

Physician Associates

Briefing note for Local Medical Committees

November 2015



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Objective

It is intended that this document will serve to inform LMCs about the current position of Physician Associates (PAs) in the UK and the implications for General Practice.

Background

The PA profession was founded in the mid-1960s during a time of primary care physician shortages in rural areas in the USA. Dr. Eugene Stead of the Duke University Medical Centre in North Carolina put together the first class of PAs in 1965. The model has since spread to Canada, Australia, the Netherlands and has now arrived in the United Kingdom. PAs are currently working in England and Scotland in a wide variety of medical and surgical specialties. They are also academic roles on the universities' programmes.

The role of physician associate

A physician associate, formerly known as a physician assistant, is “a new healthcare professional who, while not a doctor, works to the medical model, with the attitudes, skills and knowledge base to deliver holistic care and treatment within the general medical and/or general practice team under defined levels of supervision”.¹ PAs are not registered under statute and the title ‘Physician Associate’ is not a protected title. PAs that are registered on the PA Managed Voluntary Register (MVR) may add to their name 'PA-R' to demonstrate that they are currently on the MVR and have signed up to maintaining national standards of practice.

In certain areas of the UK there are organisations which employ people to do technical tasks in the hospital, such as phlebotomy, ECGs, arterial blood gases and administrative duties. While they are also called 'physician associates' or 'physician assistants', they do not have the training of NCCPA certified American PAs or the UK PAs being trained at the universities listed below.

Current training provision

PA courses involve intensive training over two years with students studying for 46-48 weeks each year. The curriculum includes many of the same elements as the standard four or five-year medical programme.

As of January 2015 there are six Universities offering training for PAs. These are:

1. University of Aberdeen
2. University of Birmingham
3. Plymouth University Peninsula School of Medicine
4. St. George's University of London
5. University of Wolverhampton
6. University of Worcester

¹ Competence and Curriculum Framework for the Physician Assistant 2012, p. 2.
<http://www.ukapa.co.uk/files/CCF-27-03-12-for-PAMVR.pdf>

The following universities are going to be launching the PA training programmes soon:

1. University of Reading
2. Sheffield Hallam University
3. Anglia Ruskin University
4. University of Leeds
5. University of East Anglia

Courses under development at the following universities:

1. Brunel University
2. Brighton and Sussex Medical School
3. Canterbury Christ Church University
4. University of Central Lancashire
5. University of Chester
6. University of Kent
7. University of Surrey

PAs in General Practice

In a GP surgery, PAs see patients of all ages for acute and chronic medical care. PAs can refer patients to consultants, the EAU or to A&E when clinically appropriate. Other duties include home visits, prescription re-authorisation, review of incoming post and laboratory results. PAs are an additional health care team member to help the practice reach QOF targets.

PAs are able to practice in the UK as a result of a clause within the General Medical Council's guidance on Good Medical Practice. Delegation is discussed within paragraph 54 as follows:

Delegation involves asking a colleague to provide treatment or care on your behalf. Although you will not be accountable for the decisions and actions of those to whom you delegate, you will still be responsible for the overall management of the patient, and accountable for your decision to delegate. When you delegate care or treatment you must be satisfied that the person to whom you delegate has the qualifications, experience, knowledge and skills to provide the care or treatment involved. You must always pass on enough information about the patient and the treatment they need.

Health Education England's (HEE) second Workforce Plan for England² set out the £5bn worth of investments they would make in education and training programmes that typically begin in September 2015. In terms of future workforce, HEE is developing the structure and support to train 1000 PAs to be working in primary care by 2020. The rapid expansion of PA programmes across the UK will mean that PAs will become a small but significant part of the healthcare workforce.

PAs may perform some of the following general practice specific medical tasks or procedures³:

- Take Medical History
- Perform Physical Examination
- Patient Education
- Interpret/Obtain ECG
- Venepuncture

² <http://hee.nhs.uk/wp-content/blogs.dir/321/files/2012/08/HEE-investing-in-people-2015.pdf>

³ Faculty of Physicians Associates - <http://www.fparcp.co.uk/faqs/>

- Psychiatric Assessment
- Urinary Catheterisation
- Joint Aspiration / Injection
- Cervical
- Smear
- Incision and Drainage of Abscess
- Mole removal
- Lipoma Removal
- Contraceptive implant placement and removal
- General new-born examination
- IUD Placement and Removal
- Fitting of diaphragm

Current funding arrangements for training PAs

There is currently no tariff in place to allow for funding of clinical placements for student PAs. Section 30 of the DH *Guidance for 2015 to 2016 education and training tariffs*⁴ confirms the exclusion of 'Physician Assistants' and that 'local arrangements' should be made.

Plymouth's 'training contract' model, a training partnership between Plymouth University Peninsula Schools of Medicine and Dentistry and local employers, will see three South West NHS trusts sponsoring five places each on the course. The trusts will pay full tuition fees in exchange for a two-year employment contract post-graduation.

West Midlands LETB will be (partially) funding GP placement costs (14 days). The East of England LETB is discussing a plan to fully fund courses through their four workforce partnerships. These will be delivered via the East Anglia and Anglia Ruskin course providers (due to launch courses from September 2015). The East of England LETB predicts 90 trainees will be in place, over two cohorts, in September 2015 and spring 2016.

Issues for GP Training

Training capacity in general practice is limited. The focus of training in a GP setting should be about training the GPs of the future, especially at a time when GP workforce is dwindling. However, the recruitment data from the last few years showed a significant shortfall in recruitment to GP specialty training, especially in the north of the country. This spare training capacity can be used to train other allied health professionals.

Physician Supervision

PAs will require appropriate supervision in their medical practice. This will vary somewhat from individual to individual and is dependent on a number of factors, including, but not limited to, their past healthcare experience and experience as a PA. A new graduate will require much more intensive supervision compared to an experienced PA. For instance, many PAs currently working in general practice have the ability to quickly interrupt their supervising GP for a signature and then continue their work. If further advice on a case is required, the GP and PA take time out to discuss it and or see the patient together to come to a decision on further treatment.

⁴ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/390006/2015-16_Tariff_guidance_-_DRAFT_-_web_version.pdf

Prescribing rights

PAs are currently unable to prescribe medications in the UK. As PAs are not yet licensed nor registered, this limitation also applies to requests for radiological investigations.

Indemnity

PAs require professional indemnity coverage. Currently, the Medical Protection Society (MPS), Medical Defense Union (MDU) and Medical and Dental Defence Union of Scotland (MDDUS) will provide professional indemnity for those PAs working in general practice. Practices need to consider the fact that some MDOs may consider employment of PAs as a higher risk option and therefore increase the indemnity subscription for the practice.

Salary

The newly qualified PA post has been evaluated under Agenda for Change at Band 7 (£31,072 - £40,694). Higher level PAs (usually requiring a minimum of five years of experience and a relevant Master's Degree have been banded at 8a (£39,632 - £47,559). There is no obligation on the practices to adhere to AfC and individual practices need to make a decision on how much they wish to pay for a PA in line with their finances and legislation.

CPD

PAs have a responsibility to keep their professional practice up to date. Continuing medical education (CME) or continuing professional development (CPD) is key to a PA's ongoing clinical practice. The majority of PAs are therefore provided with some form of study leave. This is to be determined through discussions with the PA and their supervising GP as well as their employer.

Selection of PAs

All PAs hold at least a bachelor's degree, usually in a life science field. Most PA Programmes require at least a 2:1 honours degree for entry into the Postgraduate Diploma course along with some prior health or social care experience. The prior experience of a PA is diverse. The most commonly reported previous occupations include nursing, health care assistant and paramedic.

License to work

American trained PAs are typically required by their employer to have and maintain their NCCPA certification to work in the UK. In the future, US/Canadian trained PAs may be 'grandfathered' into the UK system, be required to take a UK certification exam or another route may be decided. This has yet to be determined.

Faculty of Physician Associates

The Royal College of Physicians has launched the Faculty of Physician Associates, a professional membership body for the PA profession. The Faculty of Physician Associates replaced the previous membership body for PAs, the UK Association for Physician Associates (UKAPA). The RCP and UKAPA have worked closely together to develop the faculty. The factual information in this document is from the FPA website (<http://www.fparcp.co.uk>).