

Physician Associates and how they could help your practice



What is a Physician Associate?

The physician associate (PA) works in conjunction with and complementary to the existing general practice team. We are 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.

Physician associates can:

- make and document a detailed differential diagnosis having taken a history and completed a physical examination. We work with patients and carers to agree a comprehensive management plan.
- maintain and deliver clinical management in collaboration with the patient and on behalf of the supervising physician whilst the patient travels through a complete episode of care.
- perform diagnostic and therapeutic procedures and prescribe medications (we cannot sign the prescription but we can do the groundwork and generate the prescription).
- request and interpret diagnostic studies and undertake patient education, counselling and health promotion.

A day in the life of a GP Physician Associate

Starts at 8am – some pre-bookable appointments but mostly on-the-day emergency appointments until 12:30 (around 15 patients).

When I need a prescription I usually raise it electronically and add it to the list waiting to be electronically signed. I then send an instant message via System 1 requesting the GP sign the prescription when they can.

12:30- 15:30 admin and lunch!

Any referrals not completed during clinic.

Filing and actioning pathology results, x-ray results.

Contacting patients with blood test results.

Prescription requests – ensuring that patients had the required blood tests in place (3 monthly for DMARDs, recent INR for warfarin, 6 monthly for DOAC). Can re-issue the medications electronically or print off for GP to sign.

Filing and actioning hospital and patient correspondence.

Clinical meetings

Audit work.

15:30 clinic starts again until 18:00 (usually around 10 patients).

Usually have about 25 patient appointments with another 20-25 patient contacts per day.

At the beginning I had a lot of questions about my patients and I took a long time with each patient. I was allowed 30 minutes per patient and this allowed me to hone my clinical skills and become quicker with each patient. I had a named GP and we had time at the end of morning and afternoon clinic to discuss any difficult patients. I only needed this for the first 6 months. Now if it is urgent I will see the GP between patients or, more usually, will wait until the end of clinic to discuss any complex patients. This gives me a chance to decide on my management plan before I present to the GP.

At the beginning some patients were sceptical of my role and just wanted to see the GP. I explained to patients who I was and what I could do. The receptionists were fabulous at explaining what I could do as well. Generally my feedback from patients has been excellent, I have a little more time with patients and I feel that I can offer a sympathetic ear. Some patients even ask to see me instead of the GP.

Education and training To train as a PA candidates must complete a postgraduate 2 year intensive medical training programme. The programmes must deliver minimum standards set by the competence and curriculum framework for the Physician Assistant as set out by the Department of Health 2006 and 2012. Each course must deliver a minimum of 90 weeks and 3200 hours of teaching.

Students also spend a minimum of 1600 hours on clinical attachment and will include placements in Acute medicine, Community medicine, A+E, Surgery, Obstetrics and Gynaecology, Paediatrics and Mental health.

Each PA student will sit the same national written and OSCE exams and must pass both of these exams to join the managed voluntary register.

The Faculty of Physician associates is hosted by the Royal College of Physicians, this is the professional body of the PAs. We have a voluntary managed register that all PAs are encouraged to join and maintain CPD until we can become a regulated profession.

Employers are encouraged to only employ PAs that are members of the voluntary register.

Prescribing/Ionizing Radiation and Supervision

Only registered healthcare professionals can request x-rays, therefore PAs cannot request x-rays for patients.

PAs cannot sign prescriptions but close working with the supervising physician and arrangements developed individually allow for flexible ways of working. Many PAs working in GP can electronically generate the prescription and message the GP to sign – patient can then collect medication from pharmacy.

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 will not be physically present, they will always be readily available for consultation.

Newly graduated PAs will need a period of consolidation to grow into their roles in GP. It is

likely that they will need to have longer appointment times at the beginning (suggest 30 minutes) or plenty of catch up times. These are health care professionals with a lot of knowledge but not necessarily much patient experience. It takes time to build up to 15 minute appointments and seeing >25 patients per day. As they become more experienced they will become faster and more confident in their work.

As a guide 30 minutes for the first 3 months will enable them to learn how to do referrals, navigate the NHS health care system and give them time to examine all of their patients and will alleviate anxiety.

Usually after the first 3 months they can move to 20 minute appointments and, when ready, move on to 15 minute appointments.

Inclusion of structured education around common general practice topics is a good idea and a structured programme of specific educational goals that will be reviewed on a 3-6 monthly basis and appraised at the yearly review is very beneficial.

What can a PA do in General Practice?

The PA in general practice can do 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. PAs can see patients acute on the day, for scheduled appointments, triage patients, home visits, visit nursing and residential homes, referrals, manage patients with long term chronic conditions, review and act on laboratory results, family planning, baby checks, teach and supervise students.

PAs can also help out with QoF targets and with the appropriate training run specialist clinics within surgery eg minor ops. The levels at which the PA can work will depend on their skills and experience and also the skills and experience of their supervising physician. All PAs are trained to be aware of the levels and to work within the limits of their clinical competence.

Supervising a new graduate PA in General Practice

All new employees to your practice will need an induction. The new grad PA is no different. They may never have worked in a general practice and may be new to your area. They will need to see how the surgery works.

For the first 3 months a new grad PA will probably need 30 minutes per patient appointment. They come out of PA training school with a lot of general knowledge and red flag information, but they need time to perfect their patient consultation skills. Being allowed generous appointment times reduces anxiety and allows the PA to naturally become quicker.

During the first month they will have questions and queries about most patients but these queries will reduce as confidence increases and they start to see the same illnesses presented by different patients. Having 30-minute appointments allows the PA to research and present their management plan.

It would be good to have daily scheduled times in the supervising GP's rota to have catch up discussions about patients seen that day. These could be 10-30 minutes at the end of morning and

afternoon clinic sessions. This will help the supervising GP(s) to establish a relationship with the PA and will have more confidence in signing the prescriptions that the PA generates.

After 3 months the PA will most likely be able to reduce their appointment times to 20 minutes as they will be much quicker at assessing and examining many patients. At this time they should start dealing with pathology results and filing hospital correspondence if they have not started to do this yet. This is a fabulous way for them to learn about conditions and how specialists deal with patients.

Questions and interruptions will be much less by this time. There will always be the urgent query every now and then.

Prescriptions can be collected later in the day or patients can collect electronic prescriptions at their pharmacy of choice within about 10-15 minutes. Most of my patients choose electronic prescribing.

After 6 months most new grad PAs will be able to see patients in 15 minute appointments. This will depend on the PA being full-time and having a full clinic load.

Ideally the supervising GP will audit a selection of the PAs notes at 3 months, 6 months and 12 months and have meetings scheduled for these times in the first year.