RCPsych Physician Assistants Task and Finish Group

Guidance on Physician Assistants working in mental health

July 2025

RCPsych Physician Assistants Task and Finish Group

Final Guidance on Physician Assistants working in Mental Health

Contents

Executive Summary

The Final Guidance from the RCPsych Physician Assistants Task and Finish Group builds on the Interim Guidance that was published in July 2024. The Interim Guidance was published to provide clarity and basic guidance to employers and practitioners to ensure patient safety, protect the training and development of psychiatrists, and ensure the appropriate training is in place for Physician Assistants working within psychiatric settings.

Since July 2024 the Task and Finish Group has gathered further evidence, engaged with a variety of stakeholders, and has consulted with RCPsych Council.

This guidance reiterates that to ensure patient safety, appropriate supervision arrangement must be in place when employing PAs in mental health settings. Clinical supervision of PAs working in mental health settings must be delivered by consultant psychiatrist or Specialty and Specialist (SAS) psychiatrists. The supervision arrangements for PAs must be reflected in job plans. The impact of

this supervision time must also consider the capacity for the supervision of Resident Doctors. The supervision of Resident Doctors must be prioritized.

The RCPsych recommends that all PAs working in mental health settings for the first time should complete an Inceptorship year.

The Task and Finish group and the RCPsych Council concluded that there is a role for PAs within the Multi-Disciplinary Team (MDT), and that PAs work most effectively within the MDT when their roles are clearly defined.

The RCPsych recommends that a national scope of practice for PAs working in mental health should be created. The RCPsych would be prepared to work with stakeholders to create such a scope.

Context and Methodology

In 2002, the Physician Assistant role was first introduced into the NHS and by June 2023 approximately 1,508 Full-Time Equivalent (FTE) PAs were working in NHS hospitals and a further 1,707 FTE PAs were working in General Practice and Primary Care Networks (NHS Electronic Staff Record, June 2023).

Medical associate professionals (MAPs), including Physician Assistants (PAs), Anaesthesia Associates (AAs), and Surgical Care Practitioners (SCPs) are currently working in the NHS in a variety of roles across primary and secondary care.

The government in England plans to increase the number of PAs by 2036/37 from approximately 3,250 to 10,000 in total (an increase of over 300%); and AAs from approximately 180 to 2,000 as part of their NHSE Long Term Workforce Plan 2023.

In comparison to the projected increase in the number of medical students, 10,000 per year by 2028/29 and 15,000 per year by 20231/32 (NHS Long term plan, June 2023), the projected increase in the number of PAs in Psychiatry is substantially smaller; expected to be in the hundreds rather than thousands.

While PAs may form a very small proportion of the mental health workforce, (around 150 registered on the RCPsych PA Network and around 200 estimated to be working in psychiatry at the beginning of 2024) there have been concerns raised from stakeholders about patient safety, PAs operating outside their scope of practice and the impact of PA training and supervision on psychiatrists.
The current President of the Royal College of Psychiatrists, Dr Lade Smith CBE, therefore commissioned this review to ensure that PAs employed in psychiatric settings can do so safely and effectively without compromising patient safety or

patient/public confidence. The review was co-Chaired by the current RCPsych Dean, Professor Subodh Dave, and the 2023-2024 Chair of the Psychiatric Trainees' Committee, Dr Laura Thorn (now known as the Psychiatric Resident Doctors' Committee). The first meeting of the review group was convened by the Chairs in early 2024. The review group reported to the College's Education and Training Committee and Council regularly throughout the review period.

In light of the concerns raised, including the potential negative impact on resident doctor supervision and possible encroachment of scope to medical roles, in July 2024 the Review Group drafted interim guidelines to employers to ensure practice was safe and governance processes are clear around their supervision and employment.

The task and finish group engaged a number of stakeholders during the course of the review, including the AoMRC, NHS England, employers of PAs, those conducting research into the role of PA, as well as engaging with other Royal Colleges. We invited members and Physician Assistants to contact us via dedicated email addresses. We also tracked the progress of other Royal Colleges and considered their publications regarding Physician Assistants as part of our review. The task and finish group considered views and feedback from members and sought feedback through our elected members of Council, Faculties, Special Interest Groups SIGs, Divisions, Devolved Nations, Psychiatric Trainees' Committee/Psychiatric Resident Doctors' Committee and SAS Committee, whose role it is to canvass their membership and feedback. We have heard and considered a range of views, both positive and negative.

The College appreciates the challenges Physician Assistants, Resident Doctors in psychiatry, SAS Doctors in Psychiatry and Consultant Psychiatrists have faced over the past months and years. We value the contributions of all stakeholders to support this review process in a respectful and collaborative way.

RCPsych values

Our organisational values form the cornerstone of our actions; it is therefore important to address how we met these throughout the review process:

Courage

There was transparency and openness at every stage of the process. The PA Task and Finish Review Group membership, process and summary of meeting

discussions were shared on our website. Our Officers' Question Time addressed questions raised by members and we regularly shared ways that members could contact the College directly via dedicated email addresses and through their representatives on the review group. We had the courage to undertake the process in a thoughtful and considered way, while also engaging with relevant members and stakeholders.

Innovation

It is important to keep innovating to meet the needs of patients and it was recognised through the review group that there is a role for PAs in the mental health workforce, as long as the right mechanisms are in place. The RCPsych has been working to create these mechanisms since 2019. The College's National Collaborating Centre for Mental Health (NCCMH) developed a competency framework in 2021 and recommended an inceptorship year to ensure PAs had the necessary knowledge and skills to support psychiatrists and the MDT.

Respect

The Task and Finish Review Group included a Physician Assistant, representing out PA network, as well as other key stakeholders. All voices were given the space to be heard, and additional perspectives were sought. The group was respectful of all parties throughout in the process.

Collaboration

The Task and Finish Review Group sought and received views from everyone; we held 11 meetings of the Task and Finish group and several meetings with stakeholders including with NHSE, AoMRC and the GMC. An RCPsych patient representative was a member of the group as well as a Physician Assistant from our network.

Learning

The Task and Finish Review Group considered responses from members, employers, other Royal Colleges and independent research of PAs. We also contributed to the Leng review, ensuring they were aware of our Interim Guidance.

Excellence

Patient safety is at the heart of everything we do. This has been the guiding principle for the review and all our work in this area. We wrote directly to employers in March 2024 to stress the issues that our members were concerned

about and published our interim guidance to acknowledge the urgency of the situation in July 2024.

Key Findings of the Task & Finish Group

1. The opinion of RCPsych council was sought as part of the review process; they were asked to vote on three key questions:
    - Is there a place for Physician Assistants in Mental Health care?
    - Should the RCPsych call for the NHS to develop a scope of practice for PAs working in Mental Health?
    - Should the RCPsych call for a mandatory period of inceptorship for PAs working in Mental Health?

    Council members voted affirmatively on these three questions.
2. An inceptorship year adds value to the contributions a PA can bring to the MDT and reassures employers and colleagues of their knowledge, skills and competence.
3. The number of PAs working in mental health settings is very small compared with other medical specialties. Around 3500 PAs were estimated to be working in 2024, not all in hospitals. The number of PAs working in psychiatry was estimated to be around 200 at the beginning of 2024; 150 were signed up to the RCPsych PA Network.
4. Most of these PAs are working in in-patient settings and supporting physical health care is a key part of their role within psychiatry, for which they are trained. There are examples of PAs being valued and appreciated within the MDT.
5. There are examples of where PAs have had a negative impact on the supervision time available to Resident Doctors, and there are also examples of PAs working either without adequate supervision or working without the level of supervision needed for a dependent practitioner.
6. Many other Royal Colleges have position statement on PAs, those that have a direct impact on PAs who may see mental health patients are signposted to within our guidance:

    - Royal College of Paediatrics and Child Health
    - Royal College of Physicians
    - Royal College of Anaesthetists
    - Royal College of Surgeons of England
    - Royal College of General Practitioners
    - Royal College of Physicians of Edinburgh
    - Royal College of Radiologists
    - Royal College of Emergency Medicine

7. PAs work best within the MDT when they have a clear scope of practice – this refers to the areas of practice in which they can work and is distinct from autonomy of practice – we also stress in the recommendations the importance of supervision.
8. There are scopes of practice for PAs available, including the BMA scope of practice, which is clear on the supervision requirements for PAs, and the CMAPS/UMAPS scope of practice and self-assessment tool. It should be noted, however, that these scopes of practice are not wide enough to cover all psychiatric settings. Neither scope of practice was developed in collaboration with the College.
9. This guidance includes a recommendation that a scope of practice should be created for PAs working in psychiatric settings. The College does not currently have enough evidence to create such a scope, nor is it appropriate to use RCPsych resources to develop a scope of practice for another profession.
10. The RCPsych would welcome the opportunity to be commissioned to work with relevant stakeholders to create a detailed and comprehensive and nationally agreed scope of practice for Physician Assistants working in psychiatry. The College should be a key stakeholder in this to ensure clarity for all, particularly PAs.
11. Physician Assistants began to be regulated by the GMC at the end of 2024 – this was supported by the college – the GMC have since released guidance around supervision which the college recommend and have incorporated into our guidance.
12. The high fill rates and growth of core and higher training need an increased amount of supervision time. There is a clear correlation between being able to provide supervision for the psychiatric workforce to meet the needs of patients, and for doctors to work at the top of their licence. Employment and supervision of resident doctors working in core and higher training must be prioritised in order to secure the future of psychiatric services, and the growth of a workforce that will support the needs of the population. Despite this expansion, there is still a need for further medical training posts, which need to be funded as a priority in NHS workforce planning.
13. PA roles are Band 7 roles. As the PAs workforce has expanded, there does not seem to have been an economic review of the cost vs quality for PAs. Employers should be able to provide justification for any role they are hoping to employ.
14. The College is clear that when employing PAs, there should be a transparent comparison with other professionals, particularly in terms of the economic impact and the scope of their role. It is important that employers make a quality and economic case for employing PAs, which should consider and include the costs of senior supervision for other key roles in the MDT (including resident doctors, nurses etc.)

RCPsych Guidance on Physician Assistants working in Mental Health

PAs are a dependent profession and must not practice with full autonomy.

PAs can add value to the MDT, but PAs are different from other members of the MDT in that they need consultant supervision time. The impact of this on psychiatric resident doctors, the wider MDT and the individual supervisor's own time and resources must be evaluated before the recruitment of PAs.

Psychiatrists are responsible for the care of patients. The impact of supervision time from senior psychiatrists for PAs must be evaluated in terms of patient care.

Employment / Role

1. PAs must not be used to replace psychiatrists. PA job descriptions should be clearly defined and different to that of a psychiatrist.
2. PAs should not be recruited with funding intended for the recruitment of doctors nor replace doctors in any way.
3. PAs must not be on 'on-call' doctor rotas.
4. PAs should be advised to take up personal indemnity and the risks of not having this should be clearly elucidated to them.
5. It is important to recognise that if a PA acts outside their agreed scope of practice, they are liable to open themselves to GMC proceedings. For example, if a Physician Assistant is also qualified separately as a non-medical prescriber, they still would not be able to prescribe in their role as a Physician Assistant.
6. The role of PAs should be clearly defined, with clear scope and supervision arrangements. In the absence of a national scope of practice, it is currently the responsibility of employers to be clear on the scope of practice for the Physician Assistant within the MDT and CMHT.
7. The RCPsych calls for the development of a national scope of practice that can adjust to the different complexities of various settings.
8. The relevant Medical Director and Director of Medical Education should ensure that the impact of all PA recruitment on the supervising psychiatrists' job plan and on trainee supervision time is explicitly assessed and mitigated appropriately where required. The College recommends that 0.25 PAs per PA per week (SPA time) should be job-planned for each person they supervise.
9. PAs should always have access to a named supervisor so that they know how to escalate cases.
10. When seeing patients, PAs should always introduce themselves by name and job title.

11. Undifferentiated patients – PAs should not make the initial diagnosis of a mental health condition but can make initial assessments – these should be discussed with the supervising clinician and MDT. The college does recognise that as experience is gained within a service, data is collected from patients by different members of the MDT; formal diagnosis should not be completed by Physician Assistants

Supervision / Training

1. PAs must not provide psychiatric supervision to resident doctors and/or specialty doctors.
2. PAs support all doctors, including resident doctors. To do this effectively, training beyond the inceptorship year will be necessary. An analysis of training requirements should be made, including ensuring there is no encroachment on resident doctors. Once this has been satisfied, PAs should be given the training opportunities they need to develop within their role and service.
3. Physician Assistants working in mental health settings for the first time should complete an inceptorship year with weekly supervision and should complete training relevant for their role.
4. The regulator (GMC) has developed detailed guidance on the supervision of Physician Assistants, which includes recommendations to do with day to day supervision as well as professional development and appraisals for PAs. The college recommends this guidance. In addition to this guidance the college also recommends:
    - Weekly supervision of PAs on Inceptorship
    - An analysis of competence and scope to determine long term supervision, not less than once per month for the most experienced PAs.
    - There should be a named supervisor on every shift through which a PA can escalate concerns.
5. Physician Assistants working in mental health settings should receive clinical supervision from a consultant psychiatrist or Specialty and Specialist (SAS) psychiatrists. The appropriate level of clinical supervision should be tailored to ensure patient safety and meet the developmental needs of individual PAs.

Physician Assistants in Primary and Emergency Care

As Physician Assistants can be asked to take on mental health roles in settings outside psychiatry, we have included a section on PAs working within primary care and emergency care settings. This part of our guidance should be treated as supplementary to the guidance already published by the Royal College of Emergency Medicine and Royal College of General Practitioners.

The RCPsych recognises that some Physician Assistants in Primary Care settings as well as those in Emergency Care settings are tasked with evaluating the ongoing mental health care of some patients. Where this is the case, RCPsych recommends:

- The employer sets out a clear training plan that will be required for the PA to succeed in the role within their scope of practice and competence.
- For employers to use RCEM, RCGP guidance, as well as RCPsych's final guidance, especially with regard to training and determining scope of practice, as well as guidance and training pertaining to the assessment of undifferentiated patients.
- As in all settings, it is imperative that the Physician Assistant is trained for their role, within their scope of practice and competence.

We would like to thank all the members of the task and finish group for their contributions to discussions and this document:

Dr Subodh Dave

Dr Indira Vinjamura

Dr Laura Thorn

Dr Ashish Kumar

Dr Lade Smith

Dr Lily Read

Dr Helen Crimlisk

Dr Stephen Moore

Prof. Wendy Burn

Dr Philip Crocket

Dr Clare-Marie Hosein

Marie-Louise Turner

Dr Chris Walsh

Dr Nathan Randles

Appendix 1 - Background to the College's work with Physician Assistants to date

The Royal College of Psychiatrists' (RCPsych) involvement with Physician Assistants (PAs) first commenced at the end of 2019. At the time, there were 19 Physician Assistants working within psychiatric settings.

The initial project was designed to attract 10% of those taking the PA national exam (at the time around 650 – 700 per year) to work within psychiatric settings. It was very clear that the role of PAs was to support, but not replace, psychiatrists within the context of rising service demand and a need for longer term sustained medical workforce planning and retention. (We estimate that there are approximately 200 Physician Assistants working in psychiatric settings across the UK currently (June 2024); 115 of them are signed up to the RCPsych Physician Assistant network).

We delivered training and education conferences for Physician Assistants in 2021 and 2022 and have also had an online modular course on our e-learning hub since June 2023. We developed lines of communication through a dedicated email address and social media account.

The College has also worked with many employers throughout this time. RCPsych held an initial employers' conference in early 2020, and the team have spoken to a further 45 employers since, who have been interested in employing Physician Assistants.

In 2022, RCPsych commissioned the National Collaborating Centre for Mental Health to help develop a competence framework for Physician Assistants working in Psychiatric settings. Physician Assistant courses last for two years in which time they generally get, though not always, a 90 hour clinical placement in mental health. Overall, Physician Assistants typically undertake a minimum of 1600 hours of clinical training via placements during their programme.

The College recognised that in order to fulfil their roles safely in Psychiatric settings, PAs would need more elaborate training in the workplace. We, therefore, encouraged all employers to induct their Physician Assistants on an inceptorship year to ensure they had the skills necessary for the unit or service they were to be working within. A model of an inceptorship year was published in the Health Education England (now merged with NHS England) toolkit for Physician Assistants in mental health, which was developed with members of the RCPsych and approved through the Education and Training Committee.

Appendix 2: Recommendations from the Interim Guidance on Physician Assistants working in mental health

Employment / Role:

- PAs must not be used to replace psychiatrists.
- PAs should not be recruited with funding intended for the recruitment of doctors nor replace doctors in any way.
- Employers should carefully consider the implications of further recruitment of PAs in psychiatric settings until such time as the full RCPsych recommendations are released and training is in place to support PAs working in psychiatric care.
- PAs must not be on 'on-call' doctor rotas.
- It is the responsibility of employers and supervisors to be clear on the scope of practice for the Physician Assistant within the MDT and CMHT.
- PAs must be clearly informed that acting in doctor roles could invalidate the employer's Crown indemnity.
- PAs should be advised to take up personal indemnity and the risks of not having this should be clearly elucidated to them.
- PAs should be used to support the doctors and the MDT, working under supervision.
- The role of PAs should be clearly defined, with clear scope and supervision arrangements.
- The relevant Medical Director and Director of Medical Education should ensure that the impact of all PA recruitment on the supervising psychiatrists' job plan, and on trainee supervision time, is explicitly assessed and mitigated appropriately where required.
- When seeing patients PAs should always introduce themselves by name and job title.

Supervision / Training:

- PAs should not be referred to as, or used as, experts to diagnose clinical conditions in psychiatry.
- PAs must not provide psychiatric supervision to resident doctors and/or specialty doctors.
- PAs starting work in mental health settings should have a review of their competencies. It is likely they will require additional training over and above that they received during their PA training and subsequently. The type of training given, should reflect the work the Physician Assistant will be doing in the MDT and should be specific to the service or unit they will be working within. This training should not interfere with the training or professional development of any psychiatrists.

Physician Assistants in primary and emergency care:

The RCPsych recognises that some PAs working in Primary Care settings as well as those working in Emergency Care settings are tasked with evaluating the ongoing mental health care of some patients. Where this is the case, RCPsych recommends:

- The employer sets out a clear training plan in mental health care and treatment that will be required for the PA to succeed in the role within their scope of practice and competence.
- For employers to use RCEM, RCGP guidance, as well as RCPsych's interim guidance, especially with regard to training and determining scope of practice, as well as guidance and training pertaining to the assessment of undifferentiated patients.
- PAs should not see undifferentiated patients with mental health problems.
- As in all settings, it is imperative that the Physician Assistant is trained for their role, within their scope of practice and competence.