

FACULTY OF FORENSIC & LEGAL MEDICINE

of the Royal College of Physicians of London



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FFLM Response to the Leng Review

The Faculty of Forensic & Legal Medicine (FFLM) welcomes the publication of the [Leng review](#) into physician associate and anaesthesia associate professions. We particularly note and support Professor Leng's comments in the foreword regarding the loss of teamwork and mentorship in postgraduate training and appreciate the recognition that doctors are more than just widgets in an assembly line.

We welcome the review into postgraduate medical training and are committed to providing input to the process to ensure doctors continue to be represented and trained to be integral parts of the teams collaborating with professionals from other backgrounds, especially in the field of forensic and legal medicine.

Our commentary only relates to Physician Assistants (PAs) as Physician assistants in anaesthesia (PAAs) would not be relevant to clinical forensic medicine.

We support Recommendation 1, which proposes renaming the role to Physician Assistant to better reflect the position. However, we acknowledge the significant challenges ahead—not only for PAs themselves but also for those working alongside them, particularly members of the FFLM who serve as medicolegal advisors (MLAs). These members will be required to navigate and support complex decisions around the definition of an "undifferentiated patient" and the interpretation of "supervision."

We strongly support Recommendation 4 which states PAs should not see undifferentiated patients, this would therefore preclude them being deployed in sexual assault referral centres, (SARCs) or police custody settings. Telephone triage to ascertain urgency of assessment does not (in the opinion of the FFLM) equate to differentiating patients into groups which could be assessed by clinicians with a narrower range of skills.

Recommendation 5 which precludes deployment in primary care without a minimum of two years' experience in secondary care appears moot in light of the Royal College of General Practitioners' (RCGP) firm stance that there is no role for PAs in primary care.

Recommendation 6 stipulates all PAs must have a named supervising doctor. In general forensic medicine, where there is already a significant shortage of doctors, this further supports our view that the deployment of PAs in police custody settings is unfeasible.

We agree with Recommendation 7 ensuring patients are able to identify which groups of clinicians are treating them.

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Recommendation 8 regarding establishment of a permanent faculty to provide appropriate professional leadership provides important safeguards and would ensure that standards are set by the relevant medical Royal Colleges and Faculties, in line with other areas of practice, including forensic and legal medicine.

The requirement in Recommendation 15 for the GMC to disentangle PAs and AAs from documents and guidance designed for doctors will cause another upheaval for our MLA members, who will have to review yet another set of regulations even as they are just getting used to the most recent publication.

Recommendation 16 highlights the importance of time being built into job plans for line management and supervision. This echoes broader concerns across forensic and legal medicine, where protected time for mentorship, service development, and supervision has been significantly eroded.

Recommendation 17 emphasises the need for clearly defined roles within multidisciplinary teams. We agree strongly clinicians from different backgrounds are NOT interchangeable, but their expertise IS complementary. Clearly delineated roles enhance patient safety and foster more effective collaboration, as further supported by Recommendation 18 on safety reporting.

The FFLM reaffirms its position as set out in our [position statement](#) and in our [reply to the call for evidence by the Leng review](#) that there is no current role for Physician Assistants in clinical forensic and legal medicine.

The patient groups we see have complex needs and are assessed in challenging high-risk situations requiring significant clinical expertise and experience. This is compounded by the lack of specialist recognition, meaning variability in the qualifications of clinicians who are available to supervise. As there are only six doctors on the specialist register in forensic and legal medicine, there would not be sufficient numbers of doctors to act as named supervisors. Even in secure and detained settings where services would be led by GPs, the RCGP has made it clear it is [opposed to Physician Assistants in primary care](#) and this would certainly also apply to the complex role of prison medicine.