

EXPLANATORY MEMORANDUM TO

THE ANAESTHESIA ASSOCIATES AND PHYSICIAN ASSOCIATES ORDER 2024

2024 No. [XXXX]

1. Introduction

- 1.1 This explanatory memorandum has been prepared by the Department of Health and Social Care (DHSC) and is laid before Parliament by Command of His Majesty.

2. Purpose of the instrument

- 2.1 This instrument will allow the statutory regulation of Anaesthesia Associates and Physician Associates (“associates”) by the General Medical Council (GMC). It provides the framework for the regulation of associates and the powers and duties in relation to the GMC.

3. Matters of special interest to Parliament

Matters of special interest to the Joint Committee on Statutory Instruments

- 3.1 None.

4. Extent and Territorial Application

- 4.1 The extent of this instrument (that is, the jurisdictions which the instrument forms part of the law of) is England and Wales, Scotland and Northern Ireland.
- 4.2 The territorial application of this instrument (that is, where the instrument produces a practical effect) is England and Wales, Scotland and Northern Ireland.

5. European Convention on Human Rights

- 5.1 The Minister of State for Health and Secondary Care, Andrew Stephenson, has made the following statement regarding Human Rights:

“In my view, the provisions of the Anaesthesia Associates and Physician Associates Order 2024 are compatible with the Convention rights.”

6. Legislative Context

- 6.1 The government has committed to reforming the legislative framework for regulated health and care professionals across the UK. It will replace the regulators’ current legislation through a series of statutory instruments, giving each regulator near identical powers through broadly similar legislation.
- 6.2 This is the first such instrument and will bring associates into statutory regulation under a new reformed framework and gives powers to and imposes duties on the GMC. The GMC’s overall governance framework and regulation of medical practitioners (doctors) will continue under the Medical Act 1983 (c. 54) after the instrument comes into effect. Our intention is to draft and publish a further instrument for consultation in due course which will cover reforms for doctors and further governance and operating framework reforms for the GMC.

7. Policy background

What is being done and why?

- 7.1 The current UK model of regulation for healthcare professionals is rigid, complex and needs to change to better protect patients, support our health services and to help the workforce meet future challenges. This is the first stage of a large-scale programme of reform that will implement improvements to the system of professional regulation, to the health and care workforce and to patient and public safety.
- 7.2 In 2017, the consultation [*Promoting professionalism, reforming regulation*¹](#) was published on options for reforming the regulation of healthcare professionals in the UK following publication of the Law Commission's report, [*Regulation of healthcare professionals, regulation of social care professionals in England*²](#). In 2019, a response was published *Promoting professionalism, reforming regulation: government response*.
- 7.3 In 2017 a consultation was also published on [*The regulation of Medical Associate Professions in the UK*³](#). This consultation sought views on proposals to introduce statutory regulation for associates.
- 7.4 Detailed proposals for the reform of the legislation underpinning healthcare regulation were set out in [*Regulating healthcare professionals, protecting the public*⁴](#), published in 2021. The response [*Regulating healthcare professionals, protecting the public: consultation response*⁵](#) was published in February 2023. A further consultation [*Regulating anaesthesia associates and physician associates*⁶](#) took place between February 2023 and May 2023 and sought views on the draft legislation that will enable the GMC to regulate associates in the UK.
- 7.5 Analysis of the responses to these consultations coupled with extensive stakeholder engagement has been carried out that has resulted in a set of finalised policy positions. We have engaged thoroughly with the regulators, the devolved governments, the Professional Standards Authority for Health and Social Care (PSA) and other key stakeholders across the health and care, employment, commercial and legal sectors to ensure that the instrument provides a legislative framework which can be adapted to future regulatory reform for all of the healthcare regulatory bodies.
- 7.6 The *Regulating anaesthesia associates and physician associates consultation response* [Regulating anaesthesia associates and physician associates - GOV.UK](#)

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https://assets.publishing.service.gov.uk/media/5a81d78ce5274a2e8ab561e7/Regulatory_Reform_Consultation_Document.pdf

2 <https://www.lawcom.gov.uk/project/regulation-of-health-and-social-care-professionals/>

3

https://assets.publishing.service.gov.uk/media/5a81d87440f0b62305b911d5/The_regulation_of_MAPs_in_the_UK.pdf

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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/978833/Regulating_healthcare_professionals_protecting_the_public.pdf

5 <https://www.gov.uk/government/consultations/regulating-healthcare-professionals-protecting-the-public/outcome/regulating-healthcare-professionals-protecting-the-public-consultation-response-executive-summary>

6 <https://www.gov.uk/government/consultations/regulating-anaesthesia-associates-and-physician-associates>

www.gov.uk)⁷ published on 11 December 2023 reflects the final positions that have been used as the basis for drafting this instrument, which will give the GMC the power to regulate associates under the new regulatory framework effectively.

- 7.7 In summary, the draft Order will give the GMC powers to:
- register qualified and competent associates; the draft Order only allows the GMC to hold a single register, divided into two parts, one for Anaesthesia Associates and one for Physician Associates
 - set standards of registration, education and training, and continuing professional development and conduct for associates
 - approve associates' education and training programmes
 - operate fitness to practise procedures for associates
- 7.8 The draft Order sets out the Registrar's duty to record prescribed information in the register, with separate duties and powers on what information can then be published.
- 7.9 The proposed legislation requires the GMC to set the standards and requirements which associates from each profession must meet to be registered. To align with legislative requirements set out in the Health Care and Associated Professions (Indemnity Arrangements) Order 2014 (S.I. 2014/1887), the draft Order contains a requirement for associates to provide the Registrar with evidence to demonstrate that they hold adequate and appropriate cover in respect of their practice. This can be either through an indemnity arrangement, an insurance policy, or a combination of the two.
- 7.10 The draft Order mandates that associates who have previously been removed from the register due to a final measure being imposed at the outcome of fitness to practise proceedings must satisfy a Panel constituted under the draft Order that their fitness to practise is not impaired at the point of applying to return to the register. Appellants will accordingly have a right to appeal any decision not to readmit them to the register directly to the High Court in England and Wales, the High Court in Northern Ireland or the Court of Session in Scotland. Where the draft Order gives the GMC discretion to prescribe a decision-maker for the registration and fitness to practise elements of a restoration decision, the onward right of appeal will be dependent on whether or not a Panel is involved in either element of the initial decision. For cases decided by the GMC, appellants will have a right of appeal to a Panel before a further appeal to the High Court in England and Wales, the High Court in Northern Ireland or the Court of Session in Scotland.
- 7.11 The government is clear that ensuring that professionals remain fit to practise is an essential component of public protection. The proposed legislation imposes a duty on the GMC to carry out a periodic assessment of whether an associate continues to meet standards determined by the GMC to remain on the register. The GMC has powers to remove associates who fail to meet these standards or who fail to comply with the procedural requirements of this assessment. An associate who is notified of a decision

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<https://eur03.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fconsultations%2Fregulating-anaesthesia-associates-and-physician-associates&data=05%7C02%7CPAIT.Parly%40dhsc.gov.uk%7Cb2eac561c1894b9e013d08dbfa6f350e%7C61278c3091a84c318c1fef4de8973a1c%7C1%7C0%7C638379127756415490%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Iik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=6AGnhYoVoxOGWcnU52saCNCHvN8QAG29N0ljZxTVVPU%3D&reserved=0>

to remove their entry from the register has an onward right of appeal to a Panel and, subsequently, to a county court or, in Scotland, a sheriff.

- 7.12 The draft Order gives the GMC the power to set conditions on the registration of groups of associates who meet pre-determined criteria. These conditions will limit the scope of an associate's registration. This power is intended to allow the GMC to operate defined, different types of registration, for example provisional registration. The draft Order mandates that the GMC must publish this information to signal to the public and employers any restrictions on an associate's scope of registration. There is a complementary duty for the GMC to record information in the register relating to that person's practice as an associate where the Registrar is satisfied that its inclusion will aid the protection of the public. The draft Order also places a duty on the GMC to publish any information where it is satisfied that it serves the purpose of protection of the public. This enables the GMC to record and publish information in the register which it has identified has a legal effect that may either limit or enhance the scope of an associate's registration. For example, this mechanism could be used if a decision is made in the future to expand a form of prescribing responsibilities to either Anaesthesia Associates or Physician Associates.
- 7.13 The draft Order provides the GMC with a 3-stage fitness to practise process including an initial assessment stage, case examiner stage and Panel stage. Where a case examiner or Panel determines that an associate's fitness to practise is not impaired, no action will be taken against the associate unless it is deemed necessary to give the associate a warning. Where an associate's fitness to practise is found to be impaired, a case examiner or Panel will have a suite of final measures available to them, including applying conditions to registration, suspension of registration or removal of registration. The maximum period for which a final measure may be applied by a case examiner or Panel is 12 months, although this can be extended on review by the GMC, by no more than 12 months on each final measure review.
- 7.14 The GMC may review a final measure if an associate's entry in the register is subject to a condition or is suspended including where a question arises as to compliance with a condition on that associate's registration. On a review of a final measure, the GMC may revoke the measure if, in its opinion, the fitness to practise of the associate in respect of whom the final measure is imposed is no longer impaired. Where the GMC is of the opinion that the fitness to practise of the associate remains impaired, it may choose to make no changes to the final measure or it may choose to extend the period specified in relation to the original final measure, vary a condition to which an associate's entry is subject, extend and vary a condition to which the associate's entry is subject to or substitute the final measure for another measure.
- 7.15 Interim measures are restrictions on an associate's practice that a Panel can put in place to address a public protection risk or if restrictions are otherwise in the interests of the public or associate while fitness to practise of the associate is under consideration. A Panel can put in place an interim measure for a maximum period of 18 months. In prescribed circumstances, the GMC may apply to the High Court in England and Wales, the Court of Session in Scotland, or the High Court in Northern Ireland to extend the interim measure beyond 18 months. The relevant court will be able to extend the interim measure for up to a further 12 months with further extensions possible subject to the GMC making further applications to the court.
- 7.16 A review of an interim measure by the GMC must take place before the end of a period of six months beginning with the date on which it first had effect. Subsequent

reviews of the interim measure must take place within six months of the previous review or, where the duration of the interim measure has subsequently been extended by a court, within six months of that extension. An associate can request an early review of an interim measure at any time. However, such a review is at the GMC's discretion. Following a review of an interim measure the GMC may decide to make no changes to the interim measure, to extend the period specified, to vary a condition to which an associate's entry is subject, to extend and vary a condition to which an associate's entry is subject, or to substitute an interim measure for another measure if the interim measure remains necessary for the protection of the public or remains in the interests of the public or registrant. In addition, an interim measure may be revoked if the measure is no longer necessary for the protection of the public or is no longer in the interests of the public or associate.

- 7.17 The draft Order prohibits the GMC from being able to ask an Anaesthesia Associate or Physician Associate, during fitness to practise proceedings, to provide it with any material the Anaesthesia Associate or Physician Associate may have produced for the purposes of professional development or in the course of reflecting on their professional practice. This is in line with recommendation 5.3 of [Professor Sir Norman Williams' review into gross negligence manslaughter in healthcare](#)⁸.
- 7.18 The GMC may revise decisions under the draft Order on the ground of error of fact or law or, except in relation to fitness to practise proceedings after the initial assessment stage, where there has been a material change of circumstances since the decision was made. The GMC must prescribe in rules the types of decisions it will revise using its revision powers.
- 7.19 Rights of appeal against registration and fitness to practise decisions made by the GMC and Panels are included within the draft Order. These are set out below.
- 7.20 Associates and applicants for registration will be able to seek permission from the GMC to appeal to a Panel against the following decisions:
- any decision not to grant registration
 - where the GMC has placed a condition on the practice of a description of associates
 - where the Registrar has determined that an entry should be removed from the register for a specific reason, examples include where registration was procured fraudulently or where a registrant no longer meets the prescribed standards
- 7.21 Applicants and associates who are granted permission to appeal against the above decisions will also have a subsequent right of appeal to a court specified in the draft Order.
- 7.22 Former associates who apply to re-join the GMC's register and have their applications for registration turned down will have a right of appeal to the High Court in England and Wales, the Court of Session in Scotland, or the High Court in Northern Ireland.
- 7.23 Associates who wish to appeal against the following fitness to practise decisions will have a right of appeal to a Panel, subject to permission to appeal being granted:
- where a case examiner determines that an associate's fitness to practise is not impaired but issues a warning

⁸ https://assets.publishing.service.gov.uk/media/5b2a3634ed915d2cc8317662/Williams_Report.pdf

- where a case examiner determines that an associate’s fitness to practise is impaired and imposes a Final Measure
 - where the GMC extends, varies or substitutes an interim measure for another interim measure following a review
 - where the GMC extends, varies or substitutes a final measure for another final measure following a review
- 7.24 Associates who wish to appeal against the above fitness to practise decisions will have a subsequent right of appeal to the High Court in England and Wales, the Court of Session in Scotland, or the High Court in Northern Ireland.
- 7.25 The draft Order permits the GMC to prescribe in rules additional persons who may appeal to a Panel. The GMC therefore has the flexibility to allow persons other than an associate to appeal against a case examiner’s decision that an associate’s fitness to practise is not impaired.
- 7.26 Furthermore, where a person who wishes to appeal to a Panel against a specified decision set out in article 16(1) of the draft Order and has their application for permission to appeal refused by the GMC, they will have a right of appeal to the relevant court.
- 7.27 A direct right of appeal to the High Court in England and Wales, the Court of Session in Scotland, or the High Court in Northern Ireland will be available against the following decisions:
- where a Panel determines that an associate’s fitness to practise is not impaired but issues a warning
 - where a Panel determines that an associate’s fitness to practise is impaired but takes no further action
 - where a Panel determines that an associate’s fitness to practise is impaired and imposes a final measure
 - where a Panel imposes an interim measure on an associate
 - where the Registrar has removed an associate’s entry from the register, due to an associate receiving a custodial sentence, following a conviction for a listed offence set out within Schedule 2 of the draft Order
- 7.28 The draft Order provides for the making of representations by education and training providers before a condition is attached to an education and training approval or the approval is varied or revoked. It also provides for the making of representations by associates before interim measures and final measures are imposed.
- 7.29 Introducing associates into statutory regulation will also mean that it will be an offence for someone, with intent to deceive to:
- use the title ‘Anaesthesia Associate’ or ‘Physician Associate’ if they are not registered as such with the GMC
 - falsely represent anyone to have an approved qualification (which will cover associates’ courses) or be registered
 - make a false representation as to the content of the register
 - procure, or attempt to procure, the inclusion or exclusion of information in the register

- 7.30 The offence relating to the use of the protected titles ‘Anaesthesia Associate’ and ‘Physician Associate’ will not take effect until December 2026, which allows for a 2-year transition period after regulation under the Order comes into force.
- 7.31 Consequential changes to other pieces of primary and secondary legislation have also been made to ensure that legislation relating to regulated healthcare professionals is updated to reflect the regulation of associates where appropriate.
- 7.32 The draft Order states that “rules must require the level of any fees to be set with a view to ensuring that, so far as is reasonably practicable and taking one year with another, the Regulator’s fee income does not exceed its expenses, including amounts reasonably required to be set aside for reserves”. It is recognised that it is difficult for the GMC to predict its annual income and expenditure given fluctuations in the number of registrants and fitness to practise cases, in addition to holding sufficient reserves and meeting its financial obligations. It is expected that the GMC will take a pragmatic approach by setting its fees at a level which allows for, and smooths out, year on year variations in its income and expenditure.
- 7.33 The objectives of the GMC and its duty to co-operate will be split across the draft Order and the Medical Act 1983. For completeness and to assist the reader, these are summarised below:

Objectives

The over-arching objective of the General Council in exercising their functions is the protection of the public.

The pursuit by the General Council of their over-arching objective involves the pursuit of the following objectives—

- to protect, promote and maintain the health, safety and well-being of the public,
- to promote and maintain public confidence in the medical profession and the anaesthesia associate and physician associate professions, and
- to promote and maintain proper professional standards and conduct for members of the medical profession and the anaesthesia associate and physician associate professions.

Duty to co-operate

In exercising their functions, the GMC has a limited duty to co-operate with public bodies or other persons concerned with:

- the employment (whether or not under a contract of service) of anaesthesia associates, physician associates and provisionally or fully registered medical practitioners,
- the education or training of anaesthesia associates, physician associates, medical practitioners or other health care professionals,
- the regulation of, or the co-ordination of the regulation of, other health or social care professionals,
- the regulation of health services, and
- the provision, supervision or management of health services.

Functions

The functions of the GMC are set out in both the Medical Act 1983 and the draft Order. The legislative framework provides for the GMC to carry out preventative actions to cover things such as setting standards and checking they are met, approvals of education and training, making administrative removals, disclosing information and compiling reports under s.52A of the Medical Act 1983.

Explanations

What did any law do before the changes to be made by this instrument?

- 7.34 Associates' roles exist within multi-disciplinary teams in the NHS workforce. However, the professionals in such roles are not subject to statutory regulation. Voluntary registers exist for each role, held for Anaesthesia Associates by the Royal College of Anaesthetists and for Physician Associates by the Faculty of Physician Associates.

Why is it being changed?

- 7.35 Strengthening the future NHS workforce is one of the Government's top priorities. The NHS has seen the emergence of new professional roles working within multi-disciplinary teams as part of a continuing drive to provide safe, accessible and high-quality care for patients across the UK. The growth of these professions, including these two new regulated associate roles, is central to the Government's commitment to develop a more effective, strong and expanding medical workforce to meet future need.

What will it now do?

- 7.36 Statutory regulation by the GMC will mean that anyone practising as an Anaesthesia Associate or Physician Associate must be registered with the GMC and will be subject to the relevant regulatory requirements. The GMC will be required to determine standards applicable to associates, these must relate to education and training, knowledge and skills, experience and performance, conduct and ethics, proficiency in the English language and such other matters as the GMC may prescribe in rules. Regulation is a significant step in embedding these associate roles in the multi-disciplinary healthcare workforce.

8. European Union Withdrawal and Future Relationship

- 8.1 This instrument does not relate to withdrawal from the European Union.

9. Consolidation

- 9.1 This instrument forms part of the legislative framework for the GMC, alongside the Medical Act 1983. A second instrument will be drafted in due course that will bring in the remaining reforms, including those for medical practitioners, and amend the overall governance framework for the GMC.

10. Consultation outcome

- 10.1 All of the consultations mentioned in section 7 were subject to a statutory three month public consultation period. Overall, we have received nearly 5000 responses from individuals, organisations, healthcare professionals and members of the public. Responses to the consultations showed clear support for changes to the legislative

structure that underpins the regulatory bodies and to the regulation of anaesthesia associates and physician associates. A copy of the final policy positions is included in the Regulating anaesthesia associates and physician associates consultation response published on 11 December 2023, following consultation on the draft legislation published in February 2023. A link to the consultation is [here](#)⁹.

- 10.2 In 2017, the consultation [Promoting professionalism, reforming regulation](#)¹⁰ was published on options for reforming the regulation of healthcare professionals in the UK following publication of the Law Commission's report, [Regulation of healthcare professionals, regulation of social care professionals in England](#)¹¹. In 2019, a response was published *Promoting professionalism, reforming regulation: government response*. This response demonstrated clear support for reforming professional regulation of healthcare professionals, including 72% support for reform of fitness to practise processes, 74% support for regulators being enabled to support registrants' professionalism and a majority of respondents supporting proposals that would enable regulators to work closely with each other and other parts of the healthcare sector. There were mixed views on whether regulators should have great flexibility to set their own operating processes, with 42% agreeing and 34% disagreeing. We have worked with stakeholders subsequently to ensure that this flexibility is coupled with strengthened accountability and ensuring flexibility is provided where it is of benefit to registrants and patients.
- 10.3 In 2017 a consultation was also published on [The regulation of Medical Associate Professions in the UK](#)¹². This consultation sought views on proposals to introduce statutory regulation for associates. The [Government response](#)¹³ showed that there was clear support for regulation of Anaesthesia Associates (83%) and Physician Associates (95%). In addition, a majority of respondents (59%) agreed that the GMC was the most appropriate regulator.
- 10.4 Detailed proposals for the reform of the legislation underpinning healthcare regulation were set out in the [Regulating healthcare professionals, protecting the public](#)¹⁴, published in 2021. The response [Regulating healthcare professionals, protecting the public: consultation response](#)¹⁵ was published in February 2023. Respondents showed broad support for the proposals put forward although there was resistance to proposals on the number of grounds for action in fitness to practise cases and in respect of the freedom for regulators to set their own fees. In subsequent policy development we have sought to set out our rationale for these proposals. In respect of grounds for action, we have worked with regulators to ensure that the legislation is drafted in such

⁹ <https://www.gov.uk/government/consultations/regulating-anaesthesia-associates-and-physician-associates/regulating-anaesthesia-associates-and-physician-associates>

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https://assets.publishing.service.gov.uk/media/5a81d78ce5274a2e8ab561e7/Regulatory_Reform_Consultation_Document.pdf

¹¹ <https://www.lawcom.gov.uk/project/regulation-of-health-and-social-care-professionals/>

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https://assets.publishing.service.gov.uk/media/5a81d87440f0b62305b911d5/The_regulation_of_MAPs_in_the_UK.pdf

¹³ <https://assets.publishing.service.gov.uk/media/5c5c053fe5274a318116c414/maps-consultation-report.pdf>

¹⁴ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/978833/Regulating_healthcare_professionals_protecting_the_public.pdf

¹⁵ <https://www.gov.uk/government/consultations/regulating-healthcare-professionals-protecting-the-public/outcome/regulating-healthcare-professionals-protecting-the-public-consultation-response-executive-summary>

a way that the grounds are sufficiently broad to enable them to consider and adjudicate on an appropriate range of fitness to practise concerns. In respect of fee setting powers, we have continued to ensure that any material changes to the rules as to fees are subject to consultation by the regulator and that any changes are accounted for in annual reporting duties.

- 10.5 A further consultation [*Regulating anaesthesia associates and physician associates*](#)¹⁶ took place between February 2023 and May 2023 and sought views on the draft legislation that will enable the GMC to regulate associates in the UK.
- 10.6 The consultation sets out what powers and duties will be included in the draft Order to enable the GMC to operate a robust regulatory regime for associates, including in areas such as standards and approvals, the register, fitness to practise, and revisions and appeals.
- 10.7 Responses to that legislative consultation have necessitated changes to the legislation, such as in respect of the revisions and appeals provisions. The legislation now contains drafting that enjoys broad support from stakeholders and implements review and appeal mechanisms that will ensure that where a decision is challenged it can be considered and, where necessary, changed quickly without requiring escalation to a Court.
- 10.8 The UK Parliament is responsible for the regulation of healthcare professions in England and Wales. Regulation of health and care professionals is a transferred matter in Northern Ireland. In Scotland it is devolved for healthcare professionals who entered regulation after the passing of the Scotland Act 1998 (c. 46). The consultations and responses and the drafting of this instrument has been led jointly by the UK and the Devolved Governments of Northern Ireland, Scotland and Wales.

11. Guidance

- 11.1 Any guidance which may be required in relation to the powers and duties in this instrument will be issued by the GMC.

12. Impact

- 12.1 There is no, or no significant, impact on business, charities or voluntary bodies.
- 12.2 The impact on the public sector is that there will be an initial impact on central government as the Department of Health and Social Care is providing funding for the initial set up costs of regulating Anaesthesia Associates and Physician Associates.
- 12.3 A full Impact Assessment has not been prepared for this instrument because of the low level of impact per business. The high-level assessment we carried out establishes that there is no significant impact on business, charities or voluntary bodies.
- 12.4 As part of developing the policy positions on reform and regulating associates, an Equalities Impact Assessment has been developed and updated. We don't anticipate that there will be any disproportionate impacts on protected characteristics from the regulation of associates as the GMC is under a legal obligation to consider the impact on protected characteristics, and the flexible framework the new legislation will give it will ensure it is able to adapt to the requirements of the professions' demographics.

¹⁶ <https://www.gov.uk/government/consultations/regulating-anaesthesia-associates-and-physician-associates>

13. Regulating small business

13.1 The legislation does not apply to activities that are undertaken by small businesses.

14. Monitoring & review

14.1 The approach to monitoring of this legislation is to keep it under review whilst developing the second instrument for the GMC and to carry out an internal review of the impact of the legislation on business after 5 years. The legislation may be amended accordingly.

15. Contact

- 15.1 Sean Marchesi-Denham, DHSC (Telephone: 020 7972 1422 or email: Sean.Marchesi-Denham@dhsc.gov.uk) can be contacted with any queries regarding the instrument.
- 15.2 Phil Harper, Deputy Director of Professional Regulation, DHSC can confirm that this Explanatory Memorandum meets the required standard.
- 15.3 The Minister of State for Health and Secondary Care, Andrew Stephenson, DHSC can confirm that this Explanatory Memorandum meets the required standard.