

Glossary for physician associate and anaesthesia associate conditions

This glossary is intended to support consistency in the General Medical Council (GMC) and Medical Practitioner Tribunal Service's (MPTS) use of terms featured in the guidance:

- [Decisions on interim measures](#)
- [Decisions on what restrictive action is required](#)
- [Tribunal decisions on interim measures](#)

This document outlines the wording that decision makers (GMC and MPTS) should use when restricting or placing requirements on a PA or AA in relation to their practice, behaviour, and supervision. The glossary will also be helpful to:

- PAs or AAs and their representatives
- employers / contracting bodies
- GMC associates (appointed experts recruited by the GMC, eg health assessors and assessment examiners)
- MPTS tribunal members
- the public.

Given the pace of change in the UK health sector, this glossary should be regarded as a living document. Please send any comments about this document to FTPPolEng@gmc-uk.org.

Administering drugs

There are two ways a PA or AA may have responsibility for or come into contact with drugs. These are:

To administer - To give a drug to a patient by any prescribed route. This includes administering a drug that has been prescribed by another healthcare practitioner, for example an intravenous painkiller in Accident and Emergency, in which case the PA or AA will come into direct contact with the drug.

To have primary responsibility - A PA or AA has primary responsibility for a drug when:

- they hold the drug for transportation for the purposes of future administration
- they are the practitioner with overall responsibility for the administration and disposal of a drug

Appropriate practitioner

A health professional who can prescribe medicine under UK law, eg a registered doctor, dentist, pharmacist, nurse or midwife.

Case-based discussion

Case-based discussions are used to assess the performance of a PA or AA in their management of a patient to give an indication of competence in areas such as clinical reasoning, decision making and application of professional knowledge. They serve as a method to document conversations about, and presentation of, cases by a PA or AA who must be supervised as a requirement of conditions. These discussions should usually be held in person, but where this is not possible, and the clinical supervisor and the PA or AA consider it appropriate, these may be held remotely, using online and video link or other technological platforms, or telephone.

Chaperone

A chaperone is an independent person (usually a healthcare professional) whose role is to observe the examination, procedure or consultation undertaken by the PA or AA. The PA's or AA's conditions will outline specific situations when a chaperone should be used. This applies whether or not the PA or AA is the same gender as the patient.

A patient's relative or friend is not an independent observer and so would not usually be a suitable chaperone, but the PA or AA should comply with a reasonable request to have such a person present as well as a chaperone.

A chaperone should usually be a suitably trained person who will:

- be familiar with the procedures involved in a routine examination/consultation
- stay for the whole examination/consultation and be able to see what the PA or AA is doing, if practical and the patient consents to this
- be prepared to raise concerns if they are concerned about the PA's or AA's behaviour or actions
- be sensitive and respect the patient's dignity and confidentiality
- reassure the patient if they show signs of distress or discomfort.

Contracting body

See definition under [employer](#).

Clinical supervision

A supervision condition is applied to a PA's or AA's registration where, due to the circumstances of the case, it is deemed necessary to protect the public. PAs and AAs always work under the supervision of a named senior doctor, as a result, a supervision condition may enhance some or all elements of the PA's or AA's existing supervision. Where only some elements are enhanced, the supervision condition may also mirror other elements of the PA's or AA's existing supervision (using the components available in the table below) to support monitoring their progress via the clinical supervisor's feedback to the GMC.

Named clinical supervisor

A supervision condition is carried out by a named clinical supervisor approved by the [senior clinician](#) within the organisation. The named clinical supervisor will be either a consultant or GP who appears on the specialist or GP register (respectively) and holds a licence to practise.

The clinical supervisor takes overall responsibility for the arrangements of a PA's or AA's supervision condition. They will give constructive feedback to the PA or AA and will lead the review of their clinical practice throughout the period of the supervision condition.

The named clinical supervisor must give the GMC regular feedback about the PA's or AA's progress. The roles of clinical supervisor and [workplace reporter](#) may be merged.

If the PA or AA works for more than one organisation, they will need a clinical supervisor at each organisation. This does not include where a PA or AA is working at different sites or [working remotely](#) for the same organisation, as long as the PA's or AA's clinical supervisor is satisfied they are able to provide the required level of supervision.

The clinical supervisor is responsible for ensuring that the PAs or AAs they supervise are not expected to take responsibility for or perform any clinical activity or technique if they do not have the appropriate experience and expertise.

Deputies

The clinical supervisor may delegate some of the duties involved in supervision to a named deputy or deputies. A named deputy or deputies must:

- be a doctor with appropriate experience - the decision about appropriate experience is at the discretion of the clinical supervisor
- be informed of the PA's or AA's conditions
- be available to provide the stipulated components of supervision
- provide feedback about clinical practice to the clinical supervisor (This feedback must be reviewed at each feedback session).

When the named clinical supervisor is unavailable

If the clinical supervisor is unavailable for more than a working week, the [senior clinician](#) within the organisation (or their nominated deputy) must approve another named clinical supervisor (who meets the above criteria) to take over overall responsibility for carrying out the clinical supervision condition.

Alternative supervision arrangements

In exceptional circumstances, the GMC may allow different clinical supervision arrangements. The GMC must be satisfied that the other arrangements give the required level of assurance and feedback.

Informing the GMC

The PA or AA must inform the GMC of their approved supervision arrangements, including:

- the name and contact details of the clinical supervisor(s)
 - frequency of meetings
 - deputy arrangements.
-

A supervision condition may include the following components, as required.

The named clinical supervisor will:

be available to give advice and/or assistance as required

or

be available to give advice and/or assistance at all times

or

be available to give advice and/or assistance as required and in person

or

ensure any activity that involves patient contact, such as in person or remote consultations, examinations and procedures, is supervised at all times and in person

be present for home visits

be present with the PA or AA for remote consultations

meet formally, at least once a [insert minimum time period], for a [case-based discussion](#)

meet at least once a [insert minimum time period] for a [feedback session](#).

Employer / contracting body	<p>An employer is an organisation that employs a PA or AA to provide services in their capacity as a PA or AA. For example, an NHS Trust or Health Board may employ a full-time PA or AA under a contract of employment.</p> <p>In the case of locum PAs or AAs their employer may be the locum agency or out-of-hours service with which they are registered, and the contracting body will be the organisation in which they work.</p>
English language tests acceptable to the GMC	<p>The GMC routinely accepts two English language tests as evidence of English language competence – the academic version of the International English Test System (IELTS) and the medical version of the Occupational English Test (OET).</p> <p>Both tests have four parts – listening, reading, writing and speaking and there is no pass or fail score for either test.</p> <p>International English Language Testing System</p> <p>PAs or AAs sitting an IELTS will receive individual scores of between 9 and 1 for each of the four parts, and an overall score of up to 9 for all parts. We accept a score of at least 7 in each of the four parts, and an overall score of at least 7.5.</p> <p>If a PA or AA chooses to submit IELTS scores they must show evidence that:</p> <ol style="list-style-type: none"> they achieved a score of at least 7.0 in each testing area (speaking, listening, reading and writing), and an overall score of at least 7.5 they have achieved these scores in the same test they took the academic version of the test. <p>Occupational English Test</p> <p>PA's or AA's sitting an OET will receive individual scores of between A and E, or a numerical score of between 500 and 0, for each of the four testing areas. We accept at least a grade B or a numerical score of at least 350 in each testing area.</p> <p>If a PA or AA chooses to submit OET scores they must show evidence that:</p> <ol style="list-style-type: none"> they have achieved at least a grade B or a numerical score of at least 350 in each testing area (speaking, listening, reading and writing)

-
- b. they have achieved these scores in the same test
 - c. they took the medicine profession version.
-

Feedback session

This is a structured discussion which is part of the arrangements for [clinical supervision](#) of a PA or AA who has supervision as a requirement of conditions. The clinical supervisor and the PA or AA may both select cases on which to structure the discussion. The emphasis of the session is to give the PA or AA feedback, identify learning points, and give advice and support. These sessions should usually be held in person, but where this is not possible and the clinical supervisor and the PA or AA consider it is appropriate, these may be held remotely, using online and video link or other technological platforms, or telephone.

General sale list (GSL) medicines

These are medicines which are available in a wide range of shops and pharmacies and may be bought without a prescription or pharmacist supervision.

Intimate examination

For the purposes of conditions, an intimate examination is an examination of breasts, genitalia or the rectum, or an examination that requires exposure of these areas.

Locum

A PA or AA who is standing in for an absent PA or AA, or who is temporarily covering a vacancy, in an established post or position. A locum is often, but not always, employed by a locum agency and carries out a locum placement at a hospital or GP practice etc.

For a PA or AA with restricted registration, the GMC considers:

- a fixed-term contract to be the same as a locum contract
 - where a minimum duration is specified in a condition, a zero hours contract is not an acceptable alternative to a locum post or fixed-term contract
 - where a minimum duration is specified in a condition, the locum post must require the PA or AA to work at least five sessions (of at least 3.5 hours) per week for the duration of the post or contract.
-

Logs

A record of an individual clinical consultation, examination or procedure that is made at the time the consultation, examination or procedure is undertaken.

The log must always include the:

- PA's or AA's name
- date of the consultation, examination or procedure
- patient's identifier eg NHS or hospital number (the log must not include the patient's name)
- patient's clinical signs and symptoms
- procedure carried out or diagnosis
- outcome
- any other information needed to meet the restriction on the PA's or AA's practice (eg signature of chaperone, supervising consultant, or workplace reporter to verify the information).

Medical supervision

Medical supervision is the framework the GMC uses to monitor a PA's or AA's health and progress during a period of restricted practice. Where a health condition impacts on PA's or AA's ability to practise safely, they must have a medical supervisor.

The medical supervisor is appointed from an approved list held by the GMC. The medical supervisor is not responsible for or involved in the PA's or AA's treatment or care. The supervisor meets with the PA or AA regularly to discuss their progress, and liaises with any treating doctors, as well as the workplace clinical supervisor. The medical supervisor will obtain information from a variety of sources but will not disclose confidential information to an employer without the PA's or AA's consent, except in exceptional circumstances.

The medical supervisor reports to the GMC on a regular basis, setting out their opinion about the PA's or AA's progress under treatment, whether the PA or AA is complying with conditions and the PA's or AA's fitness to practise in general.

Mentor	A more senior and experienced colleague who is able to offer guidance to a PA or AA. Mentoring is wide-ranging, covering clinical work, professional relationships and career plans. The relationship between the PA or AA and mentor is confidential and the GMC do not expect the mentor to give reports or feedback, other than to confirm that a mentoring relationship is in place.
Misuse of Drugs Regulations 2001	<p>Drugs controlled under the Misuse of Drugs Act 1971 Misuse of Drugs Regulations 2001 based on:</p> <ul style="list-style-type: none"> ● an assessment of their medicinal or therapeutic usefulness and the need for legitimate access ● their potential harms. <p>The more harmful a drug the higher the schedule and the stronger the regime around its availability.</p> <p>Schedule 1</p> <p>Covers drugs that have no therapeutic value and are usually used in research under a Home Office licence. Examples include cannabis, MDMA (ecstasy) and lysergamide.</p> <p>Schedule 2</p> <p>Covers drugs that have therapeutic value but are highly addictive. These are strictly controlled and subject to special requirements relating to their prescription, dispensing, recording and safe custody. Examples include potent opioids such as diamorphine and morphine.</p> <p>Schedule 3:</p> <p>Covers drugs that have therapeutic value, but have slightly lighter control, special requirements relating to their prescription, dispensing, recording and safe custody (where applicable). Examples include temazepam, midazolam and buprenorphine, and methylphenobarbitone.</p> <p>Schedule 4:</p> <p>Part 1 covers benzodiazepines (examples include bromazepam, diazepam (Valium) and triazolam) and</p> <p>Part 2 covers anabolic and androgenic steroids (examples include prasterone, testosterone, nandrolone and bolandiol), which are subject to lighter regulation with no possession offence.</p> <p>Schedule 5:</p> <p>Covers weaker preparations of Schedule 2 drugs that can be sold over the counter as a pharmacy medicine</p>

(without prescription). Examples include codeine, medicinal opium or morphine (in less than 0.2% concentration). For further information and a full list of drugs classified in each schedule, please refer directly to the legislation. Please note: Though the above list was correct at the time of publication of this document, drugs may sometimes be reclassified.

Non-NHS post

Any paid or unpaid position where a PA or AA is employed or contracted to provide services in, or in relation to, any area of medicine within a private organisation or private setting. This includes providing services to NHS patients in a private setting.

One month

Any period of one calendar month, on a rolling basis.

One week

Any period of seven days, on a rolling basis.

Out of hours work

Work carried out during 18:30–08:00 on weekdays, and all day at weekends and on bank holidays.

The GMC may approve a different work pattern when the normal hours of a PA's or AA's employer or contracting body do not match this time range. For example, a GP practice may normally be open from 07:00–19:00.

Personal development plan (PDP)

A prioritised list of a PA's or AA's development needs intended learning aims and plans for continuing professional development over a defined period. All PAs and AAs should have an active PDP that is reviewed regularly throughout their appraisal process.

For PAs or AAs with conditions, the PDP is a starting point for remediation or retraining. The plan should cover all relevant areas of the GMC core guidance, [Good medical practice](#), but must specifically set out an action plan for addressing the deficiencies listed in the relevant condition.

Against each action, the PDP should set out measures that will help assess whether the action has been achieved and a target date for completing the action. The senior clinician (or their nominated deputy) at the PA's or AA's place of work can give advice on how to prepare a PDP. But it is the PA's or AA's responsibility to:

- prepare the PDP
 - seek the senior clinician's approval on the prepared PDP
 - carry out the activities needed
-

-
- reflect on the impact of their learning on their performance and practice.
-

Pharmacy medicines (P)	These are medicines or medicinal products that are sold in registered pharmacies. They are not on the general sale list and a pharmacist must make or supervise the sale.
Place of work	The location in which you carry out your work as a PA or AA.
Post	Any paid or unpaid position where a PA or AA is employed or contracted to provide services as a PA or AA. A post can be on a locum or a substantive basis and includes work carried out in a private hospital, organisation or setting.
Prescription-only medication (POM)	These are medicines which must be prescribed by an appropriate practitioner, eg a registered, dentist, paramedic, pharmacist, nurse or midwife responsible for your treatment.
Senior clinician	<p>In the context of the conditions bank, the senior clinician will be the most senior person with clinical responsibility for your workplace, who meets the following criteria:</p> <ul style="list-style-type: none">● a consultant or GP who appears on the specialist or GP register (respectively)● have held GMC registration continuously for at least the last five years● have either a connection to a designated body or an approved suitable person● have the experience, skills and knowledge to carry out the responsibilities required of the senior clinician under the PA's or AA's conditions.
Work	In the context of the conditions banks, work means to work in a professional capacity as a physician associate or anaesthesia associate.

Working remotely

This describes the circumstances where a PA or AA is carrying out their duties and is not physically present in the same place as the patient and / or their colleague(s). This may include remote consultations, which take place between a patient and a PA or AA, or participation in clinical meetings, using online and video link or other technological platforms, or telephone, as opposed to face-to-face.

When working remotely the PA or AA may be physically present in their usual place of work or carrying out their duties from another location, such as from home, as agreed with their employer.

Workplace reporting

Every PA or AA who is working and has conditions on their registration must have a workplace reporter, appointed by the senior clinician in the organisation, with the exception of PA or AA with interim conditions. The workplace reporter would normally be the PA's or AA's immediate line manager or clinical supervisor or other senior colleague. In exceptional circumstances, the workplace reporter may be a senior administrator in the GP practice or hospital, or from the trust or health board.

The workplace reporter must give regular feedback to the GMC, the medical supervisor and the senior clinician at the organisation (or their nominated deputy). Feedback should include:

- confirmation that the PA or AA is complying with their practice-related conditions
 - any information which shows the PA or AA is progressing and which may suggest that restrictions may be relaxed or removed
 - confirmation and details of complaints or concerns received about the PA or AA which raise a question about their fitness to practise
 - any other relevant information and documentation.
-