

## Focus on physician assistants

### Advice for GPs following the publication of the Leng Review

[The Leng Review](#) into physician and anaesthesia associates was published on 16<sup>th</sup> July 2025. The government has accepted the recommendations in full and [NHS England has issued guidance](#) to systems leaders on changes to be implemented immediately.

The report has been published following stakeholder engagement and an evidence review. It makes 18 recommendations, including:

- The job title should be changed from “physician associate” to “physician assistant”
- PAs should not see undifferentiated patients except under clearly defined national protocols.
- A new faculty of PAs is to be set up under the auspices of Royal Colleges, potentially via the Academy of Medical Royal Colleges. Responsibilities will include developing a programme of credentialling towards an ‘advanced PA’ role.
- Newly qualified PAs must spend at least two years in secondary care before working in primary care or a mental health trust
- Name badges, uniforms, and patient-facing materials are needed to help patients clearly differentiate between PAs and doctors.

NHS England has asked all organisations to take the following immediate actions:

- Change the PA job title to “physician assistant”.
- PAs must not undertake triage duties in general practice
- PAs must not see undifferentiated patients
- PAs who are “new in post” should have their activities limited to those described in the review’s template job descriptions. This includes their ongoing involvement in the management of patient care. More experienced PAs should have their roles reviewed by their named supervisor to confirm they have the appropriate skills and training, with the roles modified if necessary.

While it remains up to practices to decide how and when to proceed, GPC England recommends that practices employing PAs undertake the immediate actions requested by NHS England.

### Role specification and job planning changes

Practices should review their PA terms of employment to determine whether implementation of the requests by NHS England requires changes to be made. If changes are necessary, practices should first seek agreement from the PA(s). ‘Practices (with at least one BMA member) should seek support from the BMA’s Employer Advisory Service BEFORE taking any action that has the potential to trigger a dispute’. BMA members can [contact the BMA Employer Advisory Service](#). **HR and employment considerations**

It is the employer's duty to ensure the safe use of any PAs they employ, whether this is under ARRS or directly.

We recommend that as with all roles and services, due diligence is carried out, taking into account the clinical and cost effectiveness of overall needs, and factoring in the costs of GP supervisors and supervision time.

Should employers continue to employ or begin to employ PAs, we advise that [our guidance](#) and the [RCGP guidance](#) is referred to and provided to all staff working with PAs in their organisations/practices, noting that liability for the PAs work lies with their employers/supervising GPs.

For further advice, the [BMA's Employer Advisory service](#) is available to GP partners who are BMA members.

### Undifferentiated patients

The immediate action requested by NHS England is clear; PAs currently working in primary care must:

- not triage patients
- not see undifferentiated patients

While the review suggests there could be future exemptions to this, and the template job description for PAs in general practice mentions PAs acting as "first point of contact for suspected minor or common conditions in adults, within clear clinical pathways and escalation processes", at this stage no exceptions have been requested by NHS England.

The [PCN DES Contract Specification](#) updated in April 2025, continues to state that

*"where (a PA's) named GP supervisor is satisfied that adequate supervision, supporting governance and systems are in place, provide first point of contact care for patients presenting with undifferentiated, undiagnosed problems..."*

NHSE are in the process of ensuring that these policies become aligned, , but in the meantime, GPC England's view is that NHS England is unlikely to seek to enforce a PCN's obligations which are directly contradicted by the Leng review recommendations and its own request for immediate action.

GPC England's position remains as published in [October 2024](#) - that *'The role of a physician associate is inadequately trained to manage undifferentiated patients, and there should be an immediate moratorium on such sessions'*.

### Supervision, scope of practice and induction

The review states that "a named doctor should take overall responsibility for each physician assistant as their formal line manager". NHS England have asked that the job descriptions published in the Leng Review report are followed, if the assistants are new in post. For general practice, this can be [found on page 122](#).

The template states that a PA's supervision "will be provided in line with the [supervision guide provided by the RCGP](#)". The RCGP published this guidance in October 2024 along with [scope of practice guidance](#) and [induction and preceptorship guidance](#). The template job description states that this RCGP guidance is to be followed.

NHS England's expectation is that, for those newly in post, RCGP guidance should be followed. However, practices can still refer to the BMA safe scope of practice and supervision guidance and follow that guidance where it is reasonable to do so. This guidance is designed to protect the employer, employees and patients. BMA members should contact the BMA's Employment Advisory Service for advice if they feel decisions on scope of practice and supervision may mean changes to PA job grading or pay are necessary.

### **Indemnity**

Clinician negligence claims associated with PAs will continue to be covered by the NHS Clinical Negligence Scheme for General Practice (CNSGP) regardless of the decisions taken by practices on PA scope of practice and supervision. CNSGP does not cover proceeding at criminal, civil or coronial courts, or for GMC investigations or tribunal hearings. GPs should inform their MDO that they are undertaking associate supervision and ensure they have adequate professional cover.