

Study **Physician Associate** in General Practice

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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 3 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 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, with GP, any patients I was concerned about but who were stable.

## PM Surgery

### **3pm-6pm**

- See booked 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 – Weekends

I worked for 2 OOH services over this time also mainly weekend and some evening shifts. In the main there was just myself and a GP for one of the services and we started in the morning and worked our way through the list of patients waiting picking up 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 OHH service was well staffed and there were a good amount of clinical staff available to see patients Nurse Practitioners, GPs and 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.

## Further Information

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 and get the job done 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.

For further information on the North West Physician Associate Programme please contact

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