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Dear Lowri

GMC consultation on regulating AAs and PAs

Many thanks for inviting BHIVA to comment on this.

AAs are unlikely to be directly involved in HIV care and so our comments are centred around PAs. Each speciality should consider their need for PAs and what PAs can do or how they can contribute to the multidisciplinary (MDT) HIV team but broadly there is support for the inclusion of PAs into HIV care provision. There is, however, an overarching concern that regulation of PAs must be coordinated nationally via an agreed curriculum, as happens with doctors, and not be subject to local scope with different Trusts setting potentially different standards and, consequently, PAs having potentially different roles and responsibilities. It is essential to ensure that PAs have adequate supervision, and patient safety must not be compromised by PAs being used inappropriately.

There must be a clear and timely way to report where Trusts not adhering to a national scope with regard to PA roles and roll out.

There is also a strong feeling that PA salary costs should be considered alongside those of other healthcare professionals. PA earnings may be higher than many junior doctors and the introduction of PA posts should not be at the cost of other HIV MDT posts. In the current cost of living crisis, and given ongoing junior doctor industrial action, it is important that parity is considered in this area.

After consulting with members, BHIVA has the following specific comments.

1. HIV medicine has long embraced an MDT approach and the input and defined roles of doctors, nurses, specialist nurses, health advisors, psychologists, and peer support workers, among others, is highly valued. Whilst experience of PAs is limited, and particularly considering the current workforce crisis which is affecting sexual health and HIV particularly badly, it would be remiss to dismiss the potential of PAs within the MDT, and BHIVA supports the development of core competencies in HIV for PAs to contribute to MDT working.
2. Role definition for PAs will need to be mindful of non-prescribing. Nurse prescribers work autonomously as part of the HIV MDT, and PA roles will need to support the wider HIV MDT to continue to deliver efficient care pathways.

3. Many people with HIV value continuity in their care providers, but also appreciate staff turnover and changes in staffing models across the NHS. PAs will need to be clearly identifiable as PAs, and we suggest the development of easily understandable information which can be shared with people with HIV attending services to better understand the PA role in delivery of HIV care.
4. People living with HIV often face barriers to care, especially around stigma and, for many, engagement with their HIV clinician/ nurses may be their main point of contact with healthcare services. PAs working in HIV will need additional training to that provided by core curricula to increase the breadth and depth of knowledge, particularly around people with HIV who are immunosuppressed, newly diagnosed, or in other ways more complicated or challenging.
5. BHIVA, and HIV care in general, prides itself on working closely with individuals accessing services, and representative community organisations. To our knowledge, there has been limited consultation and discussion to date around how people with HIV feel about seeing PAs. BHIVA recommends wider consultation work with community partners to inform the role of PAs in HIV services, with particular focus in more marginalised groups and inclusion health populations. BHIVA strongly supports the opinions of communities living with and affected by HIV being sought, considered, and reflected upon in development of the PA role in HIV care.
6. BHIVA strongly supports a process whereby if doctors in training, or other MDT members, feel that their training is being impacted adversely by the presence of PAs then this can be escalated and acted upon.

I am pleased to submit these comments on behalf of BHIVA colleagues.

If you have any queries, please contact the Secretariat.

With kind regards

Yours sincerely

Dr Tristan Barber
BHIVA Honorary Secretary