Health Education England

Physician Associate
Primary Care Handbook

Employers guide to Physician Associates (PAs) in Primary Care, Pan London

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Introduction

This handbook aims to outline the clinical capabilities that a Physician Associate (PA) should be expected to work around when working in a primary care setting, as it is vital that PAs are working competently and safely. It should also aim to cover questions employers may have in regard to PAs working in primary care.

Included in this document are competency frameworks that should be used as a template to ensure a PA is carrying out clinical skills at an appropriate and expected level. The level of responsibility and supervision of a PA will vary depending on their skills, experience and their scope of practice will develop over time.

It is expected that the Primary Care employers would understand the PA role, support and develop the PA within their practice and multidisciplinary team.

Overview of PA role

'Physician associates are healthcare professionals with a generalist medical education, who work alongside doctors providing medical care as an integral part of the multidisciplinary team. Physician associates are dependent practitioners who can work autonomously, but always under the supervision of a fully trained and experienced doctor. They bring new talent to add to the skill mix within teams, providing a stable, generalist section of the workforce which can help ease the workforce pressures that the NHS currently faces' (Faculty of Physician Associates).

Education and training

1. PAs would have completed a Science-based undergraduate degree achieving a minimum 2:2.

2. PAs would have completed a 2-year full-time PGDip or Masters' programme:
    a. 3200 hours over two intensive years – divided approximately into 1,600 hours of theory and 1,600 hours of clinical practice (see table 1) (FPA *Competence and curriculum framework March 2012*).

The minimum core placements are as follows	Hours
Community Medicine	180
General Hospital Medicine	350
Front Door Medicine	180
Mental Health	180
General Surgery	90
Obstetrics & Gynaecology	90
Paediatrics (acute setting)	90

(Table 1: Clinical Placement this adds up to 1070 hours, leaving a minimum of 330 hours to be designated by individual institutions. FPA *Competence and curriculum framework March 2012)*

    b. Endpoint assessments: a mixture of written papers, written examinations, and Objective Structured Clinical Examinations (OSCE).

3. Compulsory National Physician Associate Exam includes a 100 Single Best Answer written and 14-station OSCEs.

4. Recertification exam every 6 years.

Employment

Qualifications

1. PAs must hold a PGDip or Masters in Physician Associate studies certificate.

Professional Registration

1. PAs would need to have successfully passed their final examinations of a recognised PA course.

2. Individuals must have passed the National Exams, and be on the PA National Register (PAMVR FPA). It is crucial that this should be checked before the PA officially starts any employment. Please follow the link below to view the searchable register.
   Faculty of Physician Associates - quality health care across the NHS (fparcp.co.uk).

Please note: National exam results could take up to 6 weeks to be released. Employers should consider this when offering PA employment start dates.

3. To maintain FPA registration, PA must demonstrate CPD of 50 hours and Recertification exam every 6 years (see page 11). PAs are expected to maintain generalist knowledge throughout their speciality.

4. If the PA does not pass the examination after four attempts, the employer is notified and they are removed from the PAMVR and cannot work as a PA.

Indemnity Arrangements

1. Indemnity arrangements must be organised before starting the role. All PAs will be covered under the Clinical Negligence Scheme for General Practice (CNSGP, 2019). However, it is encouraged that PAs do take out separate professional negligence insurance. This can be covered by the following medical defence organisations: Medical Protection Society (MPS), Medical Defence Union (MDU), or Medical and Dental Defence Union of Scotland (MDDUS). Alternatively, group arrangements can be made within the practice if more suitable. This is advised as CNSGP does not cover professional negligence claims, medico-legal services such as representation at inquests or issues surrounding professional regulation matters.

   a. This must be discussed and organised during the interview process. Often, this is covered by the practice if working on a contractual basis.

Salary

1. This is dependent on the PA's skills and experience. The starting salary is currently comparable with Agenda for change (AfC) Band 7.

2. Experienced PAs with the appropriate skills are banded at 8a.

3. Some newly-qualified PAs may start on an internship year on AfC band 6 and then progress to Band 7. The internship year should include formal educational programme and clinical support.

4. Employers are encouraged to have annual appraisals and salary increases with clinical competence.

Criminal disclosure

1. Employment should be subject to a satisfactory disclosure and barring service disclosure in accordance with the Rehabilitation of Offenders Act 1975.

   a. Fitness to practice

   PAs on the PAMVR are required to prove there are no fitness to practice issues. If there is a fitness to practice to concern, this must be reported to the PAMVR.

Place and hours of work

1. The place and hours of work should be clarified, particularly if PAs are expected to work across multiple sites (often as part of a PCN role).
   a. 37.5 – 40 hours per week full-time as required.

Additional conditions to consider

1. Registration to NHS Pension
2. Minimum of 5 study days per year.
3. Commitment to 50 hours CPD per annum (annual registration requirement – further details see page 11).

What can PAs do in Primary Care?

1. Take medical history, perform physical examinations and request appropriate investigations.
2. Problem-solving and clinical decision-making to establish a working diagnosis and management plan.
3. Manage the patients ranging from new-borns to elderly with acute and chronic conditions.
4. Work in partnership with patients/clinicians to create management plans.
5. Utilise clinical guidelines and promote evidence-based practice.
6. Participate in duty rotas.
7. Telephone and video consultations.
8. Home visits.
9. Referrals to other services via appropriate referral pathways.
10. Instigate necessary invasive and non-invasive diagnostic tests.
11. Manage laboratory results such as blood results, ultrasound and X-ray results.
12. Discuss the results and implications of laboratory investigations with patients.
13. Assist with immunisations and vaccinations (see appendix 5 COVID-19 vaccine guidance).
14. Assist with minor surgery (with appropriate training)
15. Chronic illness clinics and reviews (Asthma clinics, COPD clinics etc)
16. Contraception/Family planning clinics
17. Specialist clinics (with appropriate further training) i.e diabetic clinics, postnatal clinics etc)
18. Procedures such as bloods/venepuncture perform and interpret ECGs and spirometry.
19. Support integrated patient-centred care through appropriate working with wider primary care / social care networks.

20. Contribute to practice quality targets (QOF).
21. Assist in service improvement projects and audits.
22. Ensure consistent high standards of safe, evidence-based, cost-effective patient care and service delivery.
23. Mentorship and leadership roles
24. Teaching to all clinical staff and students

Please note, this list is not exhaustive and it is hoped it will be continually added to and updated as the PA role develops.

Current limitations?

- Requesting ionising radiation imaging such as X-rays and CT scans.
- Prescribing Medication (can request medication).
- Undertake Mental Health Act assessments.
- Register/sign death certificates.
- Medical certificates
  Note: *it is expected that once regulation is in place, the above would also be followed in due course*.

Prescription Process

1. Safe prescribing and handling of medications are of great importance, and therefore clear arrangements should be put in place to ensure safe and timely prescriptions are issued to patients. A PA may raise a prescription request and propose this to an authorised prescriber to sign.

2. As PAs are not yet regulated, they currently carry out their scope of work under the 'delegation clause'. This means that they are under the responsibility of the supervising doctor. In 2018, the government did announce their intention to also introduce prescribing rights for PAs which would be part of the regulation process of the role.

3. Manual patient prescriptions can be signed following every patient; however, this is timely and may cause delays in clinics. Fortunately, now with the use of EPS, PAs can recommend medications that can be signed off by their supervisor if appropriate. It is recommended this is done during debrief time, particularly if it is not urgent, and the patient can collect their prescription from their nominated pharmacy later (during the same working day). Alternatively, if printed scripts are used, there should be time in the schedule to allow this. It is important that there is a clear, written and agreed protocol to ensure this process best suits the team. This can be regularly reviewed and updated as per practice development and changes, and also during the PA regulation period.

4. The PA should provide sufficient information during the prescription discussion with the authorised prescriber to enable them to sign the prescription and ultimately accept responsibility. The discussion should include:

    a) Age and Gender
    b) History of presenting complaint
    c) Past Medical History
    d) Drug history/Interactions
    e) Allergies & Contraindications
    f) Any other factors the PA feels is necessary to discuss.

5. If a prescription is required whilst a PA is on a home visit/nursing home visit, it should be discussed with the supervision following the visit. This can then be printed for collection or sent electronically to the nominated pharmacy for collection/delivery.

Imaging Requests

1. As PAs are not permitted to request ionising radiation such as X-rays, a smooth and safe process for the management of signing requests should be created. Often, each individual X-ray request should be discussed with the supervising clinician, highlighting the reason for the request and the usefulness. Consequently, if a mutual decision is made that the X-ray is required, it can be signed off by the supervisor.

2. PAs are permitted to request US and MRI scans and blood requests if appropriate.

Regulation

1. In 2019, it was announced that there were plans to introduce statutory regulation of PAs, whereby the GMC was selected as the regulating body. This is still a work in progress whereby a provisional expected date would be the end of 2023.

Appointments / Consultations

This is dependent on the PA's experience. When a PA is starting, it is best to ask them the length of appointment times they feel comfortable with – this should ideally be approx. 30 minutes (for a newly qualified PA). As the PA gains experience and competence, the appointment length can reduce down according to the PA's confidence and practice needs. The ideal minimum time for a PA appointment is dependent on the appointment type and complexity.

For guidance, the expected appointment times and a suggested weekly job template (see Appendix 2) for an experienced PA, the following patient presentations are:

- Acute illness appointments – 15 minutes
- Routine appointments – 15 minutes
- Chronic illness review appointments – 20-30 minutes
- Mental Health appointments – (Double appointment).

Supervision

Physician associates are practitioners who can work autonomously, but always under the supervision of a doctor.

PAs should have a named clinical supervisor (CS) on the day and the debrief should be offered at the end of the session. Supervision will naturally evolve depending on the experience of the PA. Dedicated supervision should be organised especially, if the PA is newly qualified PA. This requirement will reduce over time as the PA grows in confidence. In their first year of PA practice, a mentor will be available to them to help with pastoral needs if required. Primary care employers should contact their local training hub to access mentors.

Debrief/timings

1. When creating schedules, it is important to keep in mind that PAs may need additional time to briefly discuss an urgent patient case and also for a prescription signature. This can be achieved through the blocking of 1-2 slots in their clinics.

2. PAs should have protected time to reflect on specific cases or clinics with the CS.

3. The CS provider should also have protected time to facilitate PAs supervision.

4. PAs must be informed of their allocated supervisor/mentor for every clinic/session.

5. Newly qualified PAs should be encouraged to debrief every patient with their allocated supervisor. This does not need to be after every appointment and can be during a break or the end of the clinic. With experience, this may change.

6. If PAs are required to do admin duties. This should be built into a weekly job plan.

For guidance, the expected supervision times, and a suggested weekly job template (see Appendix 2) for an experienced PA, 15mins of supervision at the end of each session.

Considerations for the first year of employment

Preceptorship Programme for newly qualified PAs

Health Education England has introduced a preceptorship programme for new PAs going into General Practice. The overall aim of a Preceptorship Programme is to develop confident and competent practitioners. In this first year of practice, the PA will receive training and mentorship which will provide them with the basic experience and knowledge to take on the role of a PA to providing safe quality care and hopefully leadership.

Length of programme

The length of a preceptorship programme is up to 12 months from start of the preceptorship programme. During the programme, there will be certain expectations of both the preceptor (GP supervisor) and preceptee in terms of engagement in the relationship and completion of defined competencies.

Protected Time to Learn

It is expected the PA is given protected time to attend the preceptee study days. The purpose of this protected time is to support newly registered practitioners to build confidence and competence, consolidate learning and build resilience. This can be achieved through a combination of working together with a preceptor, reflection, action learning, supervision and work-based learning. The provision and format of this protected time may vary dependent on the working environment.

Roles & Responsibilities

The role of the preceptor is to provide guidance to the preceptee by facilitating the transition into their new role. The preceptor supports the preceptee to gain experience and apply learning in a clinical setting during the preceptorship period.

Meetings between Preceptee and Preceptor

The requirements are:

I. Regular formal meetings during the preceptorship period with local or hub supervisor- i.e. 3/6/12 month appraisals to discuss and monitor progress, share reflection and further consider development needs.
II. A final meeting to establish competence and sign off at 12 months. If required it may be possible to extend this for a further 3-6 months.
III. The purpose of these meetings is to provide a supportive safe place for the preceptee to reflect on their progress and experience, and benefit from the guidance of an experienced GP. They provide an opportunity for the monitoring of progress, and particularly exploration of a variety of issues in relation to working as a PA. - Meetings should be documented in appraisal forms, and this record dated and signed by both the preceptor and preceptee.
IV. Preceptee must complete any required assessments during training and preceptor must provide appropriate support.

The preceptee is responsible for engaging fully in the preceptorship programme. This involves a number of activities including:

- Completing induction and other required or advised Local Training Hub training,
- Attending regular meetings with their preceptor,
- Actively seeking feedback,
- Escalating concerns,
- Reflecting on their practitioner practice and taking ownership of their own development.

Induction plan

An induction programme is vital for the appropriate transition of PAs into a new role. Often this would be expected to be in the first 1-2 weeks of employment. The PA should not be expected to commence clinics/clinical duties without having a formal induction plan for the first week. An example induction plan is show in Appendix 1. An example draft mock timetable is shown in Appendix 2. Although the induction plan would be practice specific, the following considerations are important:

1. Introduction to practice and staff

2. System training
   a. SystemOne / EMIS
   b. Docman / AccuRx
   c. ICE training
   d. Softphone
   e. E-Consults
   f. Referral training

3. Online module training
   a. Annual NHS modules
   b. Mandatory GP/PCN/locality training courses (Usually e-learning)

Support

CPD

1. CPD diary runs from 1 April to 31 March every year.
2. PAs must register to the CPD diary by the first April following their graduation.
3. PAs will need to ensure they have study leave in their contract to complete a mandatory annual CPD of 50 hours, some PAs have additional study leave in their recertification year.
4. As a member of the PAMVR, access will be given to the CPD diary where PAs must document their CPD hours as proof. To remain on the PAMVR, the FPA will audit the CPD diary and ensure all requirements are met.
5. Study budgets should be determined by the PA and employer
6. Certain restrictions apply to the Type of CPD points (Taken from FPA guidance- see website for full details):
   a. **External** – the annual minimum requirement for External credits is 25.
   b. **Internal** – There are no restrictions or requirements on the number of Internal credits claimed.
   c. **Personal** – Only 10 Personal credits may count towards the total annual minimum credit requirement. However, you may record as many Personal credits as you have completed.
   d. **Distance learning** - only the first 10 RCP approved Distance Learning credits will be counted as External, the remainder can be claimed as Personal.
   e. **MSc -** only 12 External credits may be claimed for an MSc or equivalent activity each year. The remainder can be claimed as Personal.
   f. **Examining** - only 12 External credits may be claimed for Faculty of Physician Associates examining activities each year. All other examining activities can be claimed as Personal.
   g. Further details on education activities that qualify for CPD can be found in Appendix 4.

Appraisals

1. PAs within their first year will need frequent meetings to help them to achieve their milestones.
2. The PA's progress should be recorded appropriately through their portfolio.
3. Ideally should be done 3 months after starting if they are a newly qualified PA or a PA new to primary care, and then every 6-12 months thereafter.
4. To set goals and expected outcomes, and review often to track progress.
5. It would be ideal to obtain feedback from the team and patients before the PA's appraisal to identify learning objectives and goals ahead.
6. To identify skills and competencies where the PA requires more guidance and development and how this can be achieved over a specific period of time.
7. To utilise this time to discuss: significant events, complaints and multisource feedback for the PA.
8. An example of a timetable for reviews and appraisals is shown in Appendix 3.

Reflections

This is essential to reflect on clinical practice to ensure the PA is working effectively and up to clinical standards.

Audits

The practice can identify potential areas for service improvement which can be undertaken by the PA, particularly in their first year. This can be agreed during the appraisal or review meetings.

Teaching sessions/Training

Allocated teaching sessions should be given to PAs. This can be as part of MDT training or PA specific sessions and ideally should be a minimum of 1 hour a week.

Development

1. Career progression more placed in the advancement of knowledge and skills
2. Over time, will develop confidence and will be expected to see more complex patients with multiple co-morbidities
3. PAs can run specialist clinics with appropriate training such as:
    a. Diabetic specialist clinics
    b. Contraception / family planning
    c. Anticoagulation
    d. COPD / Asthma
4. PAs can take on more responsibility with experience, such as becoming Lead PA in their practice and may become a GP partner.
5. PAs should be given the opportunity to undertake a variety of research and analysis tasks associated with the improvement of clinical care, medical diagnosis and treatment where appropriate using the following means:
    a. Audits of clinical practice
    b. Significant event review/root cause analysis
    c. Review of relevant literature
    d. Research unusual treatment options and symptoms through consultation with other doctors/specialists/clinical staff.
6. PAs should contribute to regular MDT and practice meetings.
7. PAs can work closely with other clinical and administrative managers to set up and/or improve practice systems for monitoring and measuring performance against Clinical Governance and Quality Indicator Targets.
8. PAs can contribute to on-going development of the PA profession by volunteering for roles within the FPA.

Appendix 1 – Example Week 1 Induction Plan

	Morning Session	Afternoon session
Monday	Welcome to the Practice Introduction to Staff and their roles GP/PCN Policies & Procedures (Study leave, Annual leave / Sickness) Fire Procedure	Introductory meeting with Supervisor / Shadowing
Tuesday	IT Training (Emis/SystemOne, Docman)	IT Training / Self Study
Wednesday	E-Learning Sitting in with MDT	E-Learning Teaching
Thursday	Referrals Process training	Sitting in with MDT
Friday	Sitting in with MDT	E-Learning

Appendix 2 – Draft Mock Timetable

Newly qualified PA timetable

	Mon	Tues	Wed	Thurs	Fri
AM **30mins slot** Triage / Tel / Video / F2F	0900-12.00 Clinical Session	0900-12.00 Clinical Session	0900-12.00 Clinical Session	0900-12.00 Clinical Session	0900-12.00 Clinical Session
Debrief Teaching/ Learning with GP supervisor	12pm-12.30	12pm-12.30	12pm-12.30	12pm-12.30	12pm-12.30
Lunch	12.30-13:00	12.30-13:00	12.30-13:00	12.30-13:00	12.30-13:00
Admin	13:00-14:00 Path labs	13:00-14:00 Path labs	13:00-14:00 Path labs	13:00-14:00 Path labs	13:00-14:00 Path labs
PM **30mins slot**	1400-17:30 Clinical Session	1400-17:30 Clinical Session	1400-17:30 Teaching Session	1400-17:30 Clinical Session	1400-17:30 Clinical Session
Debrief	17:30-18:00	17:30-18:00	17:30-18:00	17:30-18:00	17:30-18:00

PA Post 1 year experience

	Mon	Tues	Wed	Thurs	Fri
AM **15mins slots**	0900-12:15. Clinical Session	0900-12:15 Clinical Session	0900-12:15 Clinical Session	0900-12:15 Clinical Session	0900-12:15 Clinical Session
Debrief – Any concerns to be addressed with CS	15mins	15mins	15mins	15mins	15mins
Lunch	12.30-13:00	12.30-13:00	12.30-13:00	12.30-13:00	12.30-13:00
Admin	13:00-14:00 Path labs Docs	13:00-14:00 Path labs Docs	13:00-14:00 Path labs Docs	13:00-14:00 Path labs Docs	13:00-14:00 Path labs Docs
PM **15 mins slot**	1400-17:30 Clinical Session	1400-17:30 Clinical Session	1400-17:30 Teaching Session	1400-17:30 Clinical Session	1400-17:30 Clinical Session
Debrief	15mins	15mins	15mins	15mins	15mins

Appendix 3 - Suggested timetable for reviews and appraisals as per FPA

This is a mandatory requirement for all PAs in their first year.

Timing	Number of CBD/Mini CEX	Date	Signed
Commencement meeting	Set plans		
3 months	3x CBD, 3x Mini-CEX		
6 months	3x CBD, 3x Mini-CEX		
12 months	Total 8x CBD and 8x Mini-CEX		

Appendix 4 –Educational activities which qualify for CPD

Internal CPD / Type 2	External CPD / Type 1	Personal CPD
Internal CPD meetings	Work-related MSc or equivalent activity	Carrying out information searches
Internal trust or employer mandatory training	Unlisted External meetings	Making new presentations at conferences
Participating in audit meetings or Morbidity and Mortality meetings	BLS / ILS / ALS CPR	Participating in Committees/Working parties
Participating in Grand Rounds or Specialty Clinical Meetings	Conferences and CPD events accredited by RCP and other organisations	Reading Journals and texts
Participating in Seminars/Workshops Internal trust or employer mandatory training		Refereeing articles and texts
		Undertaking a research project
		Undertaking QA/enhancement/peer reviews
		Writing review articles and texts

Appendix 5 - What PAs can get involved with Covid Vaccinations

1. On Flu Vaccinations & COVID-19 Vaccinations – This can be administered under a PSD (Patient-specific direction).

    a. *Patient-specific direction (PSD)*: This is the traditional written instruction, signed by a doctor (the prescriber) for medicines to be issued and/or administered to a named patient after the prescriber has assessed the patient on an individual basis. In General Practice, this means the prescriber has a duty of care and is professionally and legally accountable for the care he/she provides, including tasks delegated to others. The prescriber must be satisfied that the PA to whom the practice is delegated has the qualifications, experience, knowledge and skills to provide the care or treatment involved.

    b. *Patient Group Directions (PGDs):* This allows particular healthcare professionals to be trained to assess a patient within stated parameters. These are a specific set of instructions that directs the healthcare professional in their assessment of a patient, which allows the professional to determine whether or not the patient should receive a specific medication. [An appropriate practitioner is described as: a. an independent prescriber: someone able to prescribe medicines under their own initiative. They include, amongst others, doctors, dentists and nurse independent prescribers who can issue Patient Specific Directions; b. a supplementary prescriber: someone able to prescribe medicines in accordance with a pre-agreed care plan that has been drawn up between a doctor and their patient. Supplementary prescribers include, amongst others, nurses, midwives and pharmacists. Registrants from these professions need to complete an approved post-registration training programme to become independent or supplementary prescribers.]

    It is noteworthy that PAs cannot operate under PGDs as they are not yet regulated healthcare professionals.

Resources

- Health Education England – Preceptorship Year for PAs in Primary Care
- The Faculty of Physician Associates (FPA) website - www.fparcp.co.uk/
- FPA toolkit – select Personal and Professional development toolkit for the PA - www.fparcp.co.uk/professional-development/fpa-materials
- GP supervisor and guide for 1st year of practice – select GP Supervisor and Physician Associate Guide document - www.fparcp.co.uk/employers/pas-in-general-practice
- RCGP Physician Associates - www.rcgp.org.uk/policy/rcgp-policy-areas/physician-associates.aspx
- London Affiliation of Physician Associates website - www.londonphysicianassociate.co.uk/