


Medical Associate Professions

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Developing people
for health and
healthcare

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Facing the Facts, Shaping the Future

A draft health and care workforce strategy for England to 2027



For consultation

Since 2012



The NHS spends 65% of budget on staff

Nurse education commissions up 15% in 3 years

Adult nurses have grown 9% (14.5k) since 2012.

Almost every clinical profession has grown since 2012

Emergency Medicine Consultants have grown 37.5% since 2012

There are 40k more NHS clinicians than in 2012

Nurse/occupied bed ratio has grown from 1.86 to 2.02

The NHS paybill is £3.7bn larger in real terms

Current workforce...



The social care workforce is larger than the NHS workforce

4m, 13.5% of all employed people work health or social care

With over 350 roles, the NHS has greatest range in world, inc: non clinical

The population has grown 2.1m (4%) since 2012, and aged

There are 40k NHS clinical vacancies, 92% covered by Agency/Bank

Nurses leaving the NHS grew from 7.1% to 8.7%

5k more nurses left the NHS other than for retirement in 2017 than 2012

If retention had stayed the same there would 16k more nurses today

What's next...

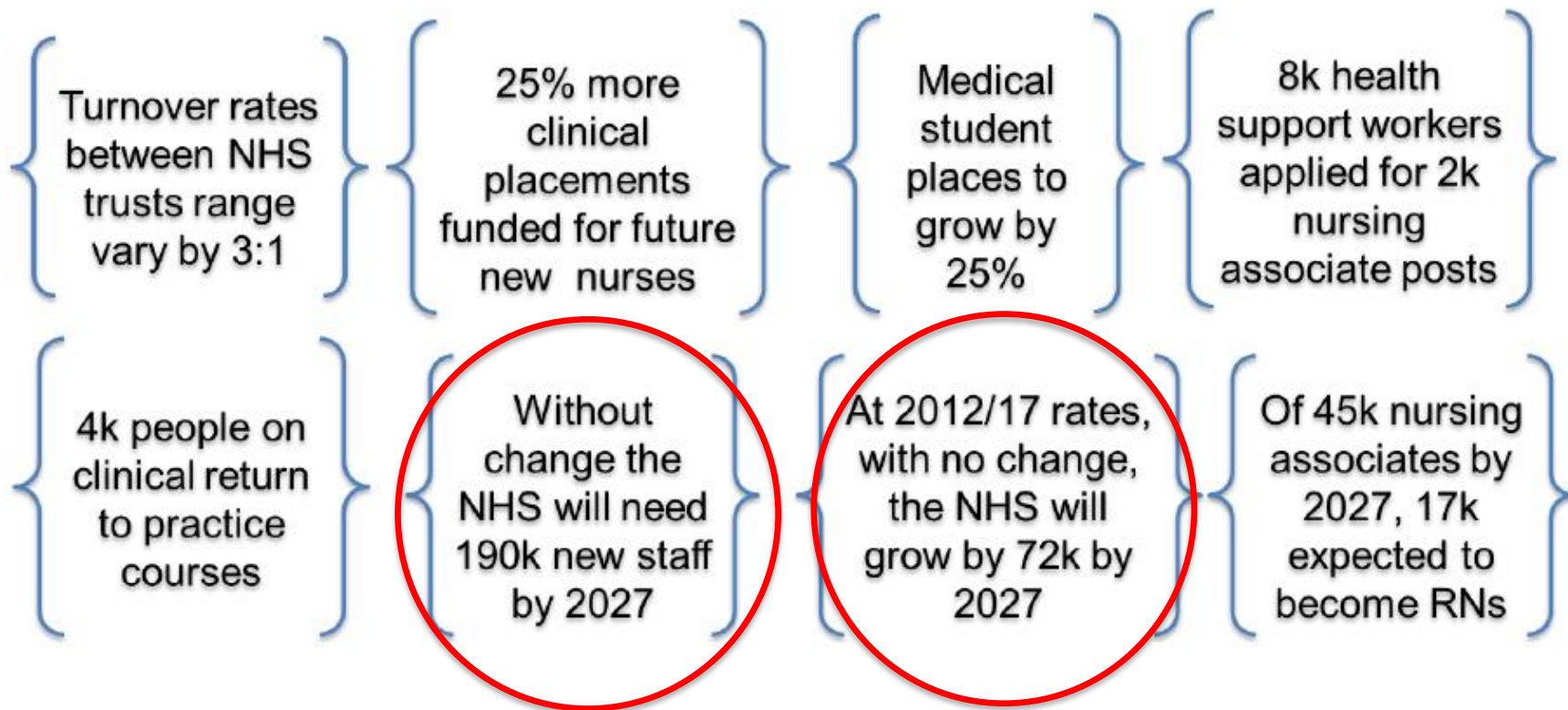


Figure 18: Future Demand for Staff – Beyond 2021/22

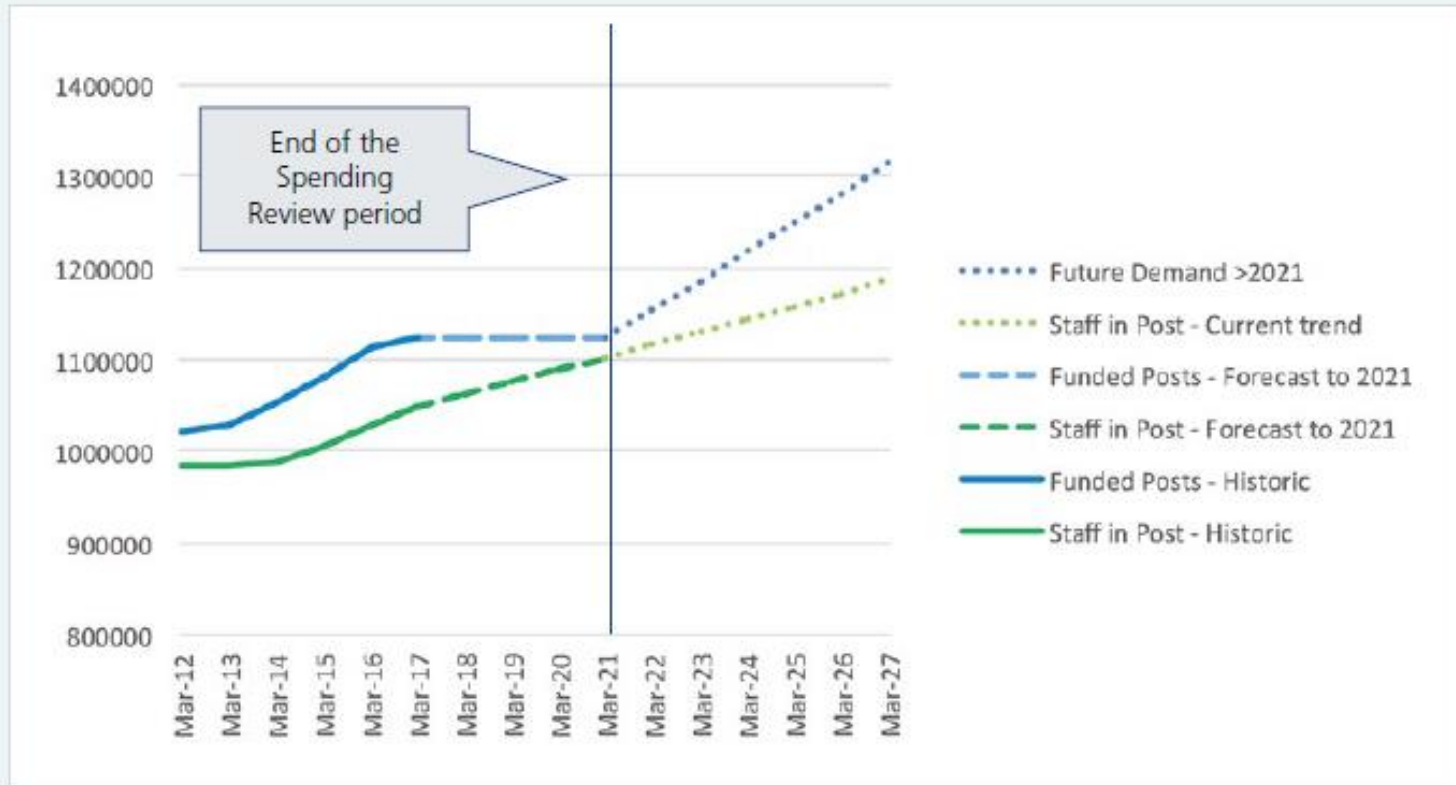
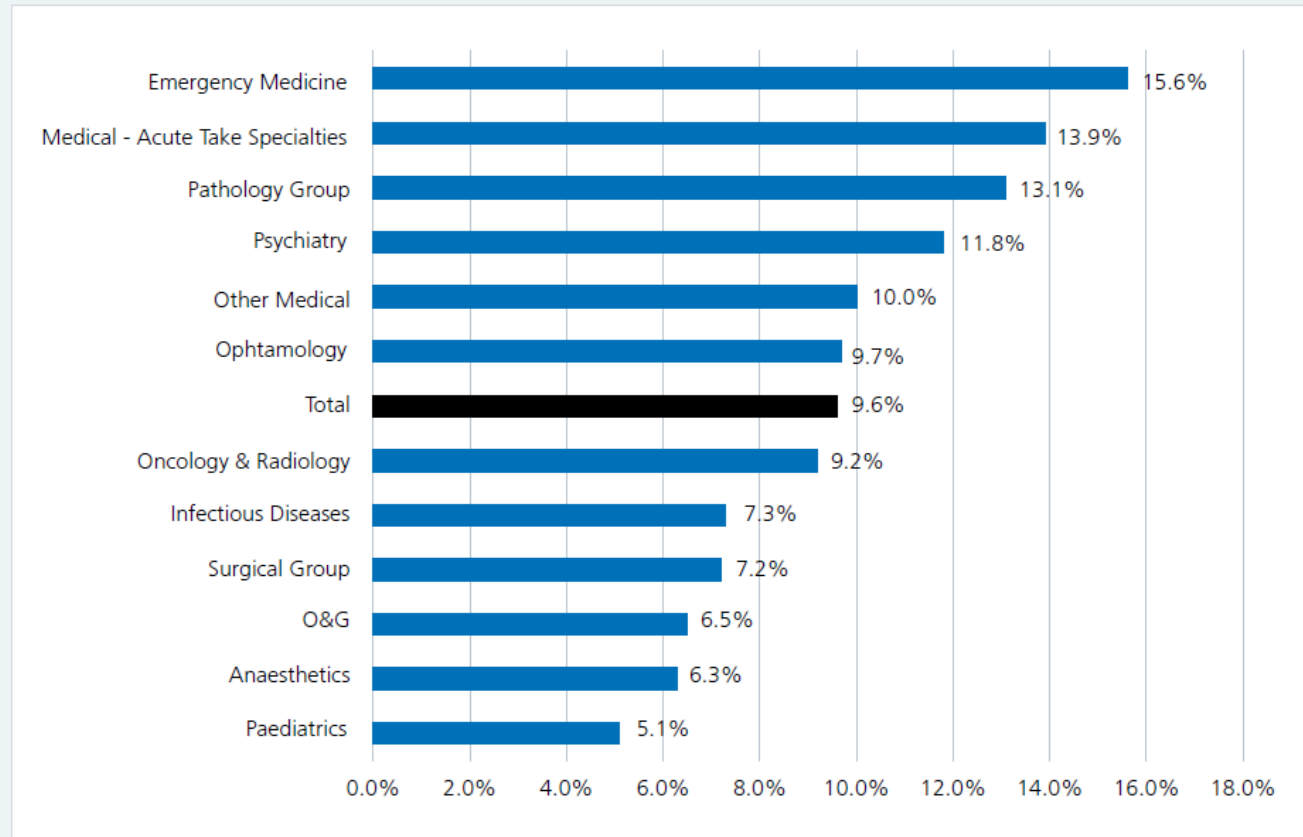


Figure 4: Percentage vacancy rates as at March 2016* – By medical specialty

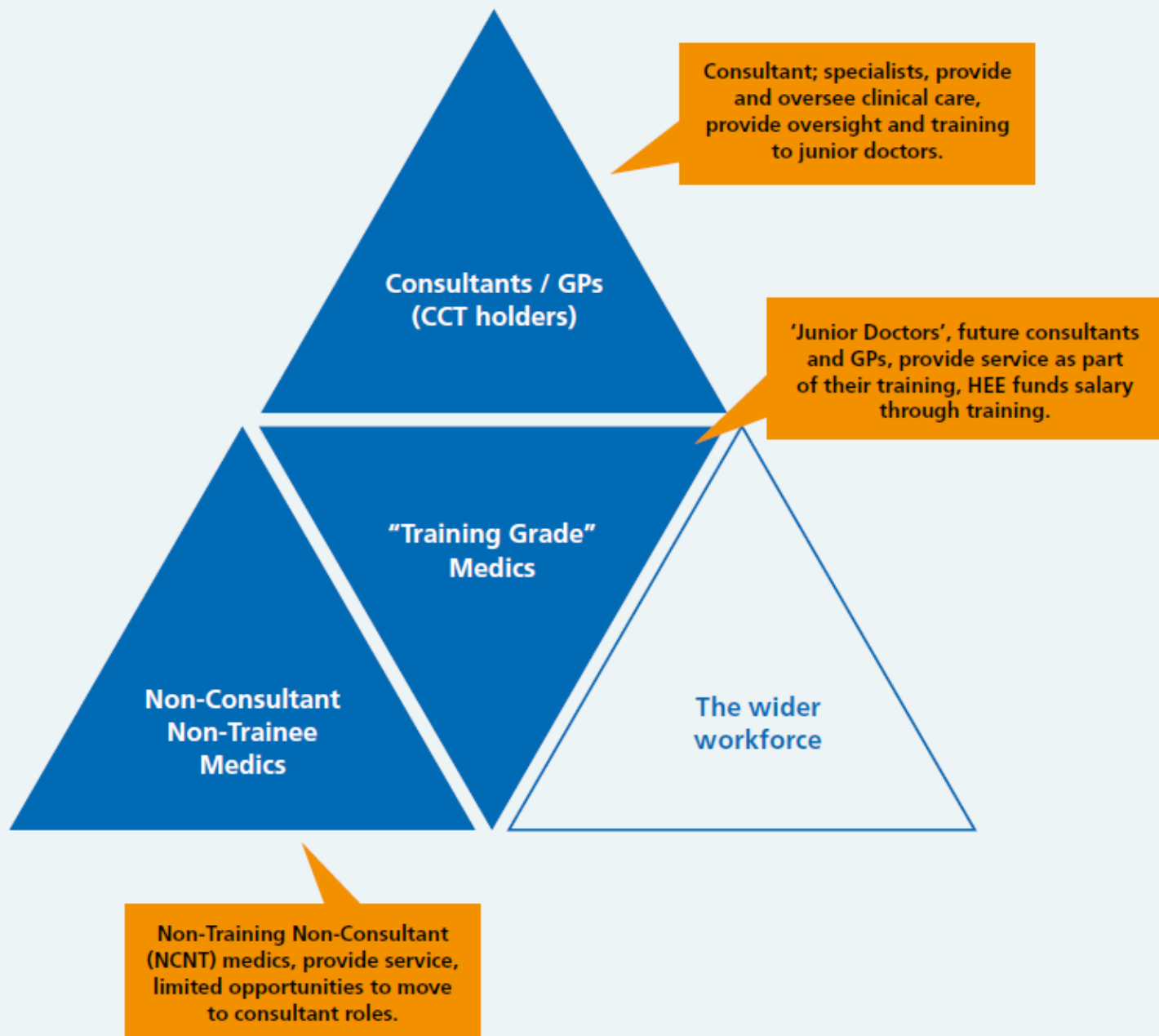


Source:
HEE collection / ESR

**March 2017 demand estimates appear inconsistent with previous trends and have not been used at this time*



Figure 21: The medical workforce



What Wider Workforce?

Medical Associate Professions

- Physician associate (PA)
- Physician's assistant (anaesthesia) (PA(A))
- Surgical care practitioner (SCP)
- Advanced critical care practitioner (ACCP)

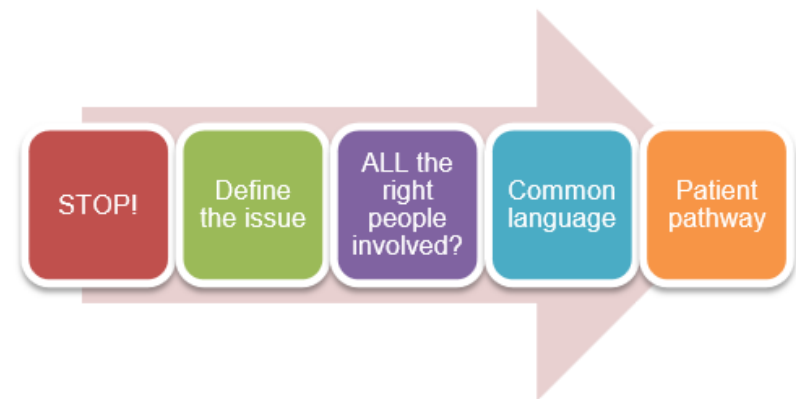
- Trainee numbers increase from 76 in 2014 to >1000 across 25 providers

Advanced Clinical Practitioner

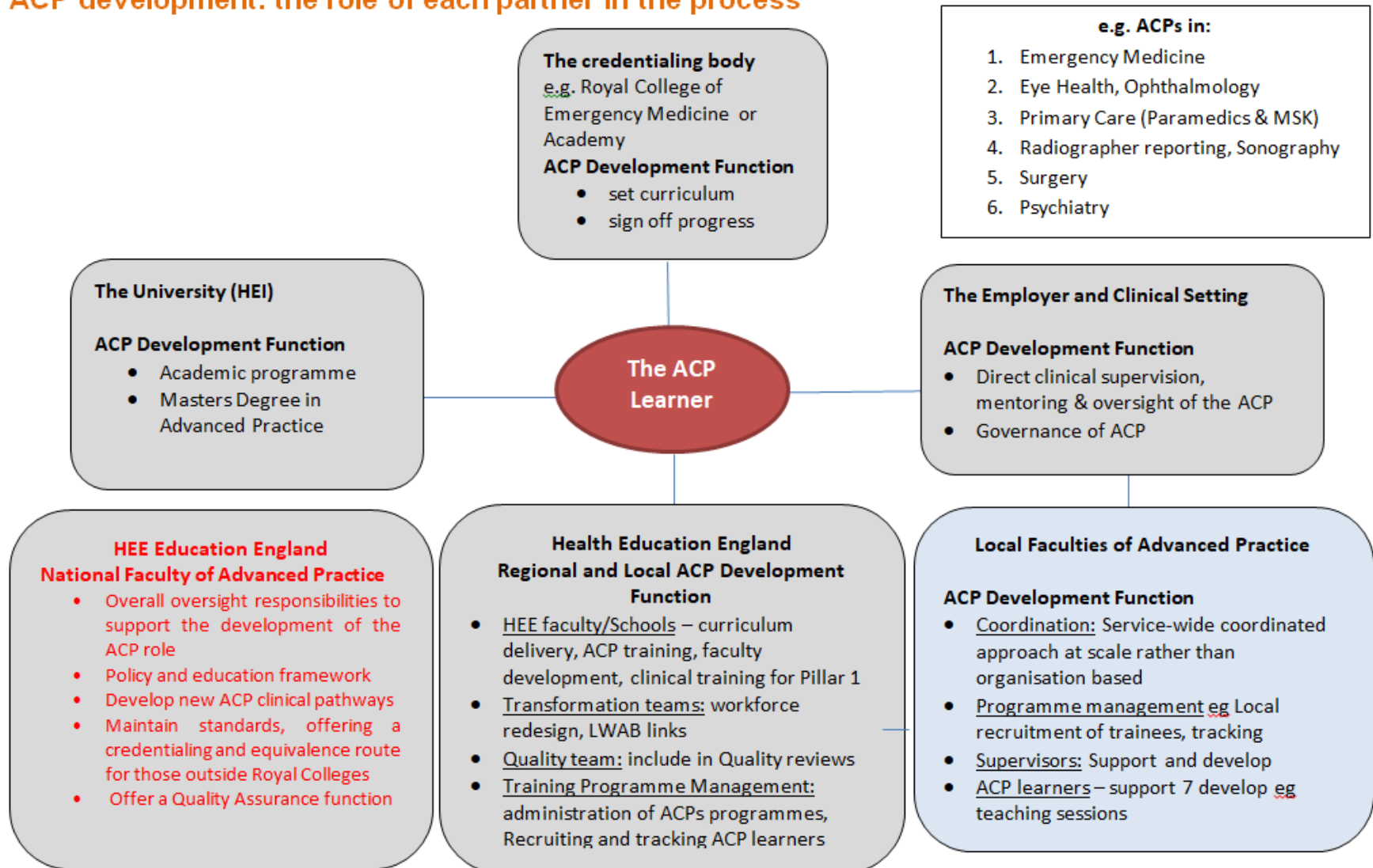
- Advanced clinical practice is delivered by experienced, registered health and care practitioners. It is a level of practice characterised by a high degree of autonomy and complex decision making. This is underpinned by a master's level award or equivalent that encompasses the four pillars of clinical practice, leadership and management, education and research, with demonstration of core capabilities and area specific clinical competence.

What is an ACP and what can they do?

- Local scoping exercise
- Variety of roles, titles and professions
- Silos of service development
- Established services – ANNP led unit, Paediatric ED
- Recent innovations – Physio led virtual # clinic, Reporting Radiographer in UCC
- Fixed thinking – replacement junior doctor.



ACP development: the role of each partner in the process

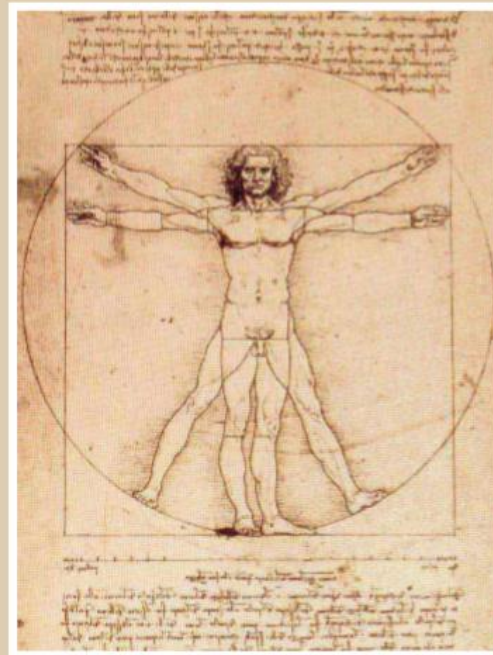


Physician Associates

- 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. The role is therefore designed to supplement the medical workforce, thereby improving patient access.

- Agreed autonomous practice including:
 - history-taking
 - examination
 - ordering and interpreting investigations
 - counselling
 - institute management plans

Physician Assistant
Managed Voluntary Register



**Competence and Curriculum
Framework for the
Physician Assistant 2012**

Background

- Began in mid-60's in Duke University, N. Carolina
- Military personnel post-Vietnam war with considerable medical experience
- Curriculum based on fast-track training of doctors in WW II
- To expand delivery of healthcare especially in rural family practice

Training

- Medical model, sessions in common with medical students
- In US, usually have at least 4 yrs of healthcare experience plus bachelor's degree
- Course averages 26 months
 - Basic sciences
 - Clinical rotations through GP, EM, GIM, O&G, Paeds, COE, Surgery
- Competency-based assessments

Postgraduate Experience

- In US can formally gain more in-depth experience in specialized areas, e.g. EM. CAQ
- Majority in GP
- 100 hrs CME every 2 years
- Sit re-certification exam every 6 yrs

Model of Practice

- Must have supervising physician who is able to provide all the skills of the PA (physician extender)
- Named supervisor contactable at all times
- Mutual agreement of PA's scope of practice
- Regular review of said scope and of delegated cases

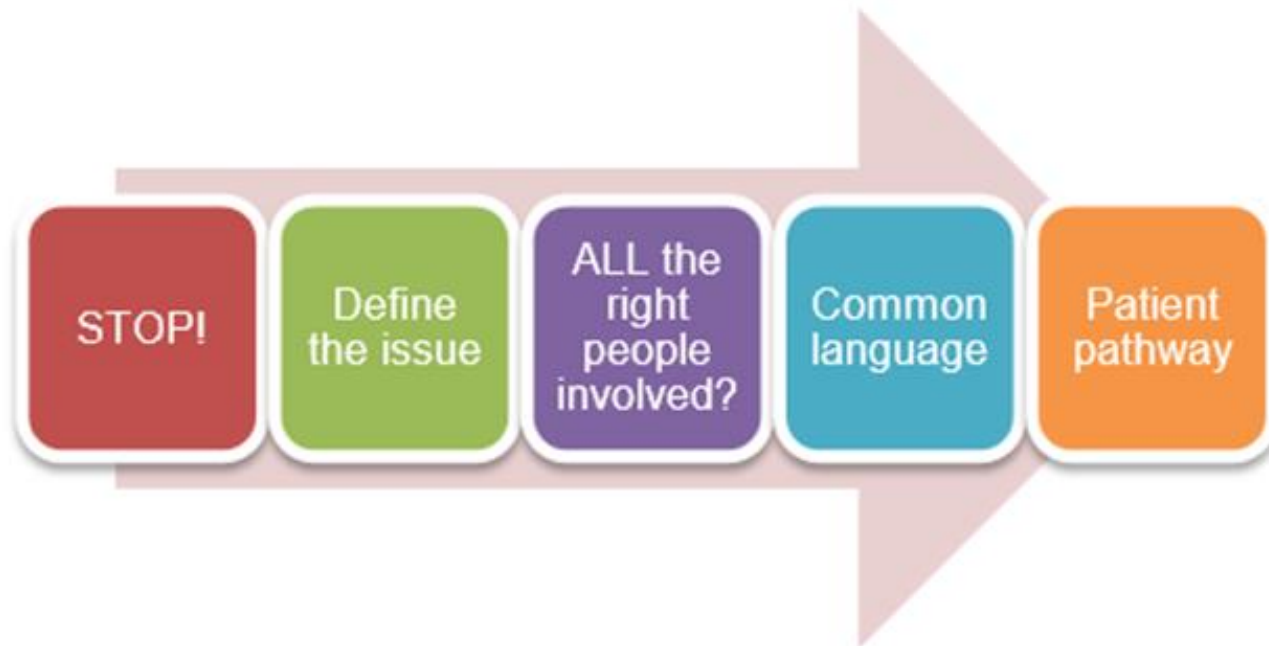
Incentives for PA training

- National drive for 1000 PAs recruited to Primary Care by 2020 (target of 290 in Midlands & East)
- Training grant of £2,500 per year for all PAs, plus further £2,500 per year if recruited to primary care role
- Increased placement cost incentive from £3,112 in secondary care to £6,516 in primary care

Application to NHS

- Possible difficulties
 - Integration period
 - Retention
 - Prescribing rights
 - Requesting radiology
 - (Territorial barriers)

- What are the benefits of MAPs?
- What are the barriers to introducing them to the workforce?



CQC -

5 Key Lines of Enquiry (KLOE)

1. **Safe:** Are the ACPs safe? How are you sure?
2. **Effective:** Are the ACPs effective? How do you know?
3. **Caring** : Do ACP roles support the caring culture?
4. **Responsive:** are ACP roles organised so that they meet patient needs. How are you measuring?
5. **Well-led:** Is clear leadership and management around the ACP role. Is there clearly defined accountability ?

- What factors need to be considered in setting up a MAP programme in the workplace?

Next Steps

- Support for Schools to develop strategy for Medical Associate Practitioner roles
 - Apprenticeship model
 - Regional training
 - ARCPs for MAPs
 - PAs

Advanced Care Practitioners

- National drive – establishment of advanced practice academy
- Local implementation – Multiprofessional School vs extending scope of Specialty Schools

Advanced Care Practitioners

- Established regional training days for ACPs in Urgent and Emergency Care
- ACP representative on Board of EM
- Discussing support of ACCP development, Addenbrookes
- ACCP network meeting September 2018

Questions?