

Physician Associates

A working solution in primary care

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

“ My work is constantly evolving according to the needs of the GPs I work with ”

“ Having a PA in the surgery is enabling us to do all of the things that we wanted to but couldn't. ”

General practice continues to be at the heart of primary care. Although GPs remain the key providers of patient care, as services increase patients are becoming more used to being seen by a wider team of clinicians.

There was a time when the role of *practice nurse* wasn't common - now, just like GPs, we simply can't recruit enough of them. So how can you secure your future clinical workforce?

Do you have...?

- An increasing workload of routine patient presentations
- Difficulty recruiting clinicians – for example GPs and nurses
- A lack of appointment slots and cover for extended hours
- A flexible approach to your workforce for long term and urgent patient care

Would you like...?

- A specifically trained healthcare professional who can help with your medical workload
- Support to meet clinical targets
- Help with enhanced services, for example extended access, INR and other clinics
- A clinician who can undertake residential, nursing and home visits
- £5000 support from Health Education England (HEE) for the first preceptorship year of employment in general practice

visit www.fparcp.co.uk/employers/pas-in-general-practice

Introducing Physician Associates

You may have come across the term **Physician Associates** or PAs but may not be entirely sure *what* they can do - especially in general practice. Would it surprise you to learn that they are clinical graduates trained in the medical model to consult, examine, understand the patient's problems and plan care?

They work to **complement** GPs and the practice team. They are **dependent practitioners** who remain under the supervision of a named GP, to add **extra capacity and flexibility**. Like all clinicians, they are committed to on-going learning and development.

PAs have in fact been around for over 50 years in America. The role is widely established in Canada, Germany, the Netherlands, Ghana, India, and more recently in Afghanistan, Australia, New Zealand. There is strong evidence for the cost effectiveness of PAs working in general practice.

But as with any new role, it's no surprise to see media headlines such as 'GPs on the cheap' or 'Unlicensed doctors to ease NHS workload.' For anyone without sufficient understanding or the facts, these can be misleading and unnerving.

There is strong evidence for the cost effectiveness of PAs working in general practice, including the UK.



Focus on general practice

Physician Associates (PAs) must pass an intensive 2-year university course at diploma or masters level to learn clinical knowledge and skills **after** completing a 3-year biomedical or healthcare related degree. They train in both the acute sector and primary care to gain a rounded patient centred clinical experience. The Faculty of Physician Associates (FPA) set and run the PA national exam, oversee standards for education and maintain the voluntary UK register of PAs (known as the PAMVR).

Health Education England are supporting the cost of increasing clinical placement time for student PAs in primary care from 180 up to 510 hours. There's a **£5000** preceptorship allowance to support the supervision and educational needs for any qualified physician associate working in primary care for their first year.

Indemnity

All PAs are required to have their own personal indemnity insurance, available from the current indemnity providers. PAs can be included in practice indemnity contracts, like GPs and nurses.

What they say..



Anne Neville
Practice Manager

Practice Manager

I became a practice manager because I wanted to make a difference. I am extremely passionate about any involvement with student placements as these are the staff of the future.

I've noticed new roles are starting to emerge such as clinical pharmacists and physician associates (PAs) working in practice. One of my goals is to make sure we tailor our staffing and structure to provide the best possible service for patients. This is why our practice signed up to support the pilot cohort physician associate programme 2016 – 2018. We take a number of students for placements. It's worked so well that we've decided to recruit a newly qualified PA, Neil, to work at the practice.

Neil is an integral part of the clinical team which means we can try to distribute workload so that we all have a better work life balance. He's able to see patients autonomously working under the supervision of an experienced GP. He works closely with the nursing team and we expect him to play a big part in the frailty clinics.

Has he made a difference? I think it's clear to staff and patients see how well he's fitted in – in fact our receptionist said recently "Neil is such a positive, happy individual you can't help but smile when he is around."



Ishani Patel
GP

GP

I will confess, at first I wasn't sure about how a physician associate could work in my practice and I had to go and do a bit of research. I could broadly see the potential but I decided it's hard to imagine how the role can work - unless you try, so I did!

I have been supervising Sophie through her 2- year PA programme. In reality it does require time and dedication which is necessary not only for patient safety but to build on her capabilities and interests to make sure she develops professionally and remains working in general practice.

We're currently working on offering quality improvement training and upskilling on coding that we think will contribute to optimising workflow processes which in turn will create capacity and complement the team as a whole.

The greatest reward for me is being a part of a journey where I've watched Sophie absolutely blossom from a student into an almost fully fledged confident and competent clinician. And I've developed my skills in a way I hadn't anticipated. It really does feel like a win – win.

“ I've developed my skills in a way I hadn't anticipated. ”

Physician Associate

I'm in the final year of my physician associate training and am enjoying the flexibility and wide range of skills that I've been able to apply to general practice. Best of all is seeing how I'm able to support the team and working with and getting to know the patients.

At the practice, I will be involved in the diagnosis and management of common and important long-term conditions such as asthma and COPD, performing reviews, facilitating medication compliance and signposting/care navigation. I would like to perform smears, offer contraception advice and complete 6-week baby checks as well as managing minor ailments and following up patients after interpreting their test results.

I have structure and regular supervision to ensure patient safety and love working closely with the wider clinical and admin team. I've discovered that I am particularly interested in mother and baby well-being and developing quality improvement and systems changes.

“ Best of all is seeing how I'm able to support the team and working with and getting to know the patients. ”



Sophie Shattock

Physician Associate Student

Physician Associate

I work from a combined list with the GPs so none of my work is filtered and I see patients who walk through the door in the same way that the GPs do.

I do a bit of everything but have a specialist role in diabetes – I take on-call with GPs, home visits and palliative care. I also run a family planning clinic and an in-house anticoagulant centre at the surgery.

The GPs have invested time and money into me which has enabled me to develop much faster – I know I make a huge difference, the work is extremely rewarding and the team element at the surgery is great.

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Jade Moore
Physician Associate

Practice costs and access to resources

It's not uncommon for a newly qualified Physician Associates to start on a salary of £31,696 (equivalent to an NHS Band 6/7 salary). Depending on the level of experience, a PA will be able to manage a proportion of a GPs workload in a supportive and complementary role, rather than as a substitute.

PAs need access to similar resources such as a treatment room and equipment to carry out their work in the same way as other clinical practice staff.

The flexibility of a range of clinicians in the team can open up new service provision opportunities. PAs may effectively free up a GPs time.

Of course, not all primary care providers will require the services of a PA. As with any other clinical role, need is going to be determined by service and practice requirements.

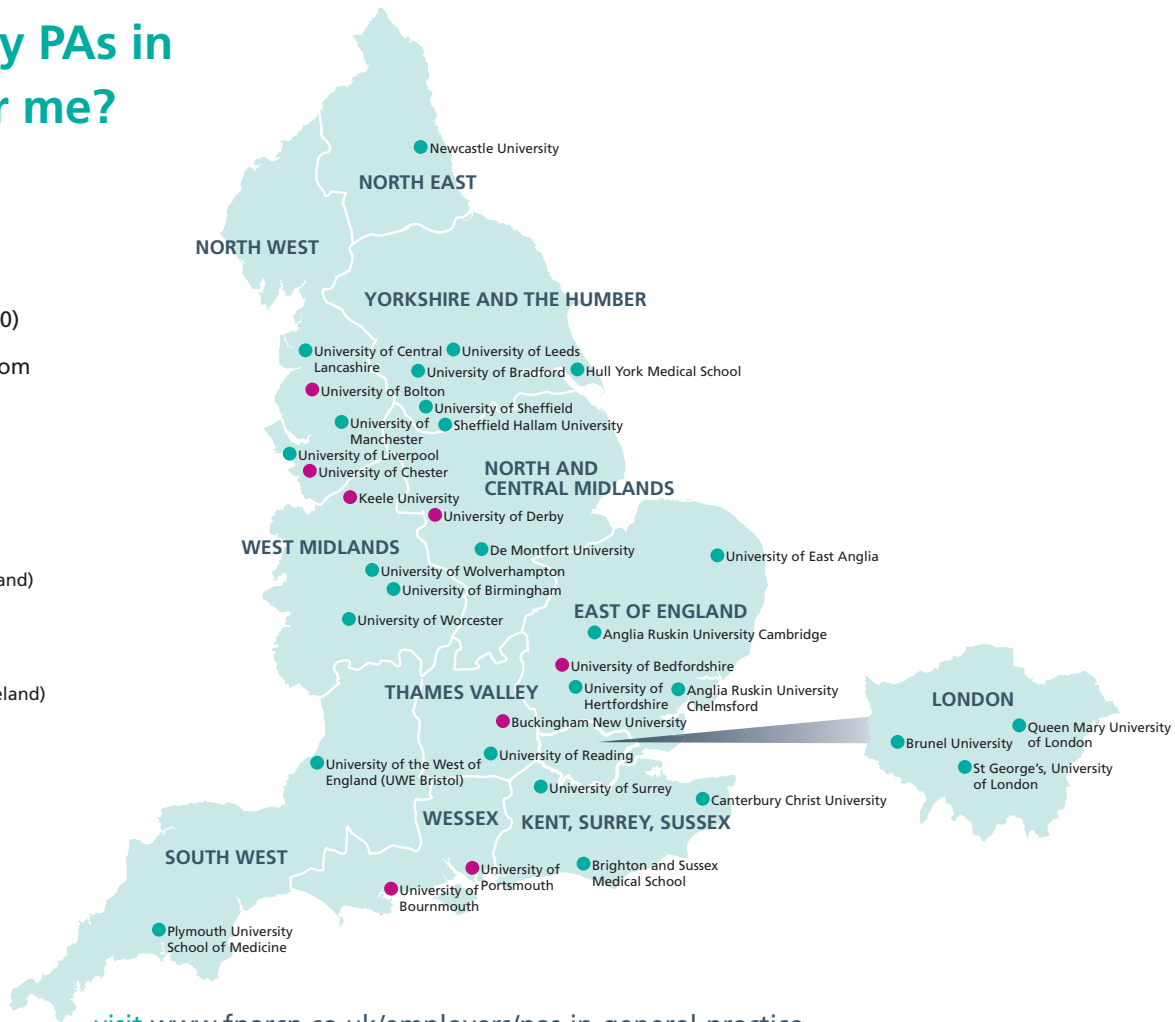
“The flexibility of a range of clinicians in the team can open up new service provision opportunities.”

Do I have any PAs in training near me?

- Current programmes (30)
- Programmes starting from 2018 onwards (8)

DEVOLVED NATIONS

- University of Aberdeen (Scotland)
- Bangor University (Wales)
- Swansea University (Wales)
- Ulster University (Northern Ireland)



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Any questions?

Get in touch with your local Health Education England (HEE) area lead. They can help signpost you to more national or local information, discuss ideas or help answer your questions.

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More information

There's a dedicated **primary care** section on the **Faculty of Physician Associates website** www.fparcp.co.uk/employers/pas-in-general-practice You'll find a range of information - local contacts, official guidance, frequently asked questions and practical **free** resources, such as downloadable PA job description and person specification templates.

For anything else just ask!

Contact the Faculty of Physician Associates by email fpa@rcplondon.ac.uk or call 020 3075 1723

