

Physician associates in the East of England



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What is a physician associate?

Physician associates (PAs) are healthcare professionals with a generalist medical education; while not doctors, PAs work to the medical model and have the attitudes, skills and knowledge to deliver holistic care and treatment. PAs work as part of the multidisciplinary team with appropriate supervision from a consultant or GP.



Physician associates are able to:

- ✓ take patient histories
- ✓ carry out physical examinations
- ✓ request and interpret blood tests
- ✓ perform diagnostic and therapeutic procedures
- ✓ formulate differential diagnoses
- ✓ develop and deliver appropriate treatment and management plans
- ✓ triage patients according to clinical urgency
- ✓ see new patients with acute presentations, and manage long term conditions
- ✓ offer face to face and digital clinic consultations
- ✓ assist with ward rounds and carry out jobs
- ✓ undertake home visits
- ✓ provide health promotion and disease prevention advice
- ✓ partake in audits, quality improvement projects and research



What are the benefits of having a PA in the team?

The PA skill mix allows for practice across a range of medical specialities. PAs can also provide cover so that trainee doctors can attend training. The PA profession contributes to a stable workforce, addressing challenges caused by medical rotations and medical under-recruitment, and providing continuity of care for patients and stability for the team.



Training and qualifications

- As a minimum, a **BSc in a life science**
- **Two-year postgraduate medical education programme** to develop clinical capabilities, competencies and reasoning to undertake the duties required in primary and secondary care
- **1600 hours** of clinical placement
- Maintain **50 hours of CPD** each year
- Sit a recertification examination every six years



Growing profession



1,392 qualified PAs and 1,600 PA students (2019 census)



90% of respondents would recommend a PA career

What is it like to be a physician associate?



“ I work as a physician associate in acute medicine at West Suffolk Hospital. I also work as a physician associate in primary care at Stowhealth GP surgery. I’m also a physician associate ambassador for Suffolk and north east Essex with Health Education East of England (HEEoE).

I’ve been working in my dual clinical roles since graduating as a PA in 2018. I love working in both areas, as they both have unique challenges but also some crossover opportunities. In primary care I see a really wide variety of work - from treating sick children to managing long term chronic conditions in care homes.

I often see a patient in a primary care clinic, and recognise that my patient has an acute problem which needs immediate investigation at the hospital. I can refer directly to my colleagues in the hospital. Sometimes I even end up seeing my patient from the GP surgery the next day on one of my hospital ward rounds.

In acute medicine, I see lots of patients who’ve been referred to us from their GP surgeries. It’s nice for my learning, as I get to the ‘next step’ in terms of investigating the problem for the patient. And I think it also helps me communicate well with primary care colleagues over the phone when accepting referrals, or knowing what’s important to include in discharge summaries back to the GP.

Recently I’ve developed an interest in education of PA students and am looking to establish strong clinical placements in both settings for training the next generation of PAs.

I’ve recently also started working with HEEoE as an ambassador for the profession locally. I really enjoy networking with others and promoting the profession to other colleagues in hospitals, mental health and primary care settings.

”

James Catton, Physician Associate


Education and training

To enrol on a two-year full-time PA programme, students must already hold an undergraduate degree, usually in a biomedical or health/ life science field and may have some prior health or social care experience. PA student training consists of over 1,600 hours of clinical placements, and 1,600 hours of theoretical learning in medical sciences, pharmacology, and clinical reasoning. PA students must pass their HEI programme to be eligible to sit the UK Physician Associate National Examinations.

Regulation of physician associates

Successful completion of the National Exam allows the PA to be entered on the PA managed voluntary register (PAMVR). If a PA is listed on the PAMVR, then employers, the public, supervisors and other healthcare professionals can be safe in the knowledge that they are fully qualified and approved. The Managed Voluntary Register has a Code of Conduct to ensure good standards of practice and public protection and safety.

Currently the PA profession is unregulated; in the near future, the General Medical Council (GMC) will become the statutory regulator. The Faculty of Physician Associates at the Royal College of Physicians (FPARCP), Health Education England and the higher education institutes involved in training PAs are working with the GMC, towards regulation of the profession and the establishment of a statutory register. Once this is in place, the title 'physician associate' will become protected, and only those on the statutory register will legally be allowed to practise as a PA.

 American trained physician assistants (the title is physician assistant in the USA) are required to have and maintain their National Commissions on Certification of Physician Assistants (NCCPA) to work in the UK and should also be a member of the FPARCP and listed on the PAMVR.



What supervision do PAs require?

PAs work under the clinical supervision of a consultant or GP as part of the multidisciplinary team. Professionally, PAs are accountable to the FPARCP if they are listed on the PAMVR and are professionally accountable for their own actions, decisions, and omissions.

PAs will require a variable amount of supervision in their career; this will vary from individual to individual and lessen over time. As PAs learn new skills and take on new responsibilities, supervision arrangements will need to be appropriate.

The following four key roles are involved in the supervision of PAs:



Managerial supervision

- Responsibility for rostering shifts, approving annual leave and study leave requests, managing absenteeism etc.
- May feed into the appraisal process of PAs and may set priorities/objectives in line with the organisation's objectives and service needs.



Educational supervisor

- Each PA should have a trained educational supervisor assigned to them, to plan the long-term progression and development.
- The educational supervisor has responsibility for ongoing development of the PA, including reviewing the workplace based assessments, appraisal and creating an annual professional development plan.



Clinical supervision

- PAs work under the clinical supervision of a consultant
- Day to day, this will usually be the named consultant who holds overall responsibility for the patient.
- The supervisor must be available to advise and assist the PA as appropriate; sometimes this will require the supervisor's urgent presence but, on many occasions, less direct involvement will be needed.



Other workplace supervision

- The clinical supervisor may delegate supervision of certain tasks or skills to another professional within the multi-professional team who is competent to supervise the PA.

In order to facilitate the appraisal process, the FPARCP have developed a portfolio document that each PA should keep. The PA portfolio collates ongoing and up-to-date evidence of the development of skills, knowledge, education, management, leadership and other activities and provides an opportunity to reflect.

Building PAs into the workforce

The availability of PA graduates (almost 3,000 expected by end of 2021, rising to 5,900 by 2023) should prompt clinical services to consider the skill mix of existing teams when redesigning services. PAs are able to work in any speciality (39 listed in the 2019 census) provided there is always appropriate clinical supervision provided.

Those who seek to employ PAs should ensure that their proposed job plan and requirements of the advertised post are within the general competencies of the PA role. The job description/job plan should be updated at least annually during the appraisal process, to accurately reflect all roles and responsibilities currently being performed.

Indemnity for PAs

PAs in primary care are covered by the state-backed clinical negligence scheme for general practice (CNSGP), which started in April 2019. It is strongly recommended that PAs, like other members of the primary care team, take out personal indemnity insurance to cover non-NHS or private work, inquests, regulatory and disciplinary proceedings, employment and contractual disputes, and non-clinical liabilities.

Currently, PAs practising in secondary care are indemnified under NHS Resolution (previously known as NHS Litigation). The FPARCP strongly encourage PAs to take out personal indemnity insurance for their practice (to provide additional private coverage and medicolegal advice) although, it is not required under NHS Resolution indemnification. Further advice on indemnity is available through FPARCP and via NHS Employers.

Salary arrangements

Physician associates generally start working at Band 7 (Agenda for Change). As they become more experienced and take on more responsibility, they can progress up through the banding pay scales.

PAs in primary care may also start at band 7 payscale, but general practice does not follow the agenda for change model and PAs will negotiate pay increases as their experience and responsibilities grow.

Continuing professional development

CPD is the process by which a PA builds on and develops their knowledge, skills, behaviours and attitudes and keeps up to date. A lifelong commitment to CPD is vital to assure fitness to practise as a condition of regulation. All PAs must show evidence of at least 50 hours of CPD per year, in order to maintain their registration. Most employers support their PAs with dedicated study leave and budgets.

What is it like to be a physician associate?



“ I undertook my training at the University of Birmingham and graduated in 2018, where I started to work in general practice. I relocated to Milton Keynes in 2019 and continued my physician associate role within primary care and started my role as an ambassador for Bedford, Luton and Milton Keynes.

I currently do a mixed session of acute illnesses, long term conditions and follow up appointments throughout the day with a specialised Women’s clinic every Tuesday morning.

I dedicate two days to my ambassador role where I support universities with student placements, encourage practices and primary care networks to recruit PAs, in addition to making sure they are equipped with all the right information when bringing a new member onto the team. I guide qualified PAs in primary and secondary care ensuring there is a support system in my network where we can all discuss queries, concerns and any upcoming opportunities. I also work very closely with my training hub who have just agreed on a proposal to put forward for PAs coming into primary care for the first time in order to support their transition – we have called this the Ready, Set, Grow Programme.

Not only do I feel a great job satisfaction from my role because of the variety in ailments that I see in my week, but it also means I am able to maintain continuity with my patients. Working for a practice as a physician associate means there is a greater accessibility to appointments for patients and less pressure on the duty/on call doctor. ”

Mehreen Shafiq, Physician Associate

How can PAs help in the NHS?

PAs can work in GP surgeries, or across many different secondary care and mental health specialities, and offer continuity and stability for both patients and the team in which they work.

PAs are trained in the medical model and have the knowledge, skill and behaviour to assess, manage and treat patients of all ages with a variety of acute unselected and chronic conditions.

Physician associates are able to:

- take patient histories
- carry out physical examinations
- request and interpret blood tests
- perform diagnostic and therapeutic procedures
- formulate differential diagnoses
- develop and deliver appropriate treatment and management plans
- triage patients over the phone or digitally according to clinical urgency
- see new patients with acute presentations, and manage long term conditions
- offer face to face and digital clinic consultations
- assist with ward rounds and carry out jobs
- undertake home visits
- provide health promotion and disease prevention advice
- partake in audits, quality improvement projects and research

Currently, PAs are not able to prescribe medications, or request ionising radiation investigations (e.g. chest x-rays, CT scans).

PAs listed on the PAMVR are competent to perform a number of core procedural skills at qualification. Further information about the core skills of PAs is available in The Competence and Curriculum Framework. PAs acquire additional skills following appropriate training and assessment.





PAs and prescribing

On qualification PAs are expected to have a good knowledge of pharmacology and should have a good understanding of medications and doses for common conditions.

PAs can propose appropriate therapeutic management plans, under the medical delegation clause, and work with prescribing colleagues to allow safe and timely issuing of prescriptions as required.

PAs can administer medicines under patient specific directives.

Some individual PAs may also hold independent or supplementary prescribing qualifications from other regulated healthcare professions. It is considered best practice that that such PAs do not use these responsibilities in their PA role.

As PAs are a new healthcare profession, they are currently unable to prescribe. After GMC regulation legal proceedings will begin to consider allowing PAs to prescribe.

Can PAs order investigations?

PAs can request all standard blood tests and ultrasound examinations. The use of ionising radiation has been subject to specific legislation since 1988. Guidance on the Ionising Radiation (Medical Exposure) Regulations state that only registered healthcare professionals are able to order ionising radiation. Therefore, currently PAs are unable to make requests for ionising radiation.

Supervision and career development

Career development

Since the introduction of PAs in the UK workforce, the PA career structure has been led by the early PA trailblazers. A flexible approach has allowed for workforce innovation and the ability for individuals to be responsive to local healthcare needs.

PA career progression is aligned with the advancement of knowledge and skills; more experienced PAs are likely to see increasingly complicated and complex patients and take on wider responsibilities.

The FPA, along with associated stakeholders, is working on developing a career framework for PAs to show possible career progression in various specialities, which will include clinical complexity, managerial aspects, educational and research development, and quality improvement in line with their advancing roles.



PA Foundation Internship Programme in the East of England

Newly qualified clinical practitioners from whatever discipline require educational investment to embed themselves successfully in their NHS roles. To support this HEEoE are developing innovative programmes to support PAs entering either primary, secondary or mental health care.

Progression expectations in the first year of practice

The progress that can be expected is show during their first year can be seen below.

	Newly qualified Physician Associate	After 12 months in post
History and consultation	Will be able to carry out focused history and produce an appropriate list of differentials.	Able to carry out a thorough focused history, and be able to identify appropriate co-morbidities, predisposing/risk factors in order to interpret most likely differential.
Examination	Starting to be able to abbreviate their examination to become more focused. Becoming confident in ability to distinguish normal from abnormal during clinical examination.	Supervisor has confidence in PA findings and in the PA using their clinical findings to justify the differential diagnosis.
Interpreting evidence and investigation	Understand diagnostic tests to rule out key negatives. Become aware of the limitations of investigations.	Confidently articulate findings and investigation results.
Clinical judgment & risk management	Able to narrow list of important differential diagnoses. Consistently identify high risk conditions requiring immediate attention.	Identify main diagnosis and justify reasoning. Aware of best venue to examine patient e.g. ITU or specific ward, clinic etc.
Therapeutics and prescribing	Broader understanding of medication choice for presentations of common and important conditions. Aware of contraindications, interactions and monitoring. Learn to develop and explain to patients their clinical management plan and be able to modify plan according to age and comorbidity.	Start to justify choice of medication. Able to understand the impact of co-morbidities and other medications, poly-pharmacy) on agent choice and prognosis. Confident in explaining to patients their clinical management plan and able to modify plan according to age and comorbidity. Developing consultation skills to enable shared patient practitioner decision making.
Clinical planning and procedures	Aware of risks and benefits of common procedures, have basic competence in simpler procedures and some experience of seeing this in action.	Able to implement management plan including proficient basic procedures and develop more advanced procedures. Beginning to be able to manage complications and review patient.
Professionalism	Consistently behave with integrity and sensitivity, be a good role model and ambassador, maintain effective relationships with the MDT and contribute to the clinical learning environment.	Have begun to deal with 'complex patients'. Be part of training for other 'internship' PAs and/or teaching PA and other healthcare students.

Primary care foundation year

The Primary Care Physician Associate Internship Programme is a bespoke educational programme designed to support and integrate newly qualified Physician Associates in primary care. The programme will also be open to those Physician Associates moving from secondary into primary care for the first time. The programme will run over **30 weeks**, divided into **three 10-week terms** and will be delivered remotely. It will be open to all eligible Physician Associates in the East of England.

The programme will cover a wide curriculum relating to primary care. It will be facilitated by an experienced GP educator. The programme will work closely with the Physician Associate Ambassadors from each STP to encourage a sense of belonging and facilitate access to the local support available.

The programme delivery will encompass formal teaching, case-based discussion and small group work.

Examples of what will be included in the programme:

- remote and face-to-face consultation skills
- communication skills
- interactive facilitated case-based discussion
- diagnostic thinking
- managing clinical uncertainty
- small group learning sessions
- managing long-term conditions
- referral guidelines
- introduction to safeguarding
- prescribing systems and alerts
- home visiting
- managing co-morbidity
- clinical topic teaching with curriculum coverage
- record keeping, use of templates and QOF
- professionalism
- team working and working within the wider environment
- professional conversations
- introduction to leadership skills
- time and resource management
- wellbeing
- significant event analysis
- managing complaints

A study leave budget of **£500 per year** will be available to each physician associate on the HEE EoE Foundation Internship Programme.

A **training grant** will be available for practices per PA to include educational and clinical supervision, and to include a **study budget for the PA**

Online access to a **bespoke Minor Illness Course** will be available to all physician associates on the programme.

Each trainee will be given a license to the **Panopto and Bridge Learning platform** and will be provided with access to an **e-portfolio** to support their learning.

This will be available to new PAs in primary care appointed to substantive posts in the East of England. Full details will be available of the PA section of the HEEoE website.

Secondary care foundation year

The secondary care programme will be run in conjunction with the East of England Foundation Schools under the direction of an experienced foundation programme director. The programme will run for **12 months**.

The programme delivery will encompass formal teaching, case-based discussion and small group work.

Examples of what will be included in the programme:

- recognise and assess the acutely ill patient
- recognise and assess patients with long term conditions
- obtain history, perform clinical examination, formulate differential diagnosis and management plan
- request relevant investigations and act upon results
- management of cardiac and respiratory arrest
- demonstrate understanding of the principles of health promotion and illness prevention
- manage palliative and end of life care under supervision
- work effectively as a team member
- demonstrate leadership skills
- make patient safety a priority in clinical practice
- contribute to quality improvement
- competent to perform the core procedures
- perform procedures safely

The above will be taught as part of the **Medical Foundation Year 1 training programme**.

A blended learning approach to education and training delivery will be adopted.

Each trainee will be given a license to the **Panopto** and **Bridge Learning platform** and will be provided with access to an e-portfolio to support their learning.

A training grant will be available for Trusts per PA to include educational and clinical supervisor support and the **£500 study leave budget** per PA.

This will be available to new PAs on secondary care appointed to either one-year rotational programmes either between secondary care and mental health care or full one-year mental health programmes. The programme is suitable for new or recently qualified PAs in substantive posts. Full details will be available of the PA section of the HEEoE website.

Mental health care

The mental health programme will be run in conjunction with the East of England Foundation Schools under the direction of an experienced foundation programme director. The programme will run for either **6 or 12 months**.

A bespoke educational programme to include training on:

- psychiatric history taking and mental state examination
- record keeping and recording risk
- personal safety and de-escalation skills
- intermediate life support
- information governance
- formulation and psychological interventions
- quality improvement and audit skills
- mental capacity and the Mental Health Act
- dementia and autism awareness
- education and teaching skills
- study budget to access PA specific educational activities

The above will be taught as part of the **Medical Foundation Year 1 training programme**.

A blended learning approach to education and training delivery will be adopted.

Each trainee will be given a license to the **Panopto** and **Bridge Learning platform** and will be provided with access to an e-portfolio to support their learning. The programme delivery will encompass formal teaching, case-based discussion and small group work.

A training grant will be provided to Trusts per PA to include educational and clinical supervisor support and the **£500 study leave budget per PA**.

This will be available to new PAs in secondary care appointed to either one-year rotational programmes either between secondary care and mental health care or full one-year mental health programmes. The programme is suitable for new or recently qualified PAs in substantive posts. Full details will be available on the PA section of the HEEoE website: <https://heeo.e.hee.nhs.uk/physician-associates>



Connecting physician associates across the region



“ I am a Physician Associate Ambassador for Norfolk and Waveney. I work in Acute Medicine at the Queen Elizabeth Hospital in King’s Lynn and have been working as a registered PA since 2018. I am locally trained and completed my MSc in Physician Associate studies as part of the first cohort at the University of East Anglia.

The PA family continues to grow with already nearly 50 PA’s working across Norfolk and Waveney both in primary and secondary care. We are well connected with the East of England, with biannual teaching events and a social media platform for instant networking and connections.

There are many interesting things to come within the region as I continue to help support PA’s by working with HEE in the development and implantation of a preceptorship programme for PA’s newly employed into primary care. We have recently had some regional research carried out on PA’s working within secondary care and there are plans for more studies to begin. Our next goal is to work closely with the mental health trusts to help support PA’s working within this field as well. ”

Sophie Newbold, Physician Associate Ambassador

Key sources of further information

- An Employer's Guide to Physician Associates (FPARCP)
- Code of Conduct for Physician Associates. (FPARCP)
- Competence and Curriculum Framework for the Physician Assistant, Department of Health (2006) revised version (2012)
- England Five-Year Forward View (NHS 2014)
- England Next Steps on the NHS Five-Year Forward View (NHS 2017)
- Establishing Common Standards for Continuing Professional Development, Assessment and Appraisal Guidelines for Medical Associate Professions (HEE 2019)
- Long Term Plan (NHS 2019)
- Interim NHS People Plan (NHS 2019)
- We are the NHS: People Plan for 2020/2021 – action for us all (NHS 2020)

For further information please contact your local physician associate ambassador or training hub (primary care) or acute trust education department. Contact details are available on the physician associate section of the EoE HEE website:

[Heeo.hee.nhs.uk/physician-associates](https://heeo.hee.nhs.uk/physician-associates)