



# Herefordshire and Worcestershire Physician Associate Preceptorship Programme

## Information Guide

November 2018

## 1. Background

### 1.1 Who are Physician Associates (PAs)?

PAs are healthcare professionals with a generalist medical education who work alongside doctors, physicians, GPs and surgeons to provide medical care as an integral part of the multidisciplinary team. In its Competence and curriculum framework for the physician assistant, the Department of Health defines a PA as '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'.

PAs have been practicing in the UK for over 10 years. They can be found working in primary and secondary care across 20 specialty areas throughout the UK. PAs are dependent practitioners working with a dedicated consultant or GP supervisor, but are able to work autonomously with appropriate support. Supervision of a qualified PA is similar to that of a doctor in training or trust grade doctor, in that the PA is responsible for their actions and decisions. However, the supervising GP is the clinician ultimately responsible for the patient.

### 1.2 Undergraduate training

PAs trained in the UK have undertaken postgraduate medical training in PA studies. These studies are spread over a period of at least 90 weeks (approximately 3,200 hours, divided into 1,600 hours of theory and 1,600 hours of clinical practice).

This is an intensive 2-year course based on the Competence and curriculum framework for the PA, consisting of theoretical learning in medical sciences, pharmacology and clinical reasoning, as well as clinical placement experience in a wide variety of settings, including:

- acute and emergency medicine
- community medicine
- surgery
- obstetrics and gynaecology
- paediatrics
- mental health.

To enrol on a PA programme, students must already hold an undergraduate degree, usually in a biomedical or health/ life science field, and have some prior health or social care experience. Most programmes offer a postgraduate diploma in PA studies, with some offering master's qualifications.

The Physician Associate national exam is required for entry into professional practice, and must be taken by every PA in the UK, regardless of which programme they have passed. The exam sets the standards for PAs across the country and is designed, developed and administered by the FPA. It consists of 200 single best answer questions (MCQ style) and a 14-station objective, structured clinical examination (OSCE). Once a PA has passed both

their university exams and the PA national examination they are able to sign on to the managed voluntary registered held by the Faculty of Physician Associates and will be able to practice as a PA.

What can PAs do in primary care?

PAs in general practice can undertake a variety of jobs. They are trained in the medical model and can assess, manage and treat patients of all ages with a variety of acute undifferentiated and chronic conditions.

They can see patients presenting with acute/same-day problems, as well as offering routinely booked appointments. PAs are able to triage patients, carry out telephone consultations, make referrals, and review and act on laboratory results. Many PAs also carry out home visits or visit nursing and residential homes. The level of competence at which the PA can work will depend on their skills and experience, and the skills and experience of their supervising GP, and this will often dictate their scope of practice.

All PAs are trained to be aware of the level of their clinical competence, and to work within their limits accordingly. Each GP practice runs differently, so a PA's role may vary across primary care. Newly qualified PAs can see the range of patients that present to general practice; however, initially they may need more supervision and support. The level of support and supervision required should lessen in time as the PA grows in confidence, knowledge and skills. As PAs become more experienced, they can become involved in a wide range of activities including service design and development, becoming clinical placement leads for students, undertaking minor operations and becoming involved in practice-wide education and quality improvement projects.

A mix of sessions is ideal and ensures a broad scope of practice. For instance, if a PA works ten sessions per week, there should be a mix of session types. PAs who only see acute, on-the-day cases will never progress clinically. To ensure continued interest and long-term job satisfaction, a PA would ideally be involved in the entire scope of GP practice. PAs should be allowed to see any patient who presents, with their supervising GP assisting or intervening if required. This is key to the development of a PA.

## 2. Preceptorship

The concept of preceptorship is being increasingly used across clinical professions to support the development of both clinical and professional skills in complex clinical environments, in the period post registration. Having completed their pre-registration education, support for new graduates on entry in to the workforce has been demonstrated to enhance confidence and competence, providing a bridge between the supervision of the pre-registration learner and the mature clinician.

## 2.1 Structure

The practice will employ the PA preceptee for a minimum of 5 sessions per week, where they will be integrated to work in all areas of the practice as described. It will be expected that they can work in both the urgent and on the day care setting but also should be involved in running chronic disease and routine clinics.

The Physician Associate should have an assigned clinical supervisor, a lead GP, for the duration of the programme who act as the clinical mentor, and supervise the general integration of the PA into practice. The supervision and mentorship day to day with individual cases can be by any member of the MDT who is suitable to supervise that particular task, in a like to like fashion. For example, a GP or advanced practitioner can supervise clinical cases seen that they would routinely manage independently, or a nurse would be able to supervise if the PA was undertaking a task that is within the nurses scope of practice.

In models where the PA is not full time in general practice the remaining 2 days per week the PA will spend in a secondary care specialty, in a department that is aligned to their general practice competencies. Departments involved will include acute and emergency medicine, paediatrics, older age psychiatry, adult mental health, acute and community stroke and palliative care. It is hoped that this will allow the PA to develop a specialist interest that they can bring back into practice and forge closer working relationships with secondary care.

## 2.2 Education

In order to achieve the educational criteria the training hub have created the Physician Associate Teaching Scheme. This will comprise of a weekly half day of specialist teaching from a senior GP based PA and local clinicians with specialist interests across a specially developed curriculum, based on the GP VTS curriculum, which will allow the PAs to gain advanced clinical knowledge and competency to complement their advancing skill gained in the clinical setting.

The topics covered will include:

- Care of the elderly in general practice
- Mental health management
- Palliative care and care of the cancer patient
- Paediatric medicine
- Dermatology
- Musculoskeletal and rheumatology in general practice
- Chronic disease management of common respiratory, cardiovascular and metabolic conditions

The teaching will also allow for the development of a network of peer support among the PAs training on the scheme locally to share their experiences of training. They will be assigned an educational mentor who will be available for support and guidance for the duration of the programme and who will ensure they are meeting all educational requirements for the programme, including an evidence based competency framework.

The other educational requirement over the 12 month programme will be for the preceptees to undertake a service improvement audit in practice, in an area that will support the practice values and objectives and to make relevant and positive contributions to the practices development. There will be a session on how to produce searches and we will support with some audit training throughout, but do ask if each practice is able to work alongside the PA to facilitate the audit function.

### 2.3 Funding

Health Education England have recognised how the Physician Associate role can contribute to the primary care workforce model and how their generalist skills across patient assessment, diagnosis and management can help to improve GP demand. Consequently they are supporting practices who look to employ a newly qualified Physician Associate into a 'preceptorship' year with a £5,000 supplement.

The criteria for programmes to attract this funding is as follows:

- The preceptorship programme will be undertaken for a minimum of a 1 year (Whole time equivalent)
- Open to all PAs commencing a programme in the year after first gaining registration on the national register
- Normally the preceptorship programme will be wholly in primary care, but a minimum of 50% or 6 months' full time equivalent in any rotation of placements should be in primary care
- The weekly timetable should include at least 1 dedicated session for education
- Placements should have an educationally approved primary care clinical supervisor who is reasonably available
- The programme should have a mentor available from an appropriate education organiser (e.g. HEI, HEE, TH) and describe a process for preceptees to feed back on their programme
- The preceptor should have an induction period, an induction meeting with their supervisor, a mid-point and an end of programme review with their supervisor
- The preceptor should take part in the employer's annual appraisal system
- Access to a professional development programme from a local HEI or equivalent should be available which will include alumni activity
- The preceptorship programme should enable the post-holder to engage in multi-professional learning activities
- Individual post-holders will be expected to complete and maintain all the requirements of the UK PA managed voluntary register (PAMVR)
- Ideally the preceptorship programme will set out expected outcomes for the preceptor in the form of competence acquisition or a brief curriculum which may be locally derived but based on established national guidance, e.g. the FPA guidance

The H&W training hub have therefore created the Physician Associate preceptorship programme to support practices in fulfilling these criteria and therefore obtaining the funding. We are supporting practices to employ and integrate a PA for 2.5 session per week, with additional support for setting up the structured mentorship and governance frameworks.

#### 2.4 Considerations for integrating your PA into practice

A newly qualified PA should be provided with a supportive learning environment, in which they can consolidate and expand their skills and competencies in their chosen field.

While a newly qualified PA should be able to deliver service, they will still require training and supervision, as would any new member of staff in a first job. Initially, a PA will require some structured learning and planned supervision, although with time this should become less necessary, as their skills and knowledge grow and your confidence and trust in the PA and their ability to make good clinical decisions increase. The employer should meet with the PA in their first week as part of the induction process, and assess their skills and knowledge around general practice or hospital medicine. This assessment can then be used to design a structured programme of specific educational goals that will be reviewed on a 3–6-monthly basis, and appraised at the yearly review.

PAs should also have access to experiential learning in the clinical areas in which they are working, and should maintain a portfolio of cases and case discussions with clinicians, reviewed with their clinical supervisor. This will be provided by the programme and PAs will have access to reflective materials to be enhance their learning experiences gain through practice. They should have protected time each month to meet with their clinical supervisor and complete a CBD and mini CEX and discuss any issues they have had.

#### 2.5 Supervision

The PA is described as a dependent practitioner and will always work under the supervision of a designated doctor. Their detailed scope of practice in a given setting is circumscribed by that of the supervising doctor. Although there may be circumstances when the supervising doctor is not physically present, they will always be readily available for consultation. Like all other regulated healthcare professionals, the PA is responsible for their own practice, although the supervising doctor always maintains the ultimate responsibility for the patient.

The PA will be employed as a member of the medical team in primary or secondary care and will have a clinical supervisory relationship with a named doctor, who will provide clinical guidance when appropriate. It is expected that the supervisory relationship will mature over time, and while the doctor will remain in overall control of the clinical management of patients, the need for directive supervision of the PA will diminish.

The PA will always act within a predetermined level of supervision and within agreed guidelines. Qualified PAs may develop specialist expertise that reflects the specialty of their supervising doctor. This will be gained through experiential learning and CPD. However, a PA

is expected to maintain their broad clinical knowledge base through regular testing of generalist knowledge and demonstrated maintenance of generalist clinical skills.

### 3. FAQs: PAs in primary care

How much time do PAs have with a patient per appointment?

This is dependent on a PA's experience. If registrars with 8 years' experience (five years of medical school, two foundation years and an ST year) start on 30-minute appointments, then it follows that new graduate PAs should be given similarly reasonable times. They may also need time to get signatures for medications or imaging. Appointment times should decrease every few months in the beginning – with negotiation and based on a PA's comfort and experience.

Over time, PAs should have 10-minute appointments, but how the individual surgery deals with signing medication/imaging will affect times. If a PA is required to discuss medication, but only has a 10-minute appointment, then in essence they are being asked to see patients faster than a doctor, as a PA has to wait to speak about the medication with their supervising GP within the 10-minute appointment time.

Is one GP assigned for cases that need discussion with a PA, or is this decided dependent on which GP is next available?

PAs should be able to discuss patients with any GP. If a surgery runs a duty doctor system, that person should be the supervisor for the session.

Is one GP assigned for providing prescriptions for a PA, or is this done by the next GP with free time?

This depends on how the surgery works and if they discuss the medications. Ideally, this should be the next free or duty doctor. A new PA should always discuss every medication recommendation until the doctor is completely happy with the medication proposals.

What is the difference between a PA and an advanced nurse practitioner (ANP)?

A PA has a biomedical science background, and is trained in the medical model specifically for the position in medicine. The PA is not an extended practitioner. They do not work to set protocols and can see a wide variety of undifferentiated patients.

An ANP has trained in nursing and has usually spent many years in healthcare learning the skills for the job, completing courses to advance their knowledge. They tend to work in a specialist area and have a mixed skill set.

ANPs tend to be able to prescribe. PAs have the requisite knowledge and skill to prescribe, although lack of statutory regulation currently renders them unable to do so. There are enough patients in the system to enable all professional groups to work in a complementary way to deliver high-quality patient care.