisations commissioned by the ICB to deliver NHS care may also employ PAs and AAs. The ICB may wish to seek assurance through contracting mechanisms that independent sector employers are aware of the review recommendations and are responding as required.

7. Recommendations

The Board is asked to:

1. Note the key findings and recommendations from the Independent Review of the Physician Associate and Anaesthesia Associate Roles.
2. Note the number of PAs and AAs employed across the North East and North Cumbria system.

3. Be assured through NHS England correspondence that all NHS employers understand the action to be taken to ensure safety and support the transition and ongoing development of the Physician's Assistant and Anaesthesia Assistant roles.
4. Seek assurance via contracting mechanisms that independent sector employers are aware of the review recommendations and are responding as required.

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