

To:

- NHS trusts and integrated care boards
 - medical directors or chief medical officers
 - chief people officers
- Primary care networks

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

16 July 2025

cc.

- NHS trusts and integrated care boards
 - chief executives
 - regional medical directors
 - regional primary care medical directors

Dear colleagues

Response to the recommendations of the Independent Review of Physician Associates and Anaesthesia Associates (the Leng Review)

Today, the findings of the [independent review into the roles of physician associates \(PAs\) and anaesthesia associates \(AAs\)](#), led by Professor Gillian Leng, were published.

The [independent review](#) was commissioned by the Secretary of State for Health and Social Care to agree recommendations for the future of the physician associate and anaesthesia associate professions, the safety of the roles and their contribution to multidisciplinary healthcare teams.

We welcome the findings of this review, which provides a thorough assessment of the safety and effectiveness of PAs and AAs within the NHS. It draws on the available evidence and engagement with a wide range of stakeholders, including patients, clinicians, and international experts. We would like to thank Professor Leng, her team, and everyone who contributed valuable insights to this important work.

The NHS is reliant on a multidisciplinary workforce to provide high quality care for patients, and physician and anaesthesia associates play a vital and valued role within the health service. This review is critical in helping us determine how best to integrate the AA and PA

roles in a safe and effective manner and support colleagues as we plan for the future of healthcare delivery.

We expect employers to continue to support their PA and AA workforce and to accept and implement the recommendations of the review. Whilst we understand that the report's recommendations may create some short-term uncertainty for affected staff groups, this letter aims to provide clarity for staff, patients, and employers, including the immediate steps we will take in response.

Immediate actions

In line with the review's findings, we ask that all organisations take the following immediate actions:

1. Nomenclature – with immediate effect, please adopt the updated terminology as recommended in the review. This change will formally be made in forthcoming legislation, subject to parliamentary approval and agreement in the Scottish government and parliament:
 - 'physician associates' should now be referred to as 'physician assistants (PAs)'
 - 'anaesthesia associates' should now be referred to as 'physician assistants in anaesthesia (PAAs)'
2. Primary care entry requirements – ensure that all new PAs entering primary care have completed a minimum of 2 years' employment in secondary care settings prior to their employment.
3. Changes to deployment – PAs currently working in primary care, emergency departments, or any other setting must:
 - not triage patients
 - not see undifferentiated patients
4. Continued employment – current PAs and PAAs should remain in post, with their deployment aligned to the activities described in the review's template job descriptions if they are new in post. 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, and to modify the roles if necessary.

5. Support for impacted staff - engage with directly affected staff groups to ensure they are appropriately supported through this period of transition. Where required, this should include professional and pastoral support.

Moving forward, we will work closely and collaboratively with system partners, the Department of Health and Social Care, royal colleges and other relevant organisations to develop a detailed implementation plan that effectively delivers on the review's recommendations, including national clinical protocols and professional standards and information for patients. We will work together to consider how best to standardise identification of PAs, PAAs and other staff to support patients in recognising the staff caring for them.

The steps above will help to enable PAs and PAAs to continue to contribute to and participate in multidisciplinary teams with support, and we are grateful to you for your leadership in supporting this valued part of the NHS workforce.

If PAs and PAAs have any concerns or are worried in any way, please encourage them to speak with their supervisor or line manager. NHS England has also introduced a confidential text support service for all NHS staff that can be accessed by texting SHOUT to 85258. This service is available 24/7, alongside a range of additional support offers to suit a range of different health and wellbeing needs. More information can be found on our [Supporting our NHS people web pages](#).

Supporting our multidisciplinary workforce

As Co-National Medical Directors, we want to be clear about the culture we expect to see reflected in everyday behaviours across all organisations: a culture grounded in listening, learning, and improvement. One where staff and patients are treated with respect, compassion, and collaboration, so that our colleagues can thrive and our patients receive the safest and highest quality care.

A key part of building productive multidisciplinary teams that are fit for a future-facing NHS is continuing to listen, learn, and act on the full range of insights available. This is essential to ensuring patient safety, staff wellbeing, and public confidence.

Our 10 Year Health Plan, based on the largest listening exercise in NHS history, has given us a renewed opportunity to focus on the future and deliver meaningful change. It sets clear standards for how we recruit, retain, and support staff, and how we reform education and training to reflect the realities of multidisciplinary working and the increasing demands on our health and care system.

As the NHS faces ongoing pressure, the review marks a pivotal moment – a reset of the national conversation around these roles, and we must now work together to implement the recommendations and move forward constructively.

We would be grateful if you would send the enclosed letter directly to individuals affected working in associate posts within your organisation at the earliest opportunity.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'C Fuller'.

Dr Claire Fuller
Co-National Medical Director
(Primary Care)

A handwritten signature in black ink, appearing to be 'Meghana Pandit'.

Professor Meghana Pandit
Co-National Medical Director (Secondary
Care),