

Medical Associate Professions

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Facing the Facts, Shaping the Future

A draft health and care workforce strategy for England to 2027









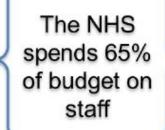


For consultation



Since 2012





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/occup ied 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...



Turnover rates between NHS trusts range vary by 3:1 25% more clinical placements funded for future new nurses Medical student places to grow by 25% 8k health support workers applied for 2k nursing associate posts

4k people on clinical return to practice courses Without change the NHS will need 190k new staff by 2027

At 2012/17 rates, with no change, the NHS will grow by 72k by 2027

Of 45k nursing associates by 2027, 17k expected to become RNs

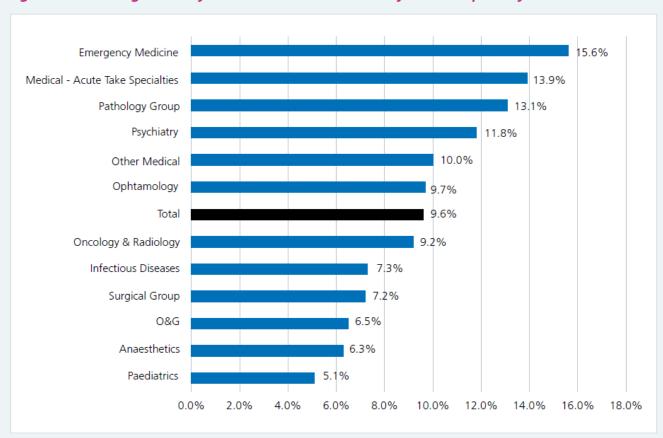


Figure 18: Future Demand for Staff - Beyond 2021/22





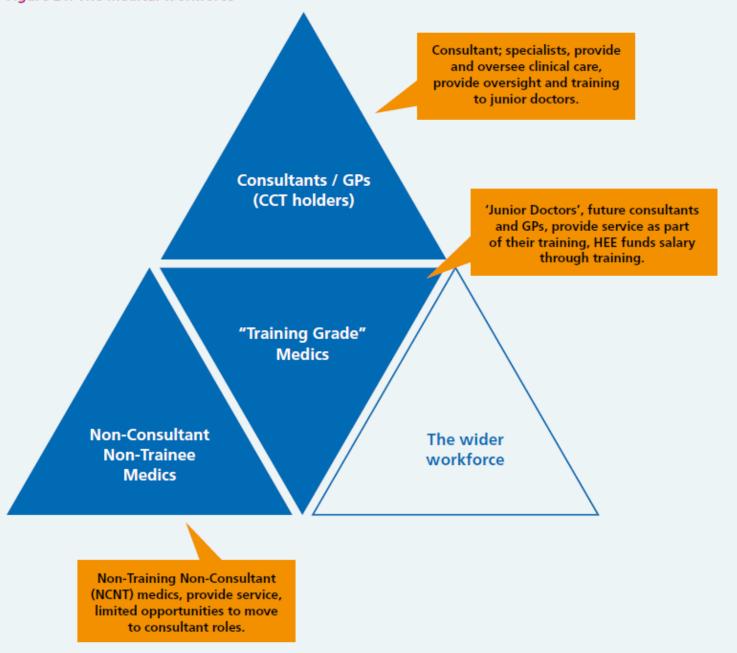
Figure 4: Percentage vacancy rates as at March 2016* – By medical specialty



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
 <u>experienced, registered health and care practitioners</u>.
 It is a level of practice characterised by a high degree of autonomy and complex decision making. This is underpinned by a <u>master's level award</u> 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

The credentialing body

e.g. Royal College of Emergency Medicine or Academy

ACP Development Function

- set curriculum
- sign off progress

e.g. ACPs in:

- 1. Emergency Medicine
- 2. Eye Health, Ophthalmology
- 3. Primary Care (Paramedics & MSK)
- 4. Radiographer reporting, Sonography
- 5. Surgery
- 6. Psychiatry

The University (HEI)

ACP Development Function

- Academic programme
- Masters Degree in Advanced Practice

The ACP

The Employer and Clinical Setting

ACP Development Function

- Direct clinical supervision, mentoring & oversight of the ACP
- Governance of ACP

HEE Education England National Faculty of Advanced Practice

- Overall oversight responsibilities to support the development of the ACP role
- Policy and education framework
- Develop new ACP clinical pathways
- Maintain standards, offering a credentialing and equivalence route for those outside Royal Colleges
- Offer a Quality Assurance function

Health Education England Regional and Local ACP Development Function

- HEE faculty/Schools curriculum delivery, ACP training, faculty development, clinical training for Pillar 1
- <u>Transformation teams:</u> workforce redesign, LWAB links
- Quality team: include in Quality reviews
- <u>Training Programme Management:</u> administration of ACPs programmes, Recruiting and tracking ACP learners

Local Faculties of Advanced Practice

ACP Development Function

- <u>Coordination:</u> Service-wide coordinated approach at scale rather than organisation based
- Programme management eg Local recruitment of trainees, tracking
- Supervisors: Support and develop
- ACP learners support 7 develop eg teaching sessions



Physician Associates

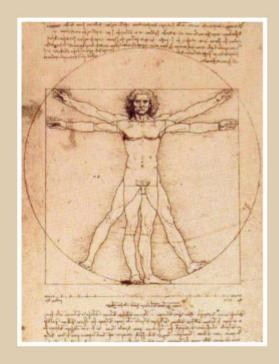
A new healthcare professional who, while not a doctor, works to the medical model, with the attitudes, skills and knowledge base to deliver holistic care and treatment within the general medical and/or general practice team under defined levels of supervision. The role is therefore designed to supplement 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



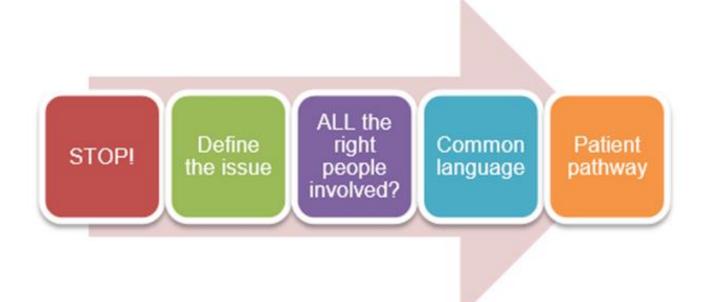
Application to NHS

- 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?