

23 February 2026

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Dear Colleagues,

I am writing on behalf of the RCoA Council with an update regarding the training of Physician Assistants in Anaesthesia (legally known as Anaesthesia Associates) and abbreviated here to PAAs.

Following a resolution carried at the RCoA EGM in October 2023 we wrote to you in February 2024 to request that you:

1. Pause recruitment of new student PAAs while the College undertook further research regarding the impact of the PAA role.
2. Pause development of enhanced roles for PAAs until regulation is in place and a scope of practice beyond qualification had been developed.

In response to the outcome of the EGM the College Council undertook the following actions:

- Commissioned Cochrane Response to review the international evidence on PAAs. [The review](#) highlighted the limited and low-quality evidence, preventing definitive conclusions on patient safety, cost-effectiveness, or the impact of the role on other staff groups. The review was published in July 2024.
- Published '[Principles to guide healthcare professionals on how to introduce themselves](#)'. These principles were developed by the RCoA's Ethics Committee in consultation with our patient representative group, PatientsVoices@RCoA and published in August 2024. They build on our longstanding guidance that patients must be informed of who will be managing and overseeing their anaesthetic care.
- Published the Interim AA Scope of Practice 2024 following consultation with RCoA members and other stakeholders, including the Association of Anaesthesia Associates. An [updated version was published in December 2025](#), with the only change being the name of the profession, as recommended by the Leng Review. The Scope of Practice outlines the requirements for supporting the PAA role post qualification and the parameters required for safe practice. It must be implemented by all departments employing PAAs and is supported by the Association of Anaesthetists.

Other relevant developments include:

- In July 2025 the [independent review into physician associate and anaesthesia associate professions was published](#) (the Leng Review). Of note, the review recommended that PAAs should continue working within the boundaries set in the Interim PAA Scope of Practice and that the RCoA should have a pivotal role in any future workforce planning.
- PAAs are now regulated by the GMC, as of 13 December 2024.

What this means

The RCoA Council considers the stipulations set following the EGM to be met. Clinical Leaders should therefore resume autonomy for decisions relating to recruitment of PAAs within their departments.

The College continues to provide leadership and guidance on the education, training and professional development of PAAs. We remain fully supportive of PAAs currently training or working in the NHS. They are making a valuable contribution to patient care, and we welcome them as affiliate members of the College.

However, the College does not support, and sees no justification for, rapid expansion of the role. Any future requirement for PAA training posts should be determined locally, based on a Clinical Leader's intention to employ PAAs after training and in line with the Scope of Practice. Clinical Leaders should only initiate PAA training if they have the intention, capacity and appropriate skill mix to employ them once they qualify.

As part of its workforce-planning responsibilities, we have surveyed Clinical Leaders to understand current demand for the PAA role and the potential impact of resuming training. Responses indicate that demand is low (fewer than 20). However, we will continue to monitor PAA numbers as part of wider anaesthesia workforce planning and can provide advice to you on request.

The following requirements must be met before any PAA training is undertaken:

- Full implementation of, and compliance with, the PAA Scope of Practice for qualified PAAs.
- A review of local training capacity to ensure that the training of anaesthetists will not be adversely impacted.
- Clinical Leaders are asked to [inform the College](#) when initiating training of PAAs to confirm that these actions have been undertaken. This will enable the College to maintain an accurate database of PAA training numbers nationally

Action underway by the College

In addition to the above, the College is taking action in line with the recommendations of the Leng Review:

- Recommendation 12: workforce planning
 - Any expansion in the deployment of physician assistants in anaesthesia should be taken forward in conjunction with the Royal College of Anaesthetists to build safe and effective models of anaesthesia delivery that are supported by the consultant community.
- Recommendation 13: ongoing monitoring of safety
 - There should be an ongoing national audit of safety outcomes in anaesthesia practice in conjunction with the Healthcare Quality Improvement Partnership to provide assurance of the safety of the physician assistant in anaesthesia role, in teams with and without physician assistants in anaesthesia.
- Recommendation 18: safety reporting
 - Safety systems should routinely collect information on staff group to facilitate monitoring and interrogation at a national level, against agreed patient safety standards, to determine any system-level issues in multi-disciplinary team working.

We will work with the Leng Review team and other stakeholders to lead the development of national systems to collect and monitor safety data.

More broadly, we are working with the DHSC and the Leng Review team on the Review's other recommendations, which require further detail and discussion with stakeholders, including NHSE, the GMC and the Association of Anaesthesia Associates, as well as with our members.

These requirements for Clinical Leaders have been carefully reviewed by the RCoA Council and Board of Trustees. It is expected that departments will have sufficient governance and oversight to mitigate safety concerns and the potential impact on training for anaesthetists. The College will continue to monitor closely and to advocate for the expansion of training places for anaesthetists.

Finally, but importantly, I would like to thank you for your continued support and engagement as we work with our members and stakeholders to deliver the best route forward for our specialty.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'C Shannon', written in a cursive style.

Dr Claire Shannon
President and Chair of the Board of Trustees