



# Physician associate and anaesthesia associate generic and shared learning outcomes

General  
Medical  
Council

# Physician associate and anaesthesia associate generic and shared learning outcomes

## Contents

<b>About the learning outcomes .....</b>	<b>3</b>
<b>Principles of PA and AA education .....</b>	<b>6</b>
<b>Theme 1 – Professional behaviour and trust.....</b>	<b>8</b>
Professional duties and responsibilities .....	8
Being honest and trustworthy .....	9
Partnership working and supported decision-making .....	9
Consent and mental capacity.....	10
Personal responsibilities and wellbeing .....	10
Legal responsibilities .....	11
<b>Theme 2 – Professional capabilities.....</b>	<b>12</b>
Holistic and integrated care .....	12
Health promotion and illness prevention .....	12
Communication .....	13
Safeguarding.....	14
Working in multi-professional teams .....	15
Respect for colleagues .....	15
Management and leadership.....	16

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Manage time and workload .....	16
Lifelong learning .....	17
<b>Theme 3 – Clinical care .....</b>	<b>18</b>
Diagnosis and effective consultations .....	18
Medical management .....	19
Emergency and acute care .....	20
Complex care and uncertainty .....	20
Managing prescribed medicines safely.....	21
Using information effectively and safely .....	23
<b>Theme 4 – Safety and quality .....</b>	<b>24</b>
Patient safety and quality improvement .....	24
Clinical research and scholarship .....	25
Healthcare resource management.....	25
Teaching and learning .....	25

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## About the learning outcomes

This document will apply to physician associates (PAs) and anaesthesia associates (AAs) once they are subject to regulation by the General Medical Council (GMC). We published it on 29 September 2022 to give course providers time to prepare.

Practising PAs work alongside doctors and form part of the multidisciplinary team. They work across a range of specialties in general practice, community and hospital settings. PAs work with a dedicated medical supervisor, but experienced PAs are able to work more autonomously with appropriate support.

Practising AAs work as part of the anaesthetic team, under the direction and supervision of a consultant anaesthetist. They provide care for patients before, during and after their operation or procedure.

Each profession will define their scope of learning and practice in their specific curriculum.

The document describes the generic and shared professional capabilities and outcomes that newly qualified PAs and AAs must meet to be registered by the GMC. The outcomes in this framework give assurance that PA and AA students have demonstrated core knowledge, skills and professional and ethical behaviours necessary to work safely and competently in their areas of practice and care contexts as newly qualified practitioners.

## Using these outcomes

The content of this document is based on *Outcomes for graduates* and the *Generic professional capabilities framework*. It works in conjunction with our standards, *Excellence by design: standards for postgraduate curricula* and *Promoting excellence: standards for medical education and training*<sup>\*</sup>. Together, they provide an integrated education framework for the development, approval and provision of PA and AA education and training in the UK. These documents align to the professional standards in *Good medical practice*<sup>†</sup>.

These core expectations, alongside specific clinical requirements for each profession, must be incorporated into PA and AA curricula that are approved by the GMC. GMC-approved curricula

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<sup>\*</sup> GMC education standards and outcomes documents can be found at [www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes](http://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes).

<sup>†</sup> See [www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice](http://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice).

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must be applicable and relevant to the UK as a whole. They must have outcomes that receive the full support of the four countries in the UK.

PAs and AAs must demonstrate they have met the outcomes in the curriculum, including the generic and shared expectations, to be eligible to be registered with the GMC.

## Making sure these outcomes are met

We will check, through our quality assurance processes, that PA and AA course providers can demonstrate that students' learning is directed towards the outcomes and that students' progress towards meeting the outcomes at qualification is assessed. We will also check that course syllabi and assessments are mapped to the relevant curriculum. We expect course syllabi to show when and how students are assessed on their learning against the outcomes\*.

If we're not assured that a course's syllabus and assessments enable students to meet the outcomes, we can take action. We will aim to support a course provider to make improvements, and we can monitor progress against any recommendations or requirements we make, and apply conditions where necessary.

## Enabling learning

The GMC is responsible for setting the standards, outcomes and requirements required by PAs and AAs to gain registration. We also determine the expectations for ongoing registration and lifelong learning.

The relevant medical college, faculty or other appropriate body is responsible for developing and designing the curriculum and assessment strategy to meet the standards in *Excellence by design*. These outcomes must be embedded into the curriculum to be approved by the GMC.

Courses must provide an education that allows newly qualified practitioners to meet all the outcomes described in the relevant curriculum and therefore to be fit to practise safely when they qualify, and course providers must quality manage their clinical placement providers.

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\* *Excellence by design* ([www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/excellence-by-design](http://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/excellence-by-design)) and *Designing and maintaining postgraduate assessment programmes* ([www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/designing-and-maintaining-postgraduate-assessment-programmes](http://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/designing-and-maintaining-postgraduate-assessment-programmes)) provide details about developing and delivering a programme of learning and assessment strategy.



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Clinical placement providers working with courses must provide clinical placements and 'learning opportunities that give students the opportunities to build knowledge, skills and practical experience to meet the outcomes and to safely and effectively carry out the core set of practical skills and procedures by the time they qualify.

Students are responsible for their own learning. They should refer to this document and their curriculum to understand what we expect them to be able to know and do by the time they qualify.

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## Principles of PA and AA education

The themes in this document describe the core areas that must be described in PA and AA learning and development. These are informed by key concepts:

- **Patient safety and care**

A core responsibility of a PA or AA is to maintain and improve the quality of care given to patients and the public. This includes:

- creating psychologically safe and inclusive healthcare environments to provide compassionate care to all patients whatever their background
- working in partnership with patients to meet their individual needs
- understanding and responding to the needs and experiences of different groups
- contributing to an inclusive environment for patients and colleagues through compassionate leadership, challenging unprofessional behaviours, and respecting and valuing diversity.

The safety of patients is a key expectation in our education framework\*, which covers core capabilities aimed at keeping patients safe. The framework outlines generic and shared capabilities and expectations related to professional, ethical and clinical responsibilities and governance systems, individual roles and responsibilities in relation to safety, team interactions and the importance of raising concerns.

- **Service delivery**

PAs and AAs are part of the medical team and workforce. They are trained to clinically manage patients under the supervision of named doctors or healthcare professionals. They care for patients as part of the healthcare team.

- **Flexibility and career-long learning**

The outcomes must prepare newly qualified PAs and AAs to work safely and competently and be able to meet our expectations as a regulated profession. While roles, responsibilities and capabilities will change throughout a career as experience and confidence grow, courses

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\* *Outcomes for graduates, Excellence by design, Promoting excellence* and relevant supplementary guidance, found at [www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes](http://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes).

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must give newly qualified PAs and AAs the capacity to work effectively as they move into practice.

PAs and AAs must keep up to date and competent in all areas of their work by affirming what is done well, addressing areas requiring improvement and exploring new knowledge, skills and behaviours throughout their careers.

- **Outcomes-based learning**

Outcomes describe explicitly the knowledge, skills, behaviours and capabilities that students must be able to demonstrate when they finish their PA or AA course. The focus is on supporting the student to gain competence in key areas for patient safety and care and to support service delivery. This allows educators to be flexible and innovative in the way learning is delivered. It encourages different approaches and experiences, supporting local systems and individual needs, while assuring all newly qualified PAs and AAs can practice safely in their role or care context across the UK.

- **Level of competence**

PAs and AAs must:

- recognise and work within the limits of their competence
- be appropriately supervised by their named doctors or healthcare professionals
- be willing to ask for advice and support from colleagues when necessary.

- **Assessments and progression**

Assessments must be relevant and proportionate to the outcome being evaluated.

By the end of their course, newly qualified PAs and AAs must meet or exceed the minimum expected levels of performance. By demonstrating this, they will have demonstrated achievement in the key aspects of clinical and professional practice.



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## Theme 1 – Professional behaviour and trust

Patients need good healthcare professionals. Newly qualified PAs and AAs must show that they are competent and understand how to keep their knowledge and skills up to date. They are able to establish and maintain good relationships with, and actively promote the inclusion of, all patients and colleagues. They are honest and trustworthy, and act with integrity and within the law. This theme sets out the professional behaviours, values and ethical decision making that we expect newly qualified PAs and AAs to demonstrate.

### Professional duties and responsibilities

1. Newly qualified PAs and AAs must behave according to ethical and professional principles. They must be able to:
  - a. understand that patients' needs and safety are central to the care process, and demonstrate compassionate professional behaviour and their professional responsibilities in making sure the fundamental needs of patients are addressed
  - b. demonstrate the clinical responsibilities and role of a PA or AA
  - c. take personal and professional responsibility for their actions
  - d. demonstrate insight by recognising and acknowledging their own personal and professional limits and by seeking help from colleagues and supervisors when necessary, especially when they feel that patient safety may be compromised
  - e. work collaboratively with their named supervising doctor or healthcare professional, including informing them about any concerns, issues or questions raised as part of managing their patients' care
  - f. raise and escalate concerns through informal communication with colleagues and through formal clinical governance and monitoring systems about:
    - i. patient safety and quality of care
    - ii. bullying, harassment and undermining
    - iii. bias and discrimination leading to inequality of care for patients or inequitable opportunities for colleagues
  - g. recognise the potential impact of their attitudes, values, beliefs, perceptions and personal biases (which may be unconscious) on individuals and groups and identify personal strategies to address this, escalating to their named supervising doctor or healthcare professional where needed

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- h. understand ethical reasoning and decision-making and how to apply these skills
  - i. meet GMC standards and keep up to date with relevant guidance.

## Being honest and trustworthy

- 2. Newly qualified PAs and AAs must make sure that their behaviour justifies their patients' trust in them and the public's trust in the profession. They must act with honesty and integrity at all times, including:
  - a. about their experience, qualifications and current role
  - b. with patients and their families and carers
  - c. with colleagues and supervisors.
- 3. Newly qualified PAs and AAs must demonstrate openness and honesty in their interactions with patients, their families and carers, colleagues and their employers if things go wrong – known as the professional duty of candour.

## Partnership working and supported decision-making

- 4. Newly qualified PAs and AAs must demonstrate the principles of partnership working and supported decision-making with patients, and where appropriate, their relatives, carers or other advocates. They must be able to take account of patients' concerns, beliefs, choices and preferences, and respect the rights of patients to reach decisions with their health and social care teams about their treatment and care as well as to refuse or limit treatment.
- 5. Newly qualified PAs and AAs must be able to share information and work collaboratively with patients, their relatives, carers or other advocates to create a psychologically and culturally safe environment. They must work in partnership with patients to adequately assess, diagnose or manage their condition(s), taking account of their history including:
  - a. symptoms
  - b. psychological, spiritual, social, economic and cultural factors
  - c. their views, needs and values.
- 6. Newly qualified PAs and AAs must be able to establish and maintain partnerships with patients, carers and other advocates, including being able to:
  - a. treat patients as individuals and respect their dignity and privacy
  - b. treat patients fairly and with respect whatever their life choices and beliefs

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- c. support patients in caring for themselves to empower them to improve and maintain their health
  - d. maintain confidentiality, even after a patient has died.

## Consent and mental capacity

- 7. Newly qualified PAs and AAs must work in partnership with patients to make good clinical decisions and make sure patients have given their informed consent for procedures that PAs and AAs are able to competently perform, and document any consent given verbally or non-verbally in clinical records. They must be able to explain and demonstrate the importance of:
  - a. seeking patient consent, or the consent of the person who has parental responsibility in the case of children and young people, or the consent of those with lasting power of attorney or independent mental capacity advocates if appropriate, for procedures that they are suitably trained/qualified to undertake and where they have sufficient knowledge of the proposed investigation or treatment, and the risks involved
  - b. providing information about options for investigations, treatment and care in a way that enables patients to make decisions about their own care
  - c. seeking and recording/documenting informed consent within their competence for any recommended or preferred options for treatment and care
  - d. assessing the mental capacity of a patient to make a particular decision, including when the lack of capacity is temporary, and knowing when and how to take action
  - e. making the supervising doctor and healthcare team aware of any issues, questions or concerns about a patient's consent.

## Personal responsibilities and wellbeing

- 8. Newly qualified PAs and AAs must demonstrate awareness of the importance of their personal physical and mental wellbeing – this is critical to ensure patient safety. They must demonstrate awareness of the need to:
  - a. self-monitor, self-care and seek appropriate advice and support, including by being registered with a GP and engaging with them to maintain their own physical and mental health
  - b. manage the personal and emotional challenges of coping with work and workload, uncertainty and change

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- c. make sure they escalate any concerns about their wellbeing with their supervising doctor or healthcare professional
  - d. develop a range of coping strategies, such as reflection, debriefing, handing over to another colleague, peer support and asking for help, to recover from challenges and setbacks
  - e. understand and be able to manage the impact of fatigue on their work and apply a range of strategies to limit the impact of fatigue on their own health and on patient care.

## Legal responsibilities

- 9. Newly qualified PAs and AAs must demonstrate knowledge of the principles of the legal framework in which medicine, health and social care are practised in the jurisdiction in which they are practising, and have awareness of where further information on relevant legislation can be found.
- 10. Newly qualified PAs and AAs must recognise that there are differences in healthcare systems across the four nations of the UK.
- 11. Newly qualified PAs and AAs must demonstrate that they understand their duties and responsibilities as regulated professions by the GMC.

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## Theme 2 – Professional capabilities

There are fundamental, career-long, generic capabilities required of every PA and AA as part of professional medical practice in the UK. This theme highlights the key generic capabilities that newly qualified PAs and AAs will have to demonstrate.

### Holistic and integrated care

12. Newly qualified PAs and AAs must understand the principles and values of integrated care and demonstrate when managing and preventing disease that they have considered the care of the complete person. This includes being able to:
- a. recognise the complex medical needs, goals and priorities of patients, the factors that can affect a patient's health and wellbeing and how these interact. These include psychological and sociological considerations that can also affect patients' health
  - b. seek support from their supervising doctor or healthcare professional to help manage this complexity when appropriate
  - c. recognise the impact of wider determinants of health and advise patients on preventative measures with reference to local and national guidelines
  - d. understand and recognise factors that contribute to illness, the course of the disease and the success of treatment and apply these to the care of patients. This includes:
    - i. issues relating to health inequalities and the social determinants of health, the links between occupation and health, and the effects of poverty and affluence
    - ii. recognising the prolonged and historical trauma that some groups are subject to - racism, misogyny, homophobia, transphobia, and other discrimination in population health - and how this affects their trust in the medical professions
    - iii. awareness of the existence of biases within the healthcare system which could affect health inequalities
    - iv. having the clinical skills necessary to recognise conditions as they present in different population groups.

### Health promotion and illness prevention

13. Newly qualified PAs and AAs must be able to apply the principles, methods and knowledge of population health and the improvement of health and sustainable healthcare to medical practice. They must be able to:

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- a. evaluate the social determinants of health and disease and variations in healthcare delivery and medical practice and the impact this may have on local health and wellbeing, and be aware of health services being accessible to a diverse range of patients in hard-to-reach communities
  - b. demonstrate a comprehensive understanding of primary and secondary health promotion, barriers to health promotion and concordance issues
  - c. explain the concept of wellness or wellbeing as well as illness, and be able to help and empower people to achieve the best health possible, including promoting lifestyle changes such as smoking cessation, avoiding substance misuse and maintaining a healthy weight through physical activity and diet
  - d. discuss and advise patients on the role and impact of nutrition on health
  - e. understand the incidence and prevalence of common diseases and how environmental, social, behavioural and cultural factors influence health and disease in different populations
  - f. assess, by taking a history, the environmental, social, psychological, behavioural and cultural factors influencing a patient's presentation, and identify options to address these, including advocacy for those who are disempowered
  - g. understand how epidemiological data is used to manage healthcare for the individual and the community with awareness of the clinical and cost effectiveness of interventions
  - h. educate patients, carers and others on the principles of primary, secondary and tertiary prevention of disease, including immunisation and screening
  - i. understand the principles of sustainable healthcare and global health
  - j. understand the role of environmental and occupational hazards in ill-health and the impact of climate change on health, and discuss ways to mitigate their effects
  - k. apply the basic principles of communicable disease control in hospital and community settings, including disease surveillance.

## Communication

- 14. Newly qualified PAs and AAs must be able to communicate effectively with patients, their relatives, carers or other advocates, and with colleagues and members of the multidisciplinary team with whom they work. They must be able to:
  - a. practice effective interpersonal skills, emphasising empathy, compassion, courtesy and respect



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- b. listen to patients, take account of their views, and respond honestly and openly to their questions
  - c. try to find out what matters to patients so they can share relevant information about the benefits and harms of proposed options and reasonable alternatives, including the option to take no action
  - d. be considerate to those close to the patient and be sensitive and responsive in giving them information and support
  - e. adjust their communication approach if needed, for example for people who communicate differently due to a disability, who speak a different first language, are from a different cultural background or are children or young people
  - f. appreciate how their own behaviour affects patients and members of the multidisciplinary team and act accordingly
  - g. communicate effectively and sensitively when breaking bad news, and being prepared to give clear information
  - h. advocate for their patient's needs, especially if their care is managed in different care contexts or environments, including ensuring notes, letters, referrals and discharge summaries are accurate and comprehensive
  - i. understand the risks, professional responsibilities and appropriate safeguards of remote consultations when using new and emerging communication technologies or approaches
  - j. elicit and accurately record a patient's medical history, including family and social history, working with parents and carers or other advocates when the patient is a child or young person or an adult who requires the support of a carer or other advocate.

## Safeguarding

15. Newly qualified PAs and AAs must be able to recognise and identify factors that suggest patient vulnerability and take action in response. They must be able to:
- a. identify signs and symptoms of abuse or neglect and be able to safeguard children, young people, adults and older people, using appropriate systems for sharing information, recording and raising concerns, obtaining advice, making appropriate referrals and taking action
  - b. take a history that includes consideration of the patient's views, needs and any associated vulnerability, and reflect this in care plans and referrals
  - c. understand the needs of, and support required, for:

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- i. people with a learning disability
  - ii. people with mental health conditions
  - d. consider the needs and welfare of adults, children and young people who may be vulnerable, and act promptly on any concerns about a patient, or someone close to a patient, who may be at risk of, or suffering, abuse or neglect
  - e. understand the professional responsibilities in relation to procedures performed for non-medical reasons, such as female genital mutilation and cosmetic interventions
  - f. understand the relevant health legislation that may result in the deprivation of liberty to protect the safety of individuals and society
  - g. recognise where addiction (to drugs, alcohol, smoking or other substances, or gambling), poor nutrition, self-neglect, environmental exposure, or financial or social deprivation are contributing to ill health, and take action by seeking advice from colleagues and making appropriate referrals
  - h. actively understand and address the causes of health inequalities including the factors within the health service itself, and describe the principles of equality legislation in the context of patient care.

## Working in multi-professional teams

16. Newly qualified PAs and AAs must learn and work effectively as a team member as part of a multi-professional and multi-disciplinary team and across multiple care settings. They must be able to:
- a. develop and maintain effective teamworking and interpersonal relationships, which includes recognising and showing respect for the roles and skills of the people they work with and listening to their contributions
  - b. recognise how their attitudes and behaviours may influence or affect others
  - c. welcome, support and value diversity within and across teams
  - d. engage in feedback dialogue.

## Respect for colleagues

17. Newly qualified PAs and AAs must demonstrate they work effectively and in a timely manner with colleagues in ways that best serve the interests of patients. This includes:

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- a. safely passing on information using clear and appropriate spoken, written and electronic communication
  - b. at handover in a hospital setting and when handing over and maintaining continuity of care in primary, community and social care settings
  - c. when referring to colleagues for investigations or advice
  - d. when things go wrong, for example when errors happen
  - e. working collaboratively and supportively with colleagues to share experiences, achieve common goals, respond to challenges and learn together
  - f. responding appropriately to requests from colleagues to attend patients
  - g. keeping their supervising doctor or healthcare professional informed about the care and management of their patients and escalating any issues, concerns and questions in a timely manner.

## Management and leadership

18. Newly qualified PAs and AAs must recognise their role in contributing to the management and leadership of the health service. They must be able to:
- a. demonstrate initiative eg by recognising work pressures on others, providing support and organising work to optimise effectiveness within the clinical team
  - b. develop leadership skills appropriate to their role, and work with others to make healthcare environments more supportive, inclusive and fair
  - c. demonstrate the ability to escalate questions, issues and concerns to the supervising doctor or healthcare professional where care is complex or uncertain.

## Manage time and workload

19. Newly qualified PAs and AAs must recognise and use strategies to learn and work effectively. They must be able to:
- a. manage their time, organising and prioritising their workload as a matter of routine
  - b. attend on time for all duties, including handovers, clinical commitments and teaching sessions
  - c. give timely structured handover to ensure safe continuing care of patients and make adequate arrangements for cover

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- d. seek assistance when required to ensure that all tasks are completed and escalate as appropriate to their supervising doctor or healthcare professional
  - e. be accountable as an employee to their employer and work within an appropriate clinical governance framework.

## Lifelong learning

- 20. Newly qualified PAs and AAs must engage in their induction and orientation activities, learn from experience and feedback, and respond constructively to the outcomes of appraisals, performance reviews and assessments.
- 21. Newly qualified PAs and AAs must explain and demonstrate the importance of professional development and lifelong learning and demonstrate commitment to this. They must:
  - a. keep their practice up to date through learning and development
  - b. reflect on their own practice in order to achieve insight and gain meaningful learning from experiences
  - c. demonstrate engagement in career planning.
- 22. Newly qualified PAs and AAs must commit to lifelong learning to keep up to date with developments in medical practice, especially the implications from significant global, population, social or health trends as well as the impact and opportunities offered by new and emerging medicine and technologies.

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## Theme 3 – Clinical care

PAs and AAs must be able to perform a range of diagnostic, therapeutic and practical procedures safely and effectively, and identify, according to their level of skill and experience, the interventions for which they need supervision to ensure patient safety. This theme sets out our minimum expectations for clinical knowledge and skills that we require all students to demonstrate by the end of their course. Supervision in line with GMC guidance will be essential throughout their course and when they enter the medical workforce as newly qualified PAs and AAs in order to build up their competence, confidence and experience.

### Diagnosis and effective consultations

23. Newly qualified PAs and AAs must work collaboratively with patients and colleagues to diagnose and manage clinical presentations safely. This must include, when relevant, being able to:
  - a. assess a patient's clinical presentation, agree this with colleagues and confirm the approach with the named supervising doctor or healthcare professional
  - b. safely and sensitively undertake physical, mental and cognitive examinations as appropriate (with a chaperone present if required)
  - c. provide a holistic clinical summary based on the history and examinations and where appropriate confirm the summary with the supervising doctor or healthcare professional
  - d. understand how conditions may present or be experienced differently in different patient populations.
24. Newly qualified PAs and AAs must be able to make competent clinical judgements and decisions with a patient, based on the available evidence, in collaboration with colleagues and their supervising doctors or healthcare professionals. This includes being able to:
  - a. identify and select appropriate investigations, taking into account potential risks, benefits, cost effectiveness and possible side effects and agree these tests in collaboration with colleagues and the supervising doctor or healthcare professional if necessary
  - b. interpret and reflect on findings from the history, examinations and investigations, in collaboration with colleagues and the supervising doctor or healthcare professional if necessary, to propose possible underlying causes or pathology
  - c. demonstrate and confirm their clinical reasoning to the supervising doctor or healthcare professional and other colleagues

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- d. escalate any questions, issues or concerns about the history, examinations, available evidence, possible diagnoses and care or treatment plan to the supervising doctor or healthcare professional, especially when care is uncertain, complex, or a possible emergency.
25. Newly qualified PAs and AAs must be able to apply biomedical scientific principles, methods and knowledge to medical practice and integrate these into patient care. They must be able to:
- a. explain how normal human structure and function and physiological processes applies, including at the extremes of age, in children and young people, during pregnancy and childbirth and variation in different groups
  - b. understand the relevant scientific processes underlying common and important disease processes
  - c. understand the importance of critical appraisal and analysis of clinical data.

## Medical management

26. Newly qualified PAs and AAs where relevant\* must be able to provide care plans in collaboration with other health professionals and support from their supervising doctor or healthcare professional if necessary. They must include being able to:
- a. recognise the potential consequences of over-diagnosis and over-treatment
  - b. understand the basic principles of prevention, public health, promoting health and wellbeing, work, nutrition, exercise, and vaccination
  - c. support patient's self-care as part of the patient's management plan
  - d. make appropriate clinical judgements when considering or providing compassionate interventions or support for patients who are nearing or at the end of life. They must understand the need to involve patients, their relatives, carers or other advocates in management decisions, making appropriate referrals and seeking advice from colleagues as appropriate

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\* Not necessarily applicable to AAs.



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- e. recognise when a patient is deteriorating and take appropriate action, escalating appropriately to their supervising doctors or healthcare professionals and colleagues for assistance and advice
  - f. propose a plan of management including prevention, treatment, management and discharge or continuing community care, according to established principles and best evidence, in partnership with patients and working with other health professionals as necessary.

## Emergency and acute care

27. Newly qualified PAs and AAs must be able to give immediate care to adults, children and young people in clinical emergencies and seek support from their supervising doctor or healthcare professional or other colleagues if necessary. They must be able to:
- a. assess and determine the severity of a clinical presentation and the need for immediate emergency care
  - b. diagnose and manage acute clinical emergencies, escalating appropriately to their supervising doctors or healthcare professionals and colleagues for assistance and advice
  - c. provide immediate life support
  - d. provide cardiopulmonary resuscitation.

## Complex care and uncertainty

28. Newly qualified PAs and AAs must have insight into knowing when a situation is complex and uncertain and recognise when it is appropriate to escalate to their supervising doctors or healthcare professionals and colleagues. With experience, qualified PAs and AAs should learn to develop confidence in managing or recognising these situations and responding to change. They must be able to:
- a. identify the need to adapt management proposals and strategies as the health, needs and expectations of their patients change
  - b. demonstrate working collaboratively with patients, their relatives, carers or other advocates, in planning their care, negotiating and sharing information appropriately, and with other healthcare professionals and organisations when working with patients
  - c. recognise how treatment and care can place an additional burden on patients, relatives and carers, and suggest ways to reduce this burden where appropriate, particularly where patients have multiple conditions or are approaching the end of life

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- d. recognise the uncertainty of diagnosis and treatment success or failure, escalating where appropriate to the supervising doctor or healthcare professional, and communicate this openly and sensitively with patients, their relatives, carers or other advocates
  - e. understand the clinical complexities, uncertainties and emotional challenges involved in caring for patients who are approaching the end of their lives and demonstrate the relevant communication techniques and strategies that can be used with the patient, their relatives, carers or other advocates.

## Managing prescribed medicines safely

29. Newly qualified PAs and AAs must be able to suggest or recommend commonly used medications to a prescriber safely, appropriately, effectively and economically and be aware of the common causes and consequences of prescribing errors\*. They must recognise when to seek advice from other healthcare professionals and escalate the decision to the supervising doctor or healthcare professional, particularly when suggesting or recommending new medications, and must be able to manage and monitor the efficacy and effects of medication in a simulated environment. They must be able to:
- a. establish an accurate medication history, covering both prescribed and non-prescribed medication, herbal medicines, supplements and drugs of abuse
  - b. establish and clarify medication allergies and the types of medication interactions that patients experience
  - c. describe medications and medication actions: therapeutics and pharmacokinetics; medication side effects and interactions, including for multiple treatments, long term conditions and non-prescribed drugs
  - d. describe the role of antimicrobial stewardship in safe prescribing
  - e. recognise the challenges of safe prescribing for patients in high-risk groups such as those with long term conditions or multiple morbidities and medications, in pregnancy, at extremes of age and at the end of life

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\* The Royal Pharmaceutical Society's *A competency framework for all prescribers* is useful guidance for non-medical prescribers: [www.rpharms.com/Portals/0/RPS document library/Open access/Professional standards/Prescribing competency framework/prescribing-competency-framework.pdf](http://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/Prescribing%20competency%20framework/prescribing-competency-framework.pdf).

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- f. recognise patient choice to use complementary therapies and how this might affect the safety and efficacy of other types of treatment that patients receive
  - g. recognise the challenges of delivering care when prescribing and providing treatment and advice remotely, for example via online services
  - h. understand and demonstrate **in a simulated environment** how to:
    - i. carry out an assessment of benefit and risk for the patient of starting a new medication, taking into account the medication history and potential medication interactions in partnership with the patient and, if appropriate, their relatives, carers or other advocates
    - ii. provide patients, carers or others with appropriate information about their medications in a way that enables patients to make decisions about the medications they take
    - iii. recognise the risks of over-prescribing and excessive use of medications and how to apply these principles when suggesting or recommending new medications to a prescriber
    - iv. agree a medication plan with the patient which they are willing and able to follow
    - v. calculate safe and appropriate medication doses and record the outcome accurately, seeking support and advice from the supervising doctor or healthcare professional, pharmacist or other colleagues when necessary
    - vi. prepare safe and legal prescriptions for a prescriber, tailored to the specific needs of individual patients, using either paper or electronic systems and using decision support tools where necessary
    - vii. utilise reliable information about medications and use different technologies to support prescribing
    - viii. communicate appropriate information to patients, carers and others about what their medication is for, when and for how long to take it, what benefits to expect, any important adverse effects that may occur and what follow-up will be required
    - ix. monitor the efficacy and effects of medication and, with appropriate advice from colleagues, understand and demonstrate how to adjust medication, including how/when to stop medication with due support, care and attention if it proves ineffective, is no longer needed or the patient wishes to stop taking it

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- x. detect and report adverse medication reactions and therapeutic interactions and react appropriately by recommending the stopping or changing of medication to a prescriber.

## Using information effectively and safely

30. Newly qualified PAs and AAs must be able to use information effectively and safely in a medical context, and maintain accurate, legible, contemporaneous and comprehensive medical records. They must be able to:

- a. make effective use of decision making and diagnostic technologies
- b. apply the requirements of confidentiality, information governance and data protection legislation and comply with local information governance and storage procedures when recording, transferring and coding patient information
- c. explain their professional and legal responsibilities when accessing information sources in relation to patient care, health promotion, giving advice and information to patients, and research and education
- d. recognise the role of PAs and AAs in contributing to the collection and analysis of patient data at a population level to identify trends in wellbeing, disease and treatment, and to improve healthcare and healthcare system.

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## Theme 4 – Safety and quality

PAs and AAs must make patient safety a priority in clinical practice, and participate in quality improvement initiatives in healthcare. They must be able to apply scientific method and approaches to medical research and integrate these with a range of sources of information used to make decisions for care.

### Patient safety and quality improvement

31. Newly qualified PAs and AAs must demonstrate that they can practise safely, and participate in and promote activity to improve the quality and safety of patient care and clinical outcomes. They must be able to:
- a. place patients' needs and safety at the centre of the care process
  - b. create an environment of cultural and psychological safety for patients and colleagues
  - c. promote and maintain health and safety in all care settings, escalating concerns to and requesting support from colleagues where appropriate, including when providing treatment and advice remotely
  - d. recognise how errors can happen in practice and that errors should be shared openly, and be able to learn from their own and others' errors to promote a culture of safety
  - e. apply measures to prevent the spread of infection, and apply the principles of infection prevention, control and antimicrobial stewardship
  - f. describe the principles and methods of quality assurance, quality improvement, quality planning and quality control, and in which contexts these approaches should be used to maintain and improve quality and safety including the use and prioritisation of resources
  - g. describe basic human factors principles\* and practice at individual, team, organisational and system levels and recognise and respond to opportunities for improvement to manage or mitigate risks
  - h. describe the value of national surveys and audits for measuring the quality of care.

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\* See *Human Factors in Healthcare: a concordat from the National Quality Board* for more information on human factors principles: [www.england.nhs.uk/wp-content/uploads/2013/11/nqb-hum-fact-concord.pdf](http://www.england.nhs.uk/wp-content/uploads/2013/11/nqb-hum-fact-concord.pdf).

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## Clinical research and scholarship

32. Newly qualified PAs and AAs must be able to apply scientific method and approaches to medical research and integrate these with a range of sources of information used to make decisions for care. They must be able to:
- a. interpret and communicate research evidence in a meaningful way for patients to support them in making informed decisions about treatment and management
  - b. understand basic principles and ethical implications of research governance including recruitment into trials and research programmes.

## Healthcare resource management

33. Newly qualified PAs and AAs must be aware of and understand:
- a. the organisational structure of the NHS and independent sector and their role in the wider health and social care landscape
  - b. hospital and departmental management structure
  - c. the processes of commissioning and funding, and that all healthcare professionals have a responsibility for stewardship of healthcare resources
  - d. accountability of the NHS in its context as a publicly funded body, and the need to ensure the most effective and sustainable use of finite resources
  - e. the resource implications of personal actions, minimising unnecessary/wasteful use of resources e.g. repeat investigations, delayed discharge
  - f. cost implications of common treatments in terms of money, equipment and human resources (e.g. generic prescribing, intravenous v oral antibiotics).

## Teaching and learning

34. Newly qualified PAs and AAs need to take responsibility for their own learning. They need to be able to deliver teaching, mentoring and training, make use of opportunities to learn, reflect on their practice, and seek and respond to feedback. They must be able to:
- a. participate in the effective teaching, mentoring and training of other healthcare professionals, adapting to an individual's diverse background and experience, including for colleagues who are new to UK practice and those who don't have easy access to sources of support



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- b. recognise the factors leading to inequality of opportunity and the importance of equality of access to learning opportunities, and ways to address these
  - c. engage in effective feedback dialogue with learners, identify development needs, suggest appropriate action plans and support them to address these
  - d. actively seek feedback on their own professional activities
  - e. educate patients, carers and others on the nature of the role of a PA or AA
  - f. contribute to a culture of organisational learning and promote collaboration of the wider team – clinical, academic and patients – to identify and facilitate team learning
  - g. supervise less experienced colleagues in their clinical assessment and management of patients and in carrying out practical procedures (within their scope of practice)
  - h. act as a role model for others and the profession
  - i. learn continuously, taking responsibility for their own learning, and make use of relevant learning resources and opportunities
  - j. reflect on their own practice, setting learning goals and working towards their achievement.

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