

HLP Workforce Programme

The role Physician Associates can play in Primary Care – A Support Pack



Programme deliverables



Working Group

Establish a Physician Associate Task and Finish Group and agree an action plan (agreed 7 point action plan) to develop understanding of the role and where the role can support primary care.

Case Studies & info pack

Develop a series of primary care case studies to highlight the benefits of the role and develop a support pack on Physician Associates to develop knowledge and understanding.

Financial benefits

Develop financial benefits for PAs which highlights the benefits realisation of the roles and the ROI investment model.

Competencies & Job Description

Develop a core job description and roles competencies and agree with all SPGs future PAs requirements across London. Develop patient information to support the implementation of the role.

National Review

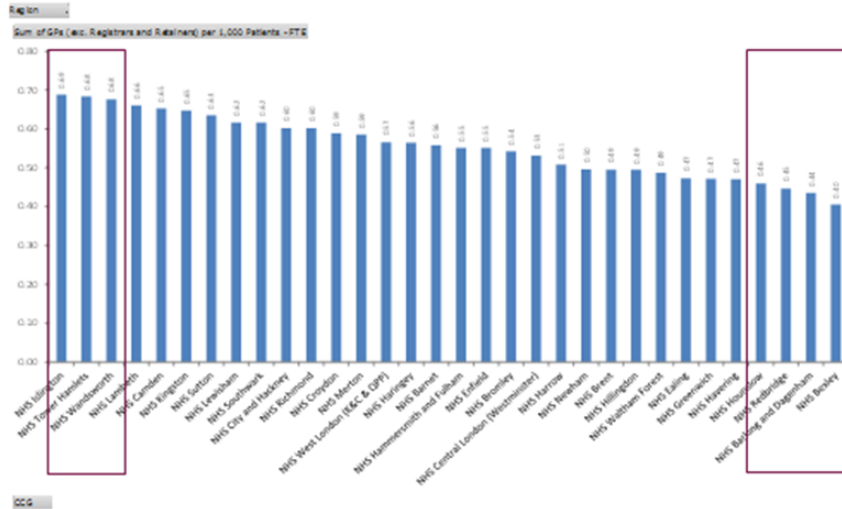
Continue to work closely with the Faculty of Physician Associates on national issues such as prescribing and regulation of profession.



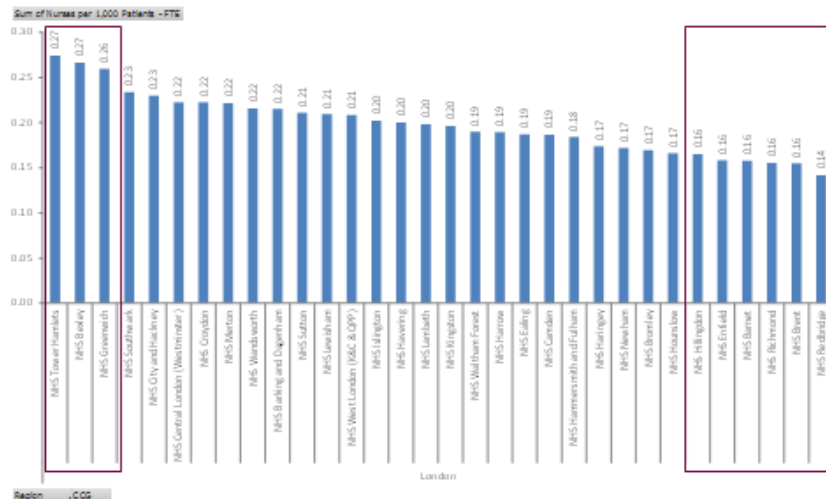
New models of care for primary care

Why do we need Physician Associates?

GP's (exc. Registrars and Retainers) per 1,000 Patients - FTE



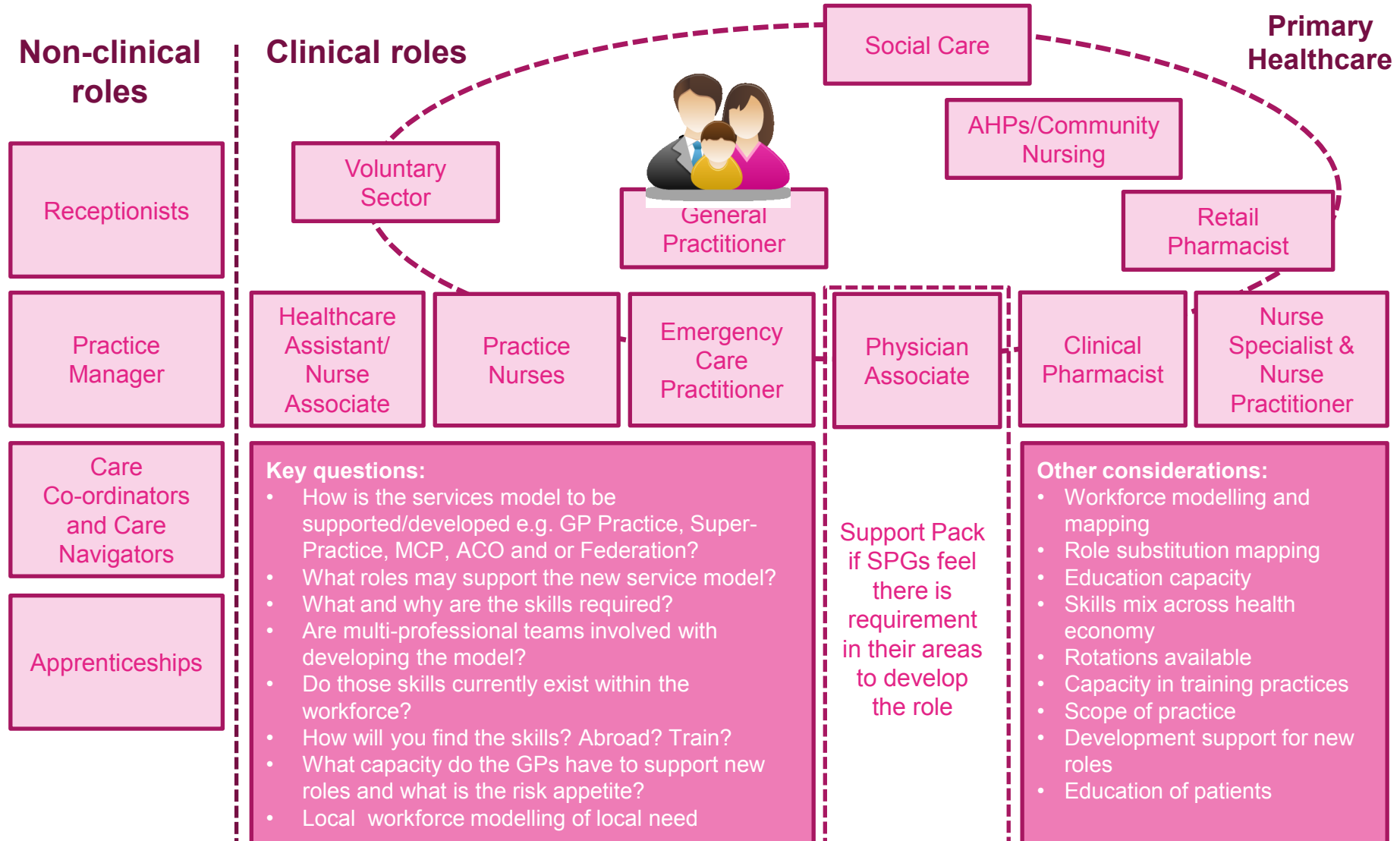
Nurses per 1000



- Ageing workforce in primary care
- Shortage of GPs, Consultants, Nurses and Nurse Practitioners across primary care in London
- Evidence suggests number of areas are both under-doctored and under nursed
- Poor response rate to adverts for both GPs and Nurses
- Reducing practice income
- Increasing workloads in primary care which are set to increase further with transformations in out of hospital care
- Increasing work-life balance expectations of newly qualified and younger GP workforce
- Innovation and support the development of skills mix
- Provision for a broader range of skills to continue to support patient access and quality

Developing new care roles in Primary Care

Recognition that across primary care to deliver the new models of care will require a broad skills mix to ensure both improvement in access and to enable proactive co-ordinated care using the right health care professional with the shared assumption GPs take 7-10 years to train and there is a current national shortage.





International development and national drivers

PAs internationally

CANADA - PAs in Forces since 1984. The placement on rotation of military PAs in civilian healthcare generated interest in use of PAs in civilian sector. Two provinces (Manitoba and Ontario) have developed civilian training programs.

NETHERLANDS – introduced PAs in 2001 & have 200 graduates per annum now has 1000 PAs.

GERMANY - has developed three PA programmes: Duale Hochschule Karlsruhe, Mattias-Hochschule Rheine, Steinbeis University of Berlin.

GHANA - PAs trained in the medical model to practice medicine or dentistry. Ghana has 3,500 Physician and dentists, and 2,500 Medical Assistants for the care of its 24.2 million people.

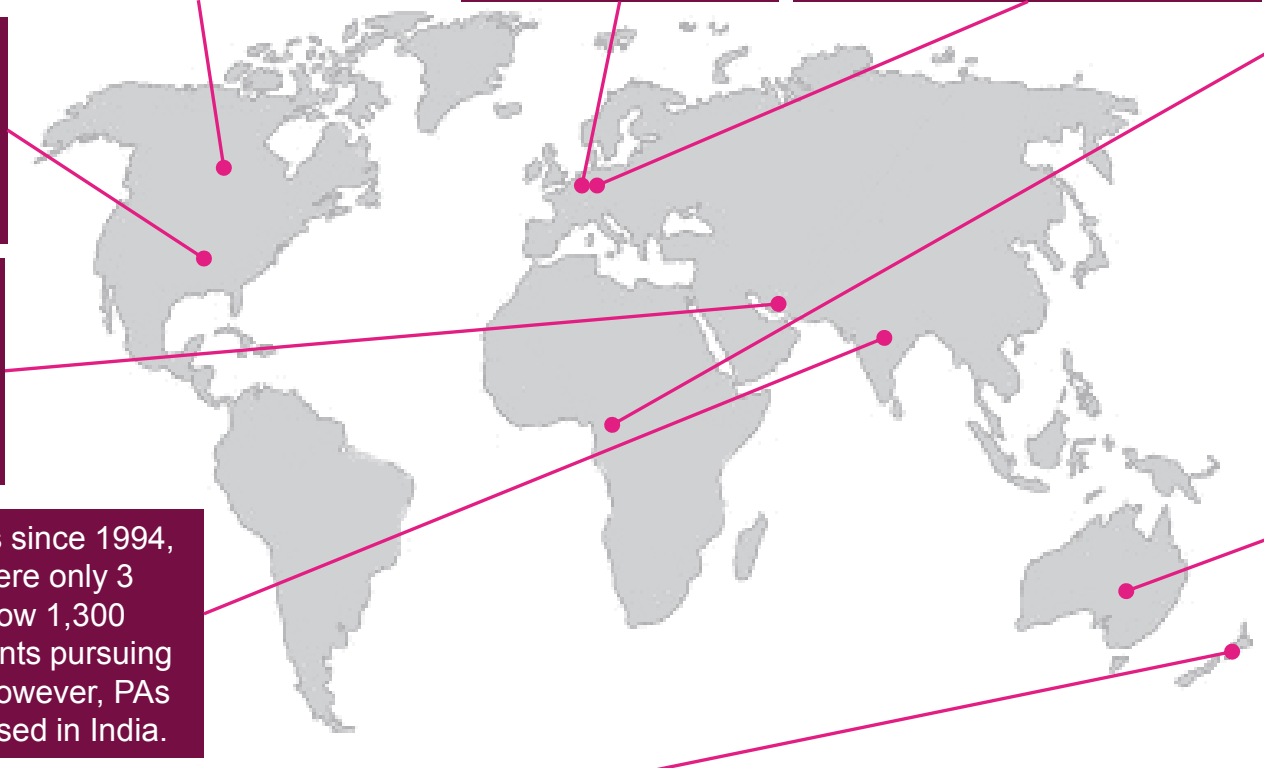
USA - has a 40+ year history with over 100,000 qualified.

AFGHANISTAN – Afghan Army implemented a programme in 2012.

INDIA - Had PAs since 1994, when there were only 3 graduates. Now 1,300 PAs/1,200 students pursuing PA education. However, PAs are not yet licensed in India.

NEW ZEALAND - implemented from 2009 with demonstration project of PAs. In 2010, the four District Health Boards in the Northern Region of New Zealand & Northland District Health Board with the University of Auckland Faculty of Medical and Health Sciences, are undertaking a pilot study of the PA role. PAs, are not currently part of the health workforce in New Zealand.

AUSTRALIA - PAs are now allowed to work in Queensland from late 2013. The problem facing PAs is job placement after graduation. Most Australian PA graduates remain in their previous occupational titles awaiting formal employment as PAs.



For further information go to:

<http://doseofpa.blogspot.co.uk/2014/04/international-physician-assistants.html>

Physician Associates – A summary

What is a Physician Associate?

“...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.”

How do Physician Associates work?

- *To the same medical model and ‘credentials’ to practice medicine with clinical supervision (GP/Consultant)*
- *Within the scope of practice of their supervisor*
- *As dependent practitioners*
- *In a relationship between doctor and PA which is based on mutual trust and respect*

National Drivers

Secretary of State, Rt Hon Jeremy Hunt MP confirmed in June 2015 the ‘New Deal for General Practice’ in which he outlines:

- *Detailed how the skills mix will be vital in order to ensure GPs are supported in their work by other practitioners*
- *Affirmed the new roles will ‘never be a replacement for GPs’ and will not be ready in time to tackle the immediate workforce crisis.*
- *Confirmed plans to ensure 1000 Physician Associates are available to work in GP by September 2020*

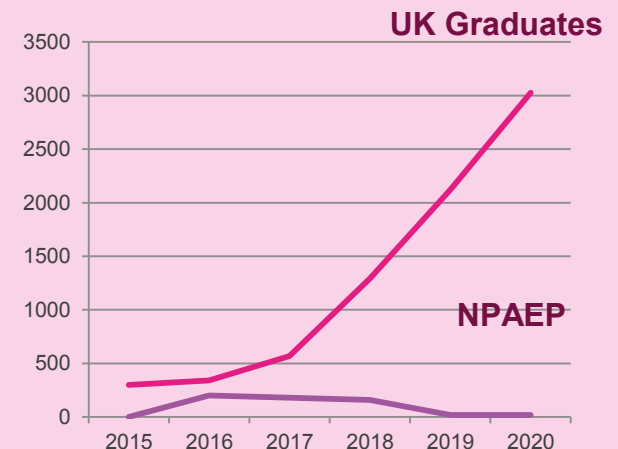
Pay and conditions

- *Approximately 250 Physician Associates nationally across 35 Trusts/40 GPs and approximately 20 working in London*
- *Role covers a wide range of clinical specialties*
- *Starting salaries are usually about £30-40k (i.e. ‘Band 7’)*
- *Number of experienced staff from abroad tend to start at Band 8a/b level (£40-47k)*

Core Syllabus to become a Physician Associate

Minimum length of the programme is 90 weeks, including 3150 study hours, equally divided between theory and practice. Of the minimum 1600 hours in clinical practice, up to a maximum of 200 hours may be in simulation. Minimum core placements in Primary Care & Community Medicine, General Hospital Medicine, Emergency Medicine, General Surgery, Medicine, Mental Health, Obstetrics and Gynaecology & Paediatrics.

Projected Growth in numbers



PAs in the National Press

‘Doctors on the cheap...’

PULSE At the heart of general practice since 1990

Dr Nigel Watson: New voluntary contract will help general practice to thrive

NEWS VIEWS CLINICAL YOUR PRACTICE HOT TOPICS

She told delegates that since they replaced a departing part-time doctor with a fulltime PA, the practice has bucked the trend of falling income, alongside improved patient satisfaction and access.

The Government this year announced that it was going to introduce 1,000 physician associates into general practice by 2020 in a bid to alleviate GPs' workload.

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An army of doctors on the cheap: Desperate NHS to tackle shortages of GPs by training 'physician associates'

- NHS hopes to recruit 200 associates who will undertake two-year course
- They will be taught how to carry out tests and be able to diagnose patients
- Then they can take appointments themselves but will see younger people
- Wages will range from £24k to £38k - a fraction of sums received by GPs
- Comes as demand on surgeries increases due to rising, ageing population

By SOPHIE BORLAND, HEALTH CORRESPONDENT FOR THE DAILY MAIL
PUBLISHED: 22:36, 28 December 2014 | UPDATED: 23:11, 28 December 2014

168 shares

HOME → YOUR PRACTICE → REGULATION

GMC calls for physician associates to be regulated

22 October 2015 | By Alex Matthews-Kieg

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Unlicensed doctors to ease NHS workload: Graduates with just two years training will soon be treating patients in GP surgeries and casualty

- 'Physician associates' will work in local surgeries and casualty wards
- It takes doctors seven years to qualify, associates will have just two years
- Government hopes it will help NHS cope with ageing population

By STEPHEN JOHNS

PUBLISHED: 09:57, 22 August 2014 | UPDATED: 11:05, 22 August 2014

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1012 patients will soon be treated by science graduates who have completed just two years of

Physician associates 'can do GPs' work more cheaply'

Lifestyle > Health & Families > Health News

NHS patients to be seen by 'doctors on the cheap'

'Physician associates' are science graduates with two years of intensive training, rather than the seven years of training given to doctors

Introducing the Faculty of Physician Associates



Royal College
of Physicians

Faculty of
Physician Associates

Faculty of Physician Associates at the Royal College of Physicians (professional organisation)
Representing all PAs regardless of speciality

- FPARCP established in July 2015

Purpose of Faculty

- Lobby for Statutory Regulation,
- Administer and oversee the PA Managed Voluntary Register (with Fitness to Practice Mechanism)
- Write, Administer and set standards for the National Certification and Recertification Examination
- Accreditation of PA programmes
- CPD

Links to other Royal Colleges (RCS, RCGP, RCEM, RCPaeds etc.)

For more information visit the Faculty website: www.fparcp.co.uk

PA Workforce Numbers in the UK: 2015 PA Census

- 414 people (223 PAs and 191 students) who live in the UK who are eligible to respond.
- 137 PAs and 132 PA students living in the UK responded.
- Current Practice Status of the 137 who are not PA students: (note – each respondent was allowed to choose more than one status):

Number	Status
121	Practicing as a PA
4	Practicing as a PA in a training post
14	PA Educators (9 these also chose "Practicing as a PA").
2	Researcher (1 of these also chose "Practicing as a PA")
5	Working but not as a PA
1	Currently seeking work as a PA (this person also reported being a PA Educator)
2	"Taking time off for personal reasons"

Number	Primary Practice Setting
28	GP surgery
28	A and E
51	Hospital Inpatient Ward
6	Hospital Intensive Care Unit
11	Hospital Operating Theatre
14	Hospital Outpatient Department
16	Medical Assessment Unit or Acute Medical Unit
2	Rehabilitation Facility
2	Specialist surgery – multiple doctors
2	Specialist surgery – solo doctor
3	Walk in centre / out of hours
1	Hospital based liaison psychiatry service
2	Other psychiatry service

Data from UKAPA Census 2015 (prior to FPA launch)
<http://www.fparcp.co.uk/s/2015-UKAPA-Public-Census-Results.pdf>



Role of Physician Associates in Primary Care and Case Studies

What do Physician Associates do in General Practice?

Patient level

- Same day bookable appointments
- Pre-bookable appointments
- Telephone consultations
- Requests for investigations/correspondence
- Referrals for non-elective and elective
- Home visits
- Support nursing and residential home residents
- Chronic disease management
- Collaborative care co-ordination role

Practice level

- Support the achievement of QOF
- Contribution to education meetings
- Advise on CQC registration and take responsibility
- Help with the achievement of Enhanced Services e.g. INRs, coil clinics, minor surgery
- Take responsibility for case finding for example for avoidable admissions audits
- Excellent team working

What do Physicians Associates do?

Benefits of Role

- Trained to work in medicine not an extended role – brings new people into healthcare and does not deplete existing pools
- Stable, consistent workforce – no constant rotation
- Flexible workforce – generalists who maintain their general medical knowledge even if working in a speciality
- Increase training opportunities for junior doctors
- Enhances the skill mix
- Increases access to healthcare for patients
- Cost effective

Role Limitations

- No Statutory Regulation leading to:
- Lack of Prescribing Authority
- Cannot request ionising radiation

Challenges

- Inequality of funding of PA programmes across the country
- Access to loans for students undertaking the PGDip
- Lack of knowledge and awareness of PAs and what they can do locally
- Lack of understanding of how a New Graduate PA would work and lack of time to supervise a new graduate in a new role
- Education of primary care about this role
- ESR capturing to collate data on role

Case Study: NPAEP & North West London SPG

National Physician Associates Expansion Programme (NPAEP)

- Designed to increase the numbers of Physician Associates in England.
- Plan was to employ 200 from the USA and deploy them across 4 regions
- Seen as a way to develop the architecture to train a sustainable supply of PAs through working with the HEIs to expand training programmes.
- Key timelines – US PAs end of 2017 and programme ends in January 2018
- Currently the programme has identified c.45 PAs for the Programme. The salary is fixed at £50k for a 48 hour week and including all enhancements
- Requirement to have a Tier 2 skilled worker visa with a certificate of sponsorship (apply three months before come to the UK and get the decision 3 weeks prior/Cost £428 per person + healthcare surcharge and dependents pay same amount even though skills shortage worker)
- National Physician Associates Expansion Programme website: www.npaep.com

North West London SPG

- Developing role of Case Managers with the aim of working with people over the age of 65 with complex needs and conditions.
- The Case Manager will be responsible for providing holistic care planning across organisations such as health, social care and the voluntary sector.
- Plan was to recruit one per practice supported by a HCA

Case Manager Job Description

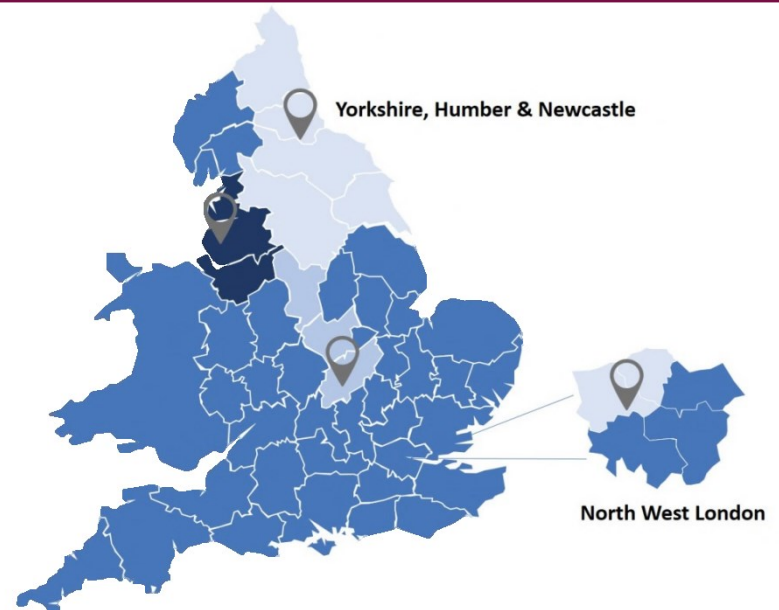


Case Manager JD

Document also available on:
<https://www.myhealth.london.nhs.uk/healthy-london/workforce/physicians-associates>

Infoc

by NWL SPG



NPEAP – Learnings

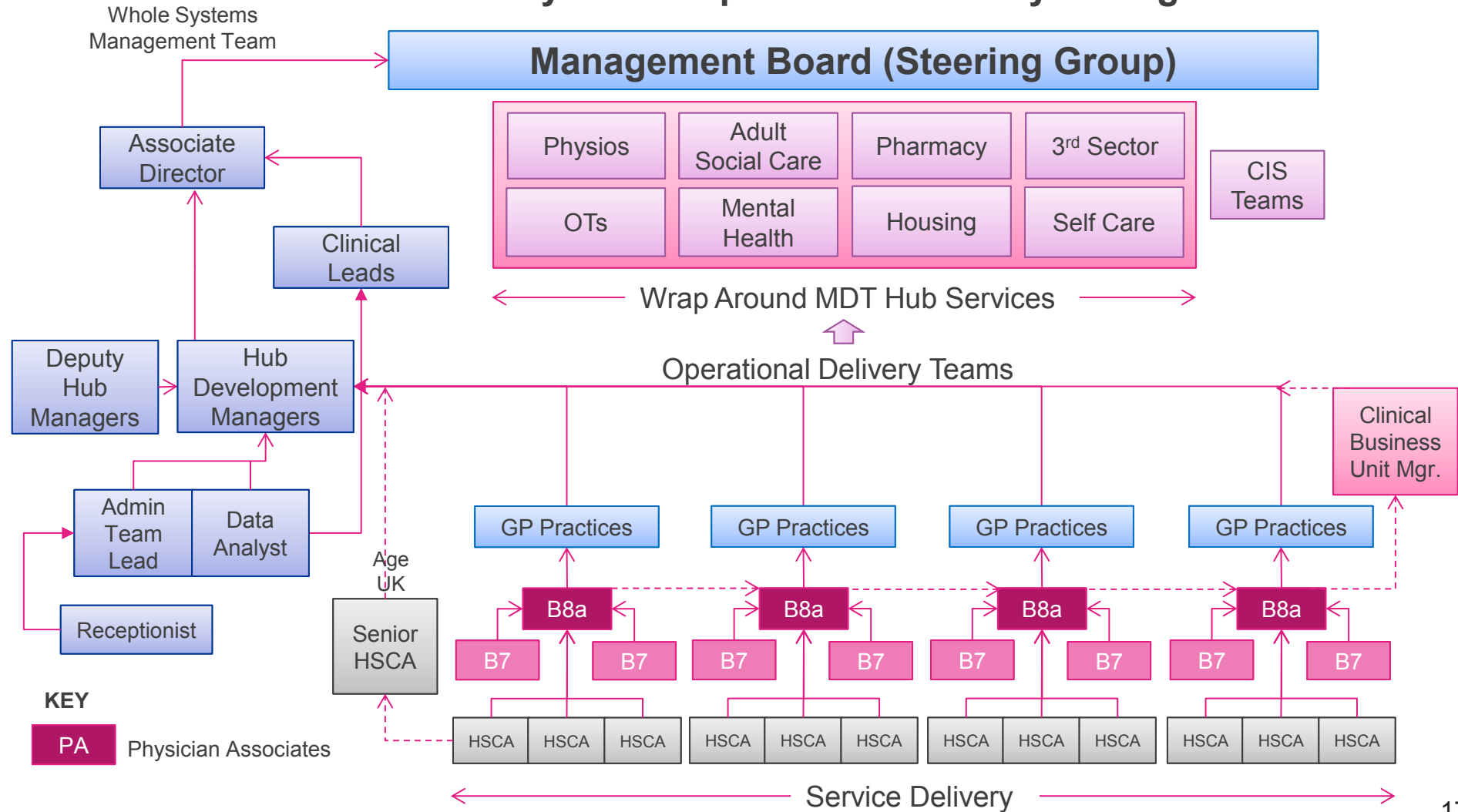
- Dr Nick Jenkins (Emergency Care Consultant) visited Brigham and Women's; impressed with PA model. Upon returning to the UK, he established the project with Hillingdon Hospital to support an ambition to recruit PAs from America into 4 regions for two years .
- Commenced recruitment campaign but currently will not achieve 50 PAs.
- 46 PAs in total expected to come to the UK but it is expected a number will drop away and approx. 30-35 in total will come.
- Range of issues with reference to visas. Worked with the home office and wanted to use a lead employer model that is used elsewhere. The home office however determine they were not trainees and therefore this model could not be utilised. Therefore each trust will need to employ directly and this is likely to exclude primary care apart from in Sheffield where the Foundation Trust and Federation are aligned and are likely to have 3 primary care PAs.
- Hillingdon Hospital are handing over employment and sponsorship to each area.
- Currently co-ordinating two groups who will come in June and July 2016. There will be a period of induction and then the roles will be evaluated over a two year period.
- The average starting salary in the US for a new graduate PA is circa \$90K, with the most experienced PAs earning more than \$100K – significantly higher than in the UK and the belief is this has affected recruitment.
- Aim was to bring over the skills for initial period to raise awareness and knowledge of the way they worked and to support those coming out of education to ensure the environment was ready for them.

Case study: NWL PA deployment to support frail / elderly strategy

North West London had ambitious plans to deploy Physician Associates as part of an overall strategy to support the frail / elderly. However, as they were unable to recruit PAs from abroad they had to change the design of the model. Postgrad students were employed instead but as they are newly qualified they need nurturing to develop system leadership. Therefore a number of iterations to the model were needed to reflect the skills and capacity of the workforce as highlighted in the London Workforce Strategic framework.

DRAFT OD PLAN 2016

Whole Systems: Operational Delivery Arrangements



Case study: The PA in primary care

Hazelwood Group Practice in the West Midlands, currently has 2 PAs working in the team. One has recently joined the team after working in vascular surgery and the other is a Practice Partner.

Our new practice PA: Responsibilities:

- Primarily deal with minor illnesses with a plan in place to start to develop her to manage more complex cases
- The PA holds 15 minute appointments with the senior PA and GPs booking into her slots (following their telephone triage processes)
- Trained to fit IUD coils and contraceptive implants
- Writes up prescriptions during appointments and uses a 'special knock' for GP colleague to sign, any controlled drugs will be discussed and questioned by the GP
- Writes up X-ray and MRI referrals during appointments and uses a 'special knock' for GP colleague to sign
- Will seek help from GP colleague for any complex cases (will wait until patient leaves)

Mr Chris Deane: The role of the Physician Associate Practice Partner

Chris qualified as one of the first UK PAs, sitting the National Examination in 2007. He has been a practice partner for three years. He was interviewed for the partnership alongside several GPs.



His role includes:

- Open surgery – Chris undertakes the same slots and timescales as GP colleagues
- Telephone triage – All patients are called by the GP or PA to review patient needs and decide if a face to face appointment is necessary. Chris manages his own list
- Conducts home visits – GPs and PA meet mid-morning to distribute the home visit schedule between themselves
- Chris will write up prescriptions during appointments and uses a 'special knock' for GP colleague to sign, any controlled drugs will be discussed and questioned by the GP
- Writes up X-ray and MRI referrals during appointments and uses a 'special knock' for GP colleague to sign
- Trained in minor surgery

Case study: PA in Primary Care

My name is Jeannie Watkins and I worked in General Practice both in hours and out of hours (OOH) over the last 6 and a half years. I am one of the first UK trained PAs from the Pilot sites and sat the National Exam for PAs in 2007. I have worked for several surgeries over that time all with slightly different needs but essentially carrying out the following:



AM Surgery

8:30 - 10:30 Triage of patients and returning calls

10:30 - 12:30 Face to face consultations with patients following the triage –low threshold for the elderly and paediatrics. Consulting with any other patients requesting on the day appointments. Helping other clinicians who were running behind and offering to see their patients.

Midday

12:30 - 2:30/3pm Home visits, residential or nursing homes also, administration, referrals, reviewing test results and jobs generated by these results letters and the morning surgery/home visits. Discuss any patients I was struggling with or concerned about but who were stable.

PM Surgery

3pm - 6pm Booked appointments and urgent on the day appointments. Consultations with patients presenting with acute and chronic conditions and follow ups. Discuss or ask for a review of patients when required.

Out Of Hours Service (OOH) – Weekends

I worked for 2 OOH services over this time working mainly weekend and some evening shifts. In one of the OOH services there was just myself and a GP. We started in the morning and worked our way through the list of patients waiting seeing whoever was next on the list. There was no cherry picking of patients. I worked well with them and was able to seek a consult if I needed further advice or a patient review. Occasionally we had 2 GPs or a nurse. The other OOH service was well staffed and there was a good number of clinical staff available to see patients including ANP's, GP's, GP registrar trainees. Again I just saw the next person on the list and if I needed a consult I could speak to my overall allocated supervisor for the shift or to another clinician.

As a trained Nurse prior to retraining as a PA I had already completed the Non-medical prescribing course and had agreed with the NMC that I could continue to prescribe within my level of competency and had local arrangements with my CCG for this to happen. If there were medications that I could not or was not happy to prescribe then I would speak to my GP supervisor who would do this. In all the areas that I worked the PA role provided an additional clinician with a set of skills to provide increased access to patient care in a safe way. I was able to practice effectively as there had been investment from both me and the practice in building up the trust and confidence of my colleagues in my knowledge, skills and abilities as a clinician.

Case study: Raj Gill, Physician Associate



Swiss Cottage Surgery in London currently has 4FTE GPs, 2FTE Registrar's and 2 PAs. One PA joined in 2013 and the other 2014. The practice population is 12,200.

The surgery operates a **walk-in service from 8 – 10am** and Raj will hold face to face appointments with both children and adults seeing mainly acute medical problems.

In the afternoon, Raj sees **booked appointments**. These are usually non-urgent medical patients and can present with any variety of issues. Usually they tend to be patients with chronic diseases.

In the Practice, he takes responsibility for chronic disease management and is **spirometry trained** so, **manages COPD/Asthma diagnosis and care planning**. He undertakes the **diagnosis and review** of patients with **CKD, Heart Failure, Hypertension and Diabetes** and manages an **extended service for Anticoagulation!** A typical appointment lasts for **15 minutes**, although sometimes a double appointment is needed for patients with particular conditions such as COPD, asthma, diabetes that require support with care planning and health problems. In the surgery they manage this through their reception staff where they have a list of chronic illness that require longer appointments.

Other responsibilities Raj undertakes are the **referral of patients and receiving the test results** for patients. Raj also undertakes a **share of the practice correspondence** that is received. Throughout the day, Raj has access to **support by the Duty Doctor who is always on call** and has **overall supervision from a nominated GP supervisor!**

Raj also plays an active role in supporting the practice to meet their **QOF, DES and LES** as he is able to take responsibility for the episodes of care that contribute to these, particularly chronic disease management and also supports **clinical audit and medicines management to meet CCG prescribing objectives**.



Becoming a Physician Associate

Post-graduate diploma Physician Associate Studies in the UK

Current UK Courses:

2008

- St Georges University of London (September)

2011

- Aberdeen University (September)

2014

- University of Birmingham (restart Jan 14)
- University of Worcester (Sept 2014)
- University of Wolverhampton (restart Oct 14)

2015

- Anglia Ruskin University (September)
- University of Leeds (September)
- University of Plymouth (January)
- University of Reading (September)

2016

- University of Central Lancashire (January)
- University of East Anglia (January)
- University of Liverpool (January)
- University of Manchester (January)
- Sheffield Hallam University (January)

Courses coming soon:

2016

- Canterbury Christ Church University - joint programme University of Kent and Greenwich (April)

2016

- Bangor University (September)
- Bradford University (September)
- Brighton and Sussex Medical School (September)
- Brunel University (September)
- Buckinghamshire New University (September)
- Cardiff University (September)
- University of Dundee (September)
- Hull and York Medical School (September)
- Newcastle University (September)
- Sheffield Medical School (September)
- University of Surrey (September)
- Swansea University (September)
- Ulster University (September)
- University of West England (September)

Courses under development:

Potential 2017 start

- Chester University
- De Montford and Leicester
- Derby University
- University of Kent – undecided
- Queen Mary University of London
- Sunderland University

Others are exploring and expected to develop courses

Significant increase in the number of Physician Associates in training.

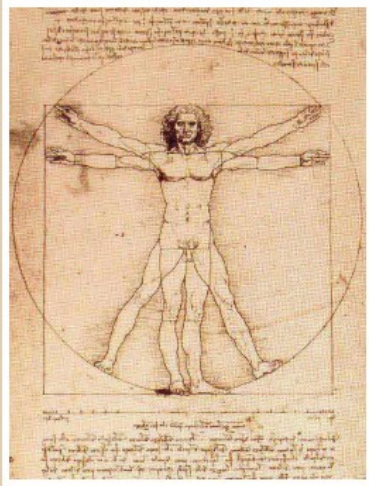
Reviewed all courses offered nationally and there is significant differences in the student offer regionally and nationally.

- Tuition fees
- Bursaries
- Salary
- Post study 2 years rotation (job guarantee)

Development of MDT Teams in Primary Care – ‘no one size fits all’

Advanced Nurse Practitioner	Clinical Pharmacist	Physician Associate
3 YEARS (BNUR) DEGREE	4 YEARS WITH ONE YEAR PRE-REGISTRATION TRAINING AND WORK EXPERIENCE – TOTAL OF 5 YEARS	3 YEAR UNDERGRADUATE SCIENCE DEGREE
MUST COMPLETE NURSE PRESCRIBING PREPARATION AND THEN THE ADDITIONAL SUPPLEMENTARY PRESCRIBING OF 1-2 DAYS AND AT LEAST 26 DAYS PLUS 12 DAYS LEARNING IN PRACTICE WITH A SUPERVISING MEDICAL PRACTITIONER	AN ACCREDITED INDEPENDENT PRESCRIBING PROGRAMME TYPICALLY OF 6 MONTHS. PROGRAMME IS PART TIME AND DELIVERED THROUGH COMBINATION OF FACE TO FACE AND SELF STUDY OR FAST TRACK (3 MONTHS) (NPHARM)	2 YEARS POST GRADUATE DIPLOMA (OPTIONAL MSC TOP UP)
TOTAL TRAINING TIME TO BECOME AN INDEPENDENT PRESCRIBER IS 5 YEARS AND IS ABLE TO PRESCRIBE INDEPENDENTLY	TOTAL TRAINING TIME TO BECOME AN INDEPENDENT PRESCRIBER IS 5.5 YEARS AND IS ABLE TO PRESCRIBE INDEPENDENTLY	CURRENTLY NO LEGAL AUTHORITY TO PRESCRIBE INDEPENDENTLY AND CANNOT REQUEST IONISING RADIATION.
National shortage of nurses and challenges releasing primary care practice nurses to complete prescribing. Difficulty in availability of rotations	Over supply of pharmacists currently	Difficulty recruiting from abroad and challenges with differences nationally in the approach and funding for trainees

PA Competence and Curriculum Framework



Competence and Curriculum
Framework for the
Physician Assistant 2012

<http://www.fparcp.co.uk/s/CCF-27-03-12-for-PAMVR-kdy4.pdf>

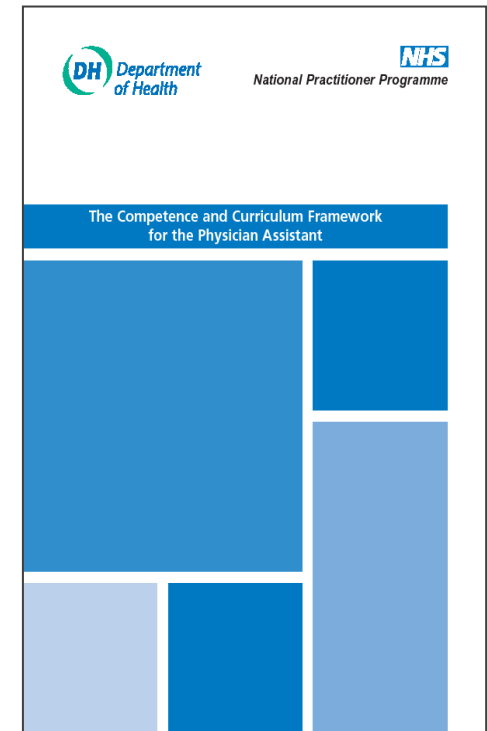
Competence and Curriculum Framework (2012/2006)

Contains:

- Competencies
- Procedural Skills
- Matrix of Conditions

Programme Specification

- ~ 3200 hours (over 2 years)
- ~ 50% clinical
(incl. 200 simulation hours)
- ~ 50% theory



http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4139317

Case study – HEE North West PA Pilot Programme

As part of the Workforce Transformation programme Health Education England's North West team (NW) is supporting a pilot programme of 160 student Physician Associates, starting in January 2016 across Cheshire, Merseyside, Greater Manchester, Cumbria and Lancashire. The pilot programme is made up of three models for **funding, education and employment**.

The funding model

- **Student Physician Associates are paid a salary for the first 2 years plus 50% of their salary paid to the organisation employing them at band 6, in the 3rd year.**
- Health Education England (NW) pays the **sponsoring organisation/s, acute primary and specialist, £6k placement tariff per year per student for the first 2 years = £12k.**
- Sponsoring organisations **pay £9k per annum to the universities to cover the students' academic fees = £18k per student Physician Associate.**
- Sponsoring organisations will **advertise a 12 month internship at the end of the 2nd year of the programme, contributing 50% of band 6 salary costs. At which stage they, the employer, will receive 50% of this years' salary to allow the then qualified Physician Associates time to consolidate their learning.**
- **At the end of the 3rd year, sponsoring organisations will advertise and recruit to band 7 Physician Associate posts within their organisation for a minimum 12 month Fixed Term Contract.**

The education model

In the North West Physician Associates completes a two year Postgraduate Diploma in Physicians Associate Studies

- Applicants had to **hold a first degree, minimum 2:2, in life sciences or health plus at interview they had to demonstrate the values and behaviours required by the sector.**
- **Regional coverage is assured by the programme being run concurrently at 3 of the regions universities** – Manchester Medical School, Liverpool University and the University of Central Lancashire
- **The Physician Associates programme, as determined by the national framework, is split 50% academic learning and 50% clinical learning.** The acquisition of clinical skills and fitness to practice is monitored throughout the 2 year programme. **Academic achievement is measured by institutional assessment across the 2 years and PA National Examination at the end of the programme.**

The employment model

- Whilst in training phase, the Physician Associate students will be **employed, on a 2 year fixed term contract**, by St Helens and Knowsley NHS Trust as one of the region's Lead Employers. All pre-employment and occupation health checks plus induction, pay etc. being supported under this arrangement; uniforms will be provided at nil cost to the sponsoring organisation.
- Under their contract of employment all **students will work a 38 hour week** on placement with start and finish time being locally negotiated, within Agenda for Change **defined social hours these being 7am to 8pm**, in order to:
 - **ensure supervision can be assured at the level required;**
 - **service provision can be met and supported;**
 - **learning opportunities maximised.**
- PAs are paid for their placement time (6 months of the year), but their salary is split across the year so they receive payment monthly for the full 12 months each year while on the course.

Case study – HEE North West PA Pilot Programme

In November 2015, the opportunity was advertised on NHS Jobs, in regional media, through the universities alumni and via sponsoring organisations' intranets etc.:

433 applications were received with the opportunity being closed 2 days earlier than anticipated;

- 77 were rejected at long listing – didn't meet the required academic standard;
- 1 withdrew;
- 355 progressed to shortlisting – of these 37% have previously been or are currently employed in the NHS;
- 282 invited to interview – 260 accepted the invitation.

Interview panels were made up of 1 academic and 1 sector representative.

- 25 failed to attend for interview on the day;
- 235 were interviewed;
- 30 were considered un-appointable on the day;
- Leaving 205 candidates for consideration of an offer;
- Offers were made based on interview scores with those scoring 50% or above of the overall score being considered.

160 offers, across the 3 universities, have now been confirmed and the programme started on **28th January 2016** with **2 days NHS Induction**.

Students started at their Universities on the **1st February 2016**. First Placements commence the **6th June 2016**.

Universities are reporting high levels of commitment to the programme with the students being motivated, enthusiastic and committed to progressing their careers within the sector.

HEE NW Pilot Programme Report



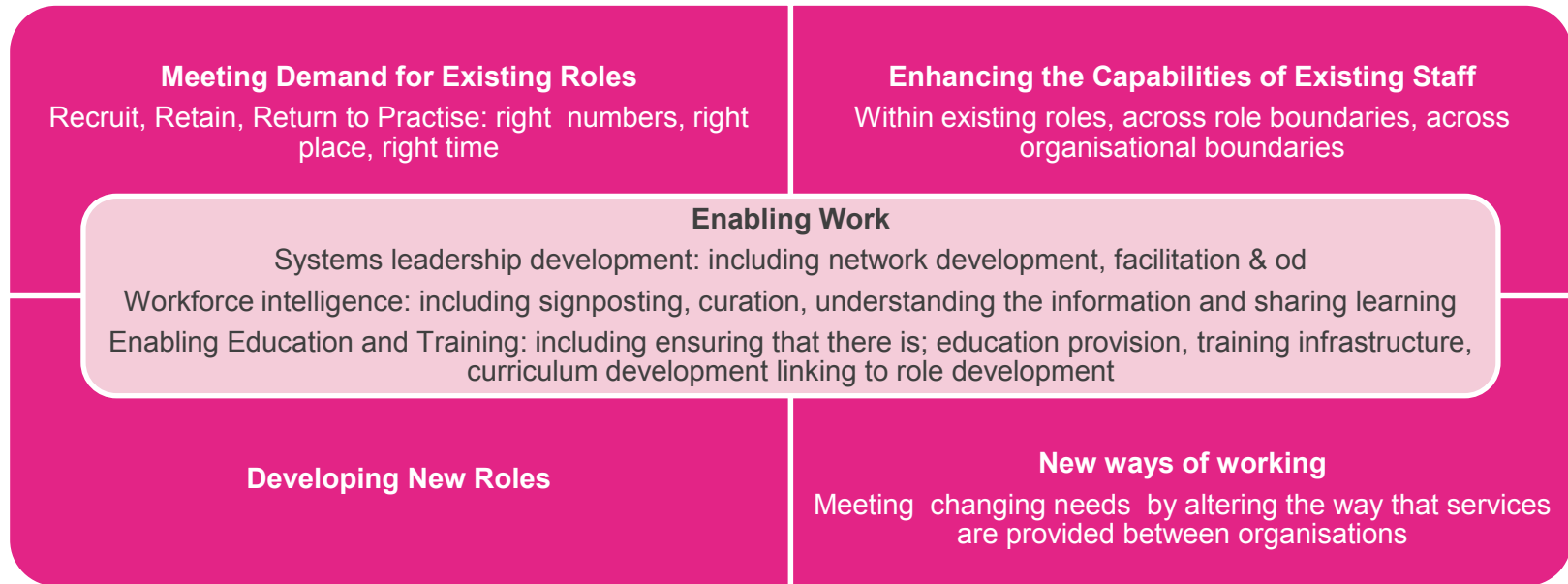
HEE NW PA Pilot Programme

Document also available on: <https://www.myhealth.london.nhs.uk/healthy-london/workforce/physicians-associates>

Information provided by Judith McGregor, Physician Associate Programme Lead, HEE North West with thanks.

Case Study – HEE Yorkshire and Humber PA Pilot Programme

The Yorkshire and Humber Workforce Programme is undertaking enabling work to support 4 keys areas.



The PA programme supports the ambition to develop new roles.

Initially, demand for PAs from Primary Care was low and mainly Secondary Care providers expressed an interest in employing PAs. However, following a Primary Care Conference which included presentations from trained PAs working at practices in the region there was an increase in interest from Primary Care. At this time, however, there were no Higher Education Institutions (HEIs) providing PA courses in the region so Yorkshire and Humber Local Education and Training Board (YH LETB) facilitated talks with Birmingham University to recruit students with a connection to Yorkshire and Humberside to undertake a placement with a view to increasing the number trained locally and subsequently employed in the region. This approach yielded some success but not in significant numbers.

To increase the number of locally trained PA in the region, YH LETB initially worked with Leeds University and Sheffield Hallam University who had already worked together to develop a joint undergraduate programme. A wider PA programme for the region was then developed and with a review of other regional programmes offers it was decided that the LETB programme would fund course fees, travel costs and provide a bursary to help with living costs.

Case Study – HEE Yorkshire and Humber PA Pilot Programme

To support the development and coordination of the programme, a region wide steering group was established which included the five HEIs in the region (Bradford, Hull, Leeds, Sheffield Hallam and Sheffield Universities) which was chaired by the Deputy GP of the GP School. Evaluation of the programme is funded by YH LETB with a small investment of £8K to each University which is pooled by the HEIs to a total of £40K and led by Leeds University in partnership with the other Universities in the programme.

To enable continued engagement of the programme at a Primary Care level, the PA programme is regularly reported on at Partnership councils that cover 3 regions (North, South and East) which report to the LETB board. Leeds University established their programme within 5 months and 25 students begun their postgraduate training in September 2015. Sheffield Hallam University's programme began with an intake of 25 students in January 2016.

3 more Universities are currently setting up their programmes for September 2016 which with second cohorts at Leeds and Sheffield Hallam will provide for an expected intake of 130 students. The overall number of PA students in training will therefore reach 180 in the academic year 2016. Funding for the second cohorts of students will include the payment of course fees and travel expenses and while a bursary will still be available, this will be reduced from £10K to £5K per student. All funding decisions are subject to the Comprehensive Spending Review (CSR).

PA courses in Yorkshire and Humber are currently funded through three streams; self-paying students, LETB supported and service funded (by CCG or acute provider). HEIs are also exploring further funding opportunities through the programme group.

Interest in PAs has historically been highest from Acute Care providers in the region; however YH LETB were particularly keen that Primary Care benefited from newly qualified PAs as the funding from this programme is using GP training allocations. To achieve this, YH LETB has worked with CCGs and HEIs to develop PA postgraduate courses that have 50% learning in a primary care setting so that students gain competency in Primary Care.

To support this aspiration and increase placements of students in Primary Care, YH LETB has written to CCGs asking if they would like to contribute to the practice training and development budget. Placements are reimbursed to the same level as GP placements. YH LETB also supports practices that wish to train PAs by providing opportunity funding to support the practice with providing preceptorship but restricts the number of students that a practice can train in order to maintain a high quality placement experience for the students. There is particular focus on providing placements in under doctored areas of the region such as the east coast.

YH LETB will also be hosting a careers fair for PAs in their final year to put Providers in contact with newly qualified PAs and provide an opportunity for prospective employers to outline opportunities with their organisations including the continued professional development package they can expect after graduation.

Information provided by Dr Mark Purvis, Director of Postgraduate General Practice Education & Kevin Moore, Head of Workforce Transformation, HEE Yorkshire and the Humber with thanks.



Evidence Base for Physician Associates

Evidence in support of Physician Associates

National Institute of Health Research completed the following study:

‘Investigating the contribution of Physician Assistants to primary care in England: a mixed-methods study’ published May 2014

Authors: Drennan V, Halter M, Brearley S, Carneiro W, Gabe J, Gage H, Grant R, Joly L, de Lusignan S.

Key findings:

- rapid review found 49 published studies, mainly from the USA, which showed increased numbers of PAs in general practice settings
- The comparative case studies found that physician assistants were consulted by a wide range of patients, but these patients tended to be younger, with less medically acute or complex problems than those consulting general practitioners (GPs).
- Patients reported high levels of satisfaction with both PAs and GPs.
- The majority were willing or very willing to consult a PA again but wanted choice in which type of professional they consulted.
- There was no significant difference between PAs and GPs in the primary outcome of patient re-consultation for the same problem within 2 weeks, investigations/tests ordered, referrals to secondary care or prescriptions issued.
- PAs were judged to be competent and safe from observed consultations.
- The average consultation with a physician assistant is significantly longer than that with a GP: 5.8 minutes for patients of average age for this sample (38 years).
- Costs per consultation were £34.36 for GPs and £28.14 for PAs.

Link to journal: <http://dx.doi.org/10.3310/hsdr02160>, National Institute for Health Research

Evidence in support of Physician Associates

The Royal College of Physician published **Doctors' satisfaction with PAs** in 2014

Authors: Lorraine E. Williams & Tamara S. Ritsema

Results

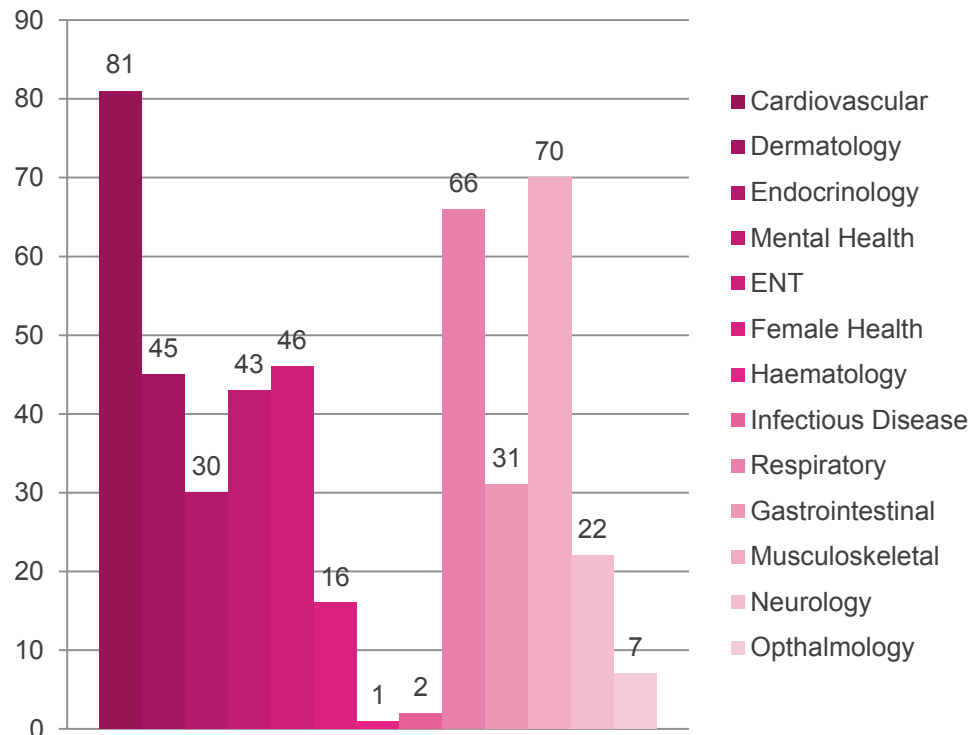
- 61 doctors completed the survey representing 14 specialities
- On average worked with PAs for over 2 years
- Just over half felt PAs had good communication and clinical skills
- Approximately half felt PAs on the team had improved the patient experience and promoted good team work
- 28% of Doctors felt that legal restrictions limited PAs effectiveness and 25% cited the need for supervision as a limitation on the role
- 90% of doctors felt statutory regulation was important

Link to report: www.fparcp.co.uk/s/Doctor_satisfaction_with_PAs1.pdf, Faculty of Physician Associates

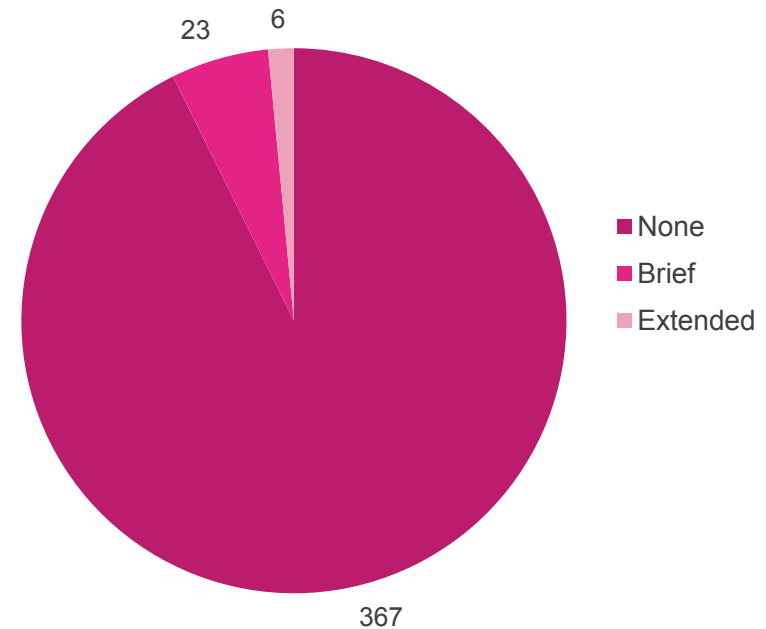
Case Study: PA in Primary Care outcomes

Primary care outcomes based on the type and numbers of patients seen by 4 PAs over the space of a week and the amount of supervision they required. This was Jeannie Watkins, who was a junior PA in GP at the time with three more senior PAs.

Examples of Conditions PAs see



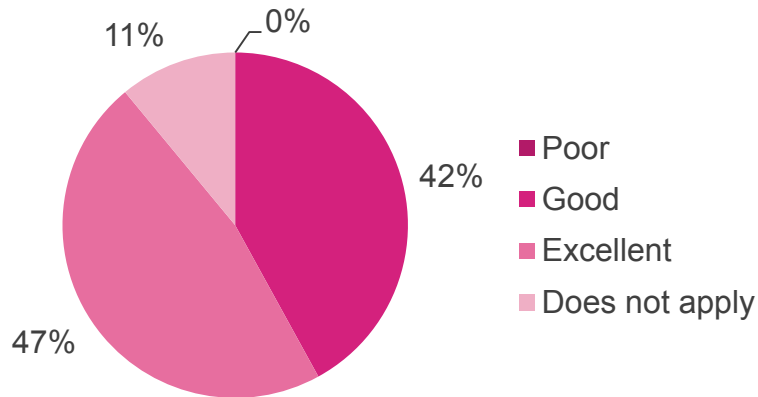
Supervision Required



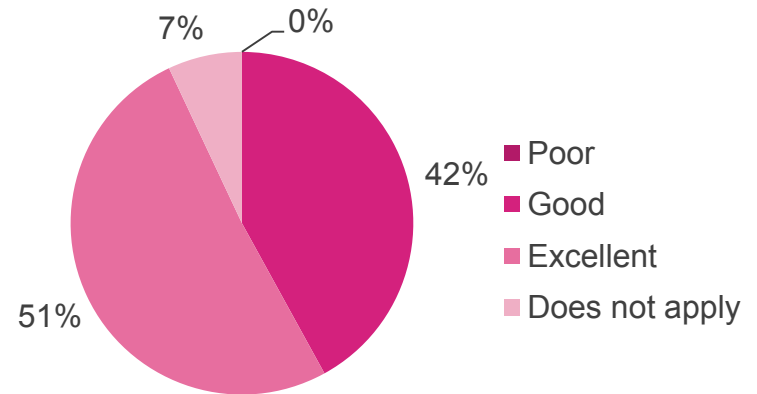
An example of Patient Satisfaction at a local surgery

Patients indicate high levels of satisfaction with PAs. A local survey conducted highlights a high proportion of patients rate PAs as either Good or Excellent when asked about their experience and treatment.

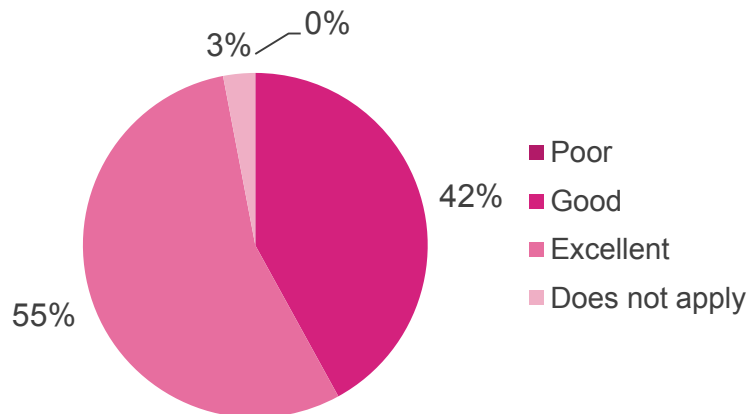
How thoroughly did the PA ask you about your symptoms and how you are feeling?



How well the PA put you at ease during your physical examination



How well the PA listened to what you had to say?



Satisfaction rates are based on 92 responses from a random patient sample.

Full PA Patient Survey Results



PA Patient Survey
Results

Document also available on:

<https://www.myhealth.london.nhs.uk/healthy-london/workforce/physicians-associates>

Patient Satisfaction with PAs - Patient Quotes

“The PA was very thorough and listened fully. I would not hesitate to see her again”

“I was seen straight away. I thought I would have to make an appointment to see the GP, but was pleased that the PA was able to assist and not make an appointment.”

“This is an excellent system, a long overdue improvement”

“I appreciated the PA seeking the opinion and help of the doctor when confronted by my strange symptoms”

“I was treated very well and felt I was in professional hands”

“I found the PA very pleasant and friendly and I was happy the way they dealt with me quickly”





Standardising the approach across London to Physician Associates

Primary Care Job description & person specification



Generic GP PA JD

Generic Primary Care Physician Associate Job description



Generic GP PA JD

Generic Primary Care Physician Associate Person Specification

Acute PA Job Descriptions & Person Specification

Medicine

Job Description



Medicine PA JD

Person Specification



Medicine PA PS

General Surgery

Job Description



General Surgery
PA JD

Person Specification



General Surgery
PA PS

Emergency Medicine

Job Description



Emergency
Medicine PA JD

Person Specification



Emergency
Medicine PA PS

PA Employer Guides for General Practice

These documents were created as a guide for employers by the UK Associate of Physician Associates (UKAPA now the [Faculty of Physician Associates](#)). These should be intended as a guide and need to be adjusted/tailored according to the employer and the PA.



PA Primary Care
Employment Guide

A Primary Care Employers Guide to Physician Associates (PA) (2015)



Support,
Development & Education

Support, Development & Educational Requirements of a Physician Associate: An Employers Handbook (2014)

Author: Jeannie Watkins, PA-R Director at Large for Regulation. [Faculty of Physician Associates](#) (formally UK Associate of Physician Associates)

Documents also available on: <https://www.myhealth.london.nhs.uk/healthy-london/workforce/physicians-associates>

PA Patient and Staff Information Leaflet



The Physician
Associate Profession

The Physician Associate (PA) Profession Patient and Staff Information Leaflet

Author: [Faculty of Physician Associates](#)

Document also available on: <https://www.myhealth.london.nhs.uk/healthy-london/workforce/physicians-associates>

PA Professional Indemnity (Malpractice) Insurance

It is best practice in the UK for PAs to have Professional Indemnity (Malpractice) Insurance.

Currently, the Medical Protection Society (MPS), Medical Defence Union (MDU) and Medical and Dental Defence Union of Scotland (MDDUS) will provide professional indemnity for PAs working in general practice.

The cost of this coverage is usually paid for by the employer.

The typical costs are varied and liable to change. Employers need to check with the following organisations to identify the best insurance cover for their practice:

Medical Protection Society: <http://www.medicalprotection.org/uk>

Medical Defence Union: <http://www.themdu.com>

Medical and Dental Union of Scotland: <http://www.mddus.com> (*Scottish employers only*)

PAs and other hospital staff employed by a secondary care trust may typically have some form of indemnity provided through their employing hospital trust; however this should be discussed with the employer.

Additional insurances may be advisable depending on the PA's roles and duties which can be provided through the Medical Defence Union or other provider.

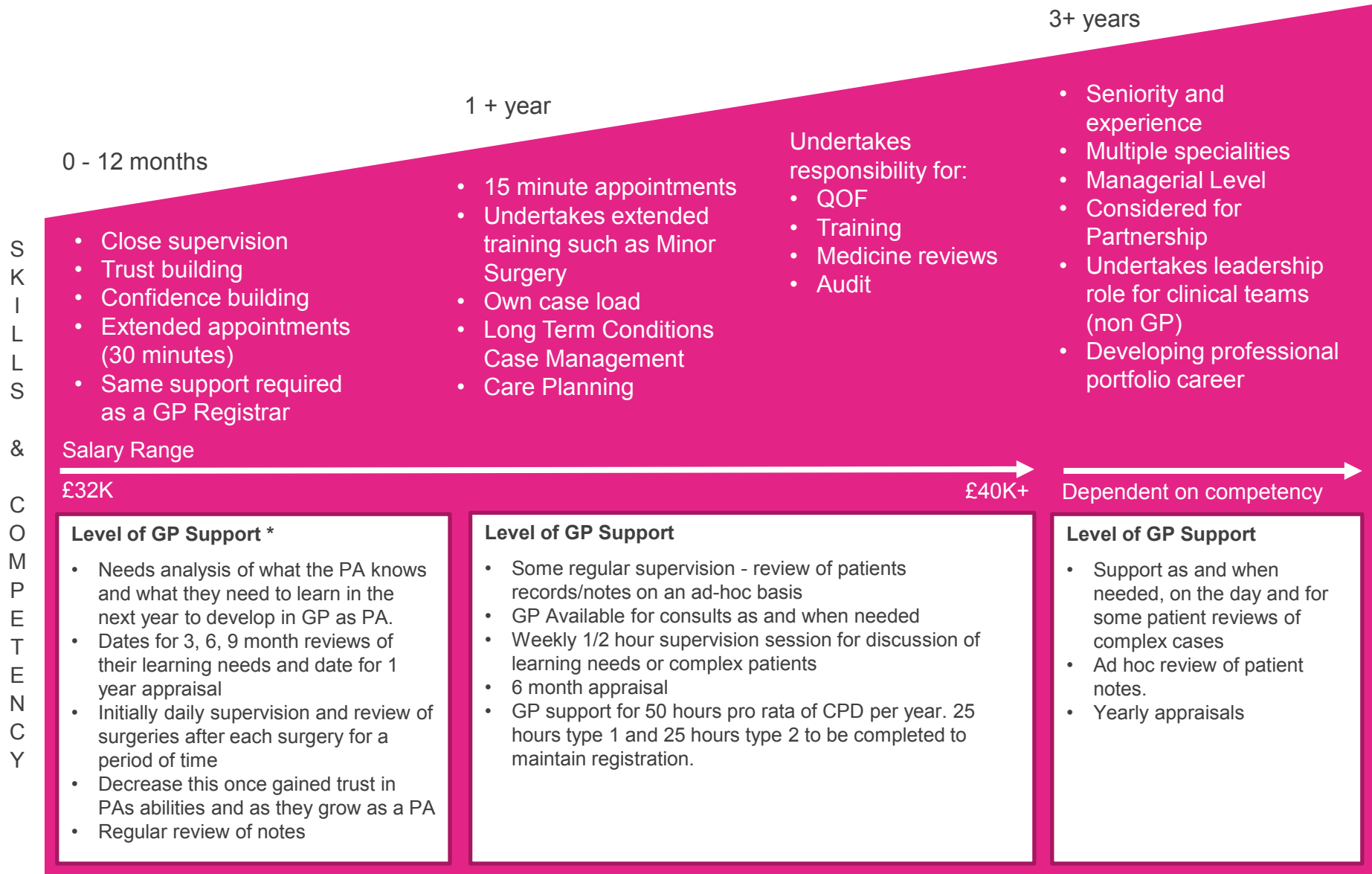
Considerations for how a PA's career can develop

The introduction of PA roles cannot be considered in isolation and should be considered along side other job roles.

Consultation with regard to career pathways has defined the following objectives:

1. Preserve the non-hierarchical nature of current role
2. Freedom to move between community, primary and acute care settings is vital to develop competencies and PAs value the flexibility to work in different work environments and across different specialities to develop skills further.
3. Recommended that additional competencies are used to guide salaries in line with agenda for change bandings so appropriate salaries are clearer
4. Registration and ability to prescribe for their profession and clarity of CPD
5. Consistent naming of roles in General Practice so expectations of PA job responsibilities are clearly understood

Example of potential career progression for a PA



* Guidelines for GP employers of PAs in their first year are currently under development with [Faculty of Physician Associates](#)

Conclusions

- Not 'the' answer; but part of the answer to the workforce issues relating to clinical staff – review of problem trying to solve and skills mix required are critical
- The number and range of Physician Associate training courses are growing
- More appetite in both health and education commissioning to develop roles in the UK
- Case studies highlight a substantial contribution to patient care in primary care for and a strong contribution to mixed health care teams
- GPs experiences are mixed and seen very much to be based around individual competency which varies
- Patients are hesitant to be seen by a PA, as highlighted by NWL SPG but when they are the evidence suggests their experience is positive
- Being unable to prescribe is a real limitation of the role and this was confirmed by research
- Newly qualified PAs are still beginners and need further development and appropriate support which impacts on GP capacity
- Recognise there is the lack of training capacity in general practice. This would need to be recognised by the Primary Care Development Team to understand how to enhance the available training spaces.
- Recognise that there are currently more positions available than graduates and there are a number of practices in London that are sponsoring third year PA students in return for the signing of an 18 – 24 month contract with the practice.
- Nurse Practitioner and Trainee CPs are in short supply and PAs could be considered in place of shortages in these areas.

Contributors

We would like to say a huge thank you to all those who have contributed to the research findings and shared their knowledge and experience:

Karen Roberts	Physician Associate, PA Programme Lead, Faculty of Physician Associates, St Georges University
Jeannie Watkins	Physician Associate, Senior Lecturer and Clinical Placement Lead SGUL and Immediate Past president and lead for Regulation FPA at the RCP
Chris Deane	Physician Associate Practice Partner
Bronagh Scott	Deputy Director of Nursing, NHS England
Alison Stephens	TST Programme – Workforce Lead, WEL SPG
Liz Hughes	Director of Education and Quality for HEE London and the South East
Dr Kate Pavlidou	Workforce Supporting Strategy Programme Manager, SEL SPG
James Cain	Head of Workforce Programmes, Health Education North Central and East London
Nigel Burgess	Head of Transformation, Health Education England
Leigh Ashman	Workforce Development Manager, Islington CCG
Alison Smith	Head of Workforce Transformation, Health Education England
Professor Vari Drennan	Associate Dean for Research; Professor of Health Care and Policy Research, Kingston and St Georges, Faculty of Health, Social Care and Education
Dr Sanjiv Ahluwalia	Head of Primary Care Education and Development, Health Education North Central & East London
Dr Philip Smith	General Practitioner, Swiss Cottage Surgery
Raj Gill	Physician Associate
Judith McGregor	Physician Associate Programme Lead. Health Education England North West
Dr Mark Purvis	Director of Postgraduate General Practice Education, HEE Yorkshire and the Humber
Kevin Moore	Head of Workforce Transformation, HEE Yorkshire and the Humber
Rachael Stanfield	Programme Director, NPAEP
Dr Raj Karsandas	GP & Clinical Fellow Patient Participation & Personalisation
Dr Asiya Yunus	GP & Senior Clinical Quality Lead
Dr Marilyn Plant	GP, Richmond CCG

Additional Resources

FACULTY OF PHYSICIAN ASSOCIATES

<http://www.fparcp.co.uk/>

PUBLICATION SOURCES

<http://www.fparcp.co.uk/articles-1/>

COMPETENCY FRAMEWORK

www.fparcp.co.uk/s/CCF-27-03-12-for-PAMVR-kdy4.pdf

PA MANAGED VOLUNTARY REGISTER

www.fparcp.co.uk/pamrv-home/

ARTICLES ON THE DAY IN THE LIFE OF PHYSICIAN ASSOCIATE

<http://www.fparcp.co.uk/a-day-in-the-life-of-a-pa/>

BMA LMC BRIEFING ON PHYSICIAN ASSOCIATES

<http://www.nwlmcs.org/wp-content/uploads/2015/12/Physician-Associates-Briefing-for-LMCs-November-2015.pdf>

VIDEO CLIP: HOW PHYSICIAN ASSOCIATES ARE SUPPORTING PRIMARY CARE

<https://www.youtube.com/watch?v=QeSgGyepAvY>

Physician associates are making an impact at Swiss Cottage Surgery. Watch Physician Associate Raj Gill talking about his role and Dr Phillip Smith talking about how they're supporting the practice and improving patient care.

VIDEO CLIP: DAY IN THE LIFE OF PHYSICIAN ASSOCIATE [IN SECONDARY CARE]

<https://www.youtube.com/watch?v=KnMyYRJrdCE>

The aim of the documentary is to provide an objective, accessible and informative insight into the world of the PA [in Secondary Care], in a medium which is versatile enough to be used in a variety of marketing, educational and recruitment-support strategies – both by HEWM / HEE, employers and HEI course teams.

Contact Details and Additional Resources



Telephone: 0113 807 0161



Email us: England.LondonWorkforce@nhs.net



Post: Healthy London Partnership, 4th floor, Southside, 105 Victoria Street, London, SW1E 6QT



You can also follow us on Twitter at www.twitter.com/#healthyldn



Get involved with the Working Group



**Healthy London Partnership – Community of Practice website:
<https://www.myhealth.london.nhs.uk/healthy-london-partnership>**