

# PHYSICIAN ASSOCIATE ROLES IN PRIMARY CARE

## 1 INTRODUCTION

The purpose of this report is to provide an update on the local position in relation to Physician Associate (PA) training and employment opportunities in the region and to set out potential options for CCG financial support for the employment and development of PA roles in primary care.

## 2 BACKGROUND

The physician associate (PA) is a relatively new healthcare professional in the UK. The role initiated in the US in the 1960s (there are now over 100,000) and numbers are now increasing in the UK. PAs have a generalist medical training and support doctors in the diagnosis, treatment and management of patients in primary and secondary care settings. They work within a defined scope of practice and limits of competence.

Specifically they:

- Take medical histories from patients
- Carry out physical examinations
- See patients with undifferentiated diagnoses
- See patients with long term conditions
- Formulate differential diagnoses and management plans
- Perform diagnostic and therapeutic procedures
- Develop and deliver appropriate treatment and management plans
- Request and interpret diagnostic studies
- Provide health promotion and disease prevention advice

Further details of the scope of practice <sup>(1)</sup> and a national curriculum and competency framework <sup>(2)</sup> are available.

A number of discussions have been held locally regarding the potential role of Physician Associates in primary care. A presentation was taken to the CCG Council of Members in March 2017 and the view of the meeting was that the CCG should explore options of how the roles could be supported in primary care, including financially.

## 3 THE UK POSITION

Within the UK there are about 350 PAs listed on the managed voluntary register (PAMVR), administered by the Faculty of Physician Associates at the Royal College of Physicians (FPARCP), established in 2015. In recent years the number of universities delivering PA programmes has increased to 30. Based on this it is expected that there will be c.3000 trained PAs within the UK by 2020.

An introductory guide for employers to the PA role has been published by the Royal College of Physicians Faculty of Physician Associates <sup>(3)</sup> which covers:

- Considerations during the first year of employment
- PA's clinical roles in primary and secondary care
- Current limitations of the role
- Support and development (supervision, CPD, appraisal, recertification, career development)

Recently, the Government has launched a consultation on the regulation of the PA profession <sup>(4)</sup>. Statutory regulation is considered essential to help establish the profession within the NHS and help pave the way for prescribing rights.

There are an increasing number of resources that help workforce leads consider how PAs could fit within primary and secondary care settings. Full details are provided in Appendix 1.

## **4 HYMS PA PROGRAMME**

In September 2016, HYMS welcomed the first intake of 32 PA students to study on the MSc in Physician Associate Studies. About a third of the 2016 cohort have personal links to the HYMS region; a further third have links to Yorkshire more broadly. Of the 2017 cohort, just under half of the students have a connection to the HYMS region. HYMS was mindful of local connection and the potential to work locally as part of the admissions process.

The first cohort will complete their training in August 2018 and take the national exam (out-with the HYMS PA programme) in September 2018. After completion of this they will be able to join the PAMVR and work as a practicing PA. The FPARCP recommend that being in the PAMVR is a mandatory requirement of all PA appointments. It is expected that c.30 PAs will complete the HYMS programme and national exam annually.

## **5 EMPLOYMENT & SUPPORT MODELS**

### **5.1 MODELS ACROSS THE UK**

A number of models are being developed across the UK to help support PAs into employment. This has involved public funding to subsidise employment costs and the development of preceptorship models (and relations) to help bridge the gap between training and employment, and firmly establish the profession. Funding/recruitment models are summarised overleaf.

Model	Summary
Permanent direct appointment - single setting	In areas where there are more established PA programmes (e.g. St George's, B'ham) employers have recruited PAs without preceptorships or funding etc. PA would work exclusively in either primary or secondary care. Within the HYMS region NLaG are exploring this option and are developing JDs.
Permanent direct appointment -	<p>Some direct appointments have combined primary and secondary care. One PA from the Birmingham programme, for example, is working 4 days in GP and 1 day in a hospital (which includes some PA teaching).</p> <p>A couple of practices in Grimsby are looking to establish something similar in the NEL area working with NLaG and NAViGO.</p>
Apprenticeship (Trailblazers)	A model established in the north-west by NHS Trusts. PA training is integrated within an apprenticeship model and Trusts support admissions of PA trainees. This is being refined and extended as a national "trailblazer" model which other NHS employers and universities could adopt. This would represent a wholly different approach to recruitment if adopted in the HYMS region.
Fixed-term rotation preceptorship (no subsidy)	Many NHS providers are developing fixed-term rotations (c.f. Medical Foundation Programmes) to enable PAs to develop clinical experience in a number of settings and support transition from training into employment. These vary between 6-24 months. Settings include GP, acute, ED, MH and community. Becoming especially well developed in South Yorkshire. Some include training to support revalidation
Elective placement (during training)	Although not strictly an employment model, HYMS has viewed and promoted clinical placements, and particularly the end-of-programme 5-week elective as a gateway into specific employment. Potential employers are encouraged to offer Electives to showcase what they can offer as a career and engage with PAs to hopefully influence their career choice.

Within the West Midlands, HEE are looking to recruit PA ambassadors. This would be a senior PA who would work closely with potential GP employers to develop roles that meet workforce and clinical needs. They would be able to share their own experience and provide helpful insight.

## 5.2 LOCAL POSITION

During the development of HYMS' PA programme NHS workforce leads within the region expressed interest in exploring employment opportunities. Local employers have identified a range of different potential opportunities to help develop and establish the clinical role. Below is a summary of positions presented by employers

as understood by HYMS.

Employer / Organisation	Summary
Scarborough and Ryedale CCG	Provided 4 enhanced PA training studentships to HYMS' PAs on the understanding that all optional aspects of the programme would be GP-based and undertaken in the S&R area. The PAs were hosted exclusively within a single GP rather than rotate through 3 in order to help develop their relationship as part of the GP and wider practice team. It is understood that S&R CCG initially set aside £10k for GPs in their area who progress and employ a PA.
East Riding of Yorkshire CCG	Exploring provision of 5 funded 1-year preceptorships to subsidise GP employment costs. Also provided support to the student-led PA Society "PA-Soc" to help host social and career development activities, seminars and events linked to supporting a career in GP. It is expected that this will help establish a GP society for PAs employed within the HYMS region.
ERY CCG Practice	Understood to be looking at a direct appointment of a PA who has had clinical placements in the practice.
NEL CCG Practice (also NAViGO and NLaG)	Very active in seeking to recruit a PA and has attended both HEE Y&H PA regional careers fairs. Will seek to recruit a PA in GP. Also exploring a permanent rotational role working with NLaG and NAViGO.
Hull Practice / HYMS	Agreement in principle to recruit a PA in GP. Full-time post would be contracted by the practice with 0.4 fte on a long-term secondment to HYMS to support PA education.
NLaG Trust	At an advanced stage of considering PA recruitment. Has developed a business plan for PA recruitment within the Trust and drafted a JD. Believe that this is an exclusive secondary care role in addition to the rotational role explored in partnership with NAViGo and NLaG.
HEY Trust	Senior management have continued to express a keen interest in the PA role and a commitment to explore opportunities was included in the Trust's Strategy. HEY HR and Workforce Transformation leads have prioritised employment of ACPs. Discussions are ongoing to identify possible opportunities for PAs. It is expected that direct engagement with clinical departments will be required to consider how they could transform their service structure.

RDaSH and Humber Trust (Mental health providers)	Expressed a keen interest in exploring PA recruitment through HYMS clinical placements monitoring visits
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In parallel to developing employment models it is considered essential to support the establishment of the PA profession. A “PA ready” scheme could be established to develop the role, hosted by a primary workforce provider on behalf of others in an area. It is understood that this model has been established to support ACPs within the Y&H region. Such a model may require regional support and commitment from PA employers. There is currently some momentum within the HYMS region through the current investment contributed by S&R and East Riding CCGs to help establish PA in GP.

It is expected that creating attractive and supportive employment/career packages within the HYMS region will help maximise the potential that PAs trained within the locality remain here. Where individual students and prospective employers have developed a firm relationship during clinical placements, then opportunities for direct appointments could be considered. It is accepted that this is more likely to be possible in GP than in secondary care.

HYMS’ Year 2 PAs are increasingly active in considering post-qualification employment opportunities. HYMS are keen to ensure that as many as possible have the opportunity to form part of the local healthcare workforce. The PAs have established a student-led PA-Soc to support students during their studies and enhance their career prospects. This included a CV writing workshop on the 25th November. It is considered important that HYMS’ PAs are updated about the positive development of local employment opportunities. There is, otherwise, a risk that they look elsewhere. To this end a local PA Partnership Group has been established by HYMS and involving local potential employers including CCGs. A paper is planned to be presented to the Local Workforce Action Board (LWAB) of the STP.

In addition to support local recruitment of PAs, HYMS will host the next Y&H regional Careers Fair. This will bring together students from 5 PA programmes across the Y&H region. It will be held on the **13th April 2018** at the University of Hull.

### **5.3 SPECIFIC ISSUES FOR PAS WORKING IN PRIMARY CARE**

#### **5.3.1 INDEMNITY**

In primary care it is important that PAs have their own ‘claim grade’ indemnity insurance which includes access to indemnity for claims brought against them. Naturally this type of indemnity is more expensive due to the additional liability. In most instances this cost has been covered by an employer. Costs vary between £1.5k pa (part-time) to £3k-£4k pa (full-time).

### **5.3.2 PRESCRIBING RIGHTS**

Subject to the introduction of statutory regulation of PAs, it is anticipated that prescribing rights will be introduced in a couple of years. Despite this, there are great examples of PAs working successfully in clinical practice without prescribing rights. This is usefully explored in the “GP advocate” podcast and other resources listed in Appendix 1.

## **6 POTENTIAL CCG SUPPORT FOR PAS IN PRIMARY CARE IN HULL**

A number of potential options exist for the CCG to utilise primary care development monies to support the employment and development of the PA role in primary care. These include:

### **i. Funding of PA training places**

Enhanced PA training studentships to HYMS’ PAs on the understanding that all optional aspects of the programme would be GP-based and undertaken in the Hull area and potentially within one practice/grouping.

### **ii. PA preceptorships**

Sponsorship of a preceptorship year for newly qualified PAs seeking their first job in primary care following graduation. This will provide support for the PA as well as the practice/grouping employing them.

### **iii. Financial support to practices/groupings to employ PAs**

Financial support to practices/groupings that employ a PA on a similar basis to the clinical pharmacists in general practice scheme – ie. support a proportion of the cost of employing a PA over a period of years at a reducing rate.

## **7 RECOMMENDATIONS**

It is recommended that the Primary Care Commissioning Committee:

1. Consider the contents of the report;
2. Consider whether CCG primary care development resources should be allocated to support the employment and development of PA roles in primary care.

## Appendix 1 - Useful PA resources

### General

#### FPARCP

- [An employer's guide to physician associates](#) (September 2017)
- [Who are PAs?](#) Leaflet – mainly focuses on secondary care – but v good overview
- [PA national curriculum](#) – (UK curriculum)
- [Matrix of Conditions 2006](#)

#### HYMS

- MSc in Physician Associate Studies - [www.hyms.ac.uk/physicianassociate](http://www.hyms.ac.uk/physicianassociate)

#### KSS

- KSS School of Physician Associates - [www.kssschoolorpas.org](http://www.kssschoolorpas.org) (Lots of useful resources)

### Primary care

#### Ockham podcasts

- [Ria and Andy - PA in GP](#)
- [Jeannie Watkins - Chair of the FPARCP](#)
- [GP Advocate](#) - highly recommended (20 mins)

#### GP podcast

- [Can PAs and skill mix ease the GP workforce crisis](#)

#### Management in Practice

- [Article on how PAs enabled a GP practice to offer 60 more appointments](#)

#### HEE

- [HEE short film](#) – PA in GP

#### Medeconomics

- [How physician associates can help general practice](#)

### Secondary care

- [The PA: supporting a new role in emergency medicine](#)
- [How do PAs fit into the medical team?](#) (FPARCP film)
- [A day in the life of a PA](#) (HEE WM film)

## References

1. Department of Health (2006) - *Matrix of Core Clinical Conditions for the Physician Associate by category of level of competence.*
2. Physician Managed Voluntary Register (2012) - *Competence and Curriculum Framework for the Physician Assistant.*
3. Royal College of Physicians Faculty of Physician Associates (2017) - *An employer's guide to physician associates.*
4. <https://consultations.dh.gov.uk/workforce/regulation-of-medical-associate-professions/>