



Physician Associates:

Reference guide for primary care networks

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**Equalities and health inequalities statement**

"Promoting equality and addressing health inequalities are at the heart of NHS England’s values. Throughout the development of the policies and processes cited in this document, we have:

* given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it;
* given regard to the need to reduce inequalities between patients in access to, and outcomes from, healthcare services and in securing that services are provided in an integrated way where this might reduce health inequalities.”

**Who is this guide for?**

This guide has been created for PCN Clinical Directors, GPs, practice managers and clinical leads within primary care networks, for physician associates, local partners, commissioners, people with lived experience and patient groups.

**Aims for this guide**

This guide is provided as additional information and is not official GP contract guidance. It aims to help Primary Care Networks (PCNs) successfully introduce the role of physician associates into their multi-disciplinary teams as part of the expansion to the primary care workforce introduced under the GP contract reforms, using the new national funding available from 1 April 2020, as part of the Network Contract Directed Enhanced Service (DES).

It should be read alongside other guidance that has been and will be published about PCNs and the additional roles being funded under the DES.

Key to realising the benefits of a physician associate will be that the PCN ensure that the posts are clinical and patient facing and that they receive the appropriate supervision and mentorship. Details of how these can be achieved are to be found in this document.

**Boosting the multi-disciplinary team in primary care**

Physician associates (PAs) are one of the five additional roles being funded within primary care, to bring additional capacity to the multi-disciplinary team, under the Network Contract DES.

[`Investment and evolution: A five-year framework for GP contract reform to implement the NHS England Long Term Plan (2019) `](https://www.england.nhs.uk/wp-content/uploads/2019/01/gp-contract-2019.pdf) and the [GP Contract 2020/21-2023/24](https://www.england.nhs.uk/wp-content/uploads/2020/03/update-to-the-gp-contract-agreement-v2-updated.pdf) highlights the need for additional primary care staff. NHSE are therefore committed to funding for an additional 26,000+ staff across these five professional groups by 2024: clinical pharmacists, social prescribing link workers, physician associates, first contact physiotherapists and first contact community paramedics.

The physician associate role, however, is not new to primary care. NHS England has supported physician associates\* in primary care since 2003, when the first trial of PAs was undertaken in the Midlands. (\* Note that in the UK, the professional title changed from *physician assistant* to *physician associate* in 2013.)

There have been small numbers of PAs working in UK primary care for well over a decade and in some instances, nearly two decades. PCNs will be able to benefit from the experience of these physician associates and the practices in which they have been working.

**Why physician associates?**

Physician associates are one of the roles chosen by NHS England and GPC England to work in primary care networks. The roles were chosen for four pragmatic reasons:

(i) we estimate that we can get enough supply;

(ii) we see strong practice demand;

(iii) the tasks they perform help reduce GP workload, improve practice efficiency and deliver NHS Long Term Plan objectives; and

(iv) they are relatively new roles, where it is possible to demonstrate additional capacity, unlike GPs and practice nurses.

Physician associates can be an integral part of the team as they can consult with and treat patients directly, relieving GPs of casework and enabling them to focus their skills where they are most needed. Once experienced, they can work very autonomously within the practice, seeing undifferentiated patients, as well as visiting patients in care homes and in their own homes when needed.

**Training requirements and registration**

To enroll in a physician associate programme, applicants need a life science or allied health degree from a recognised university. Most UK PA programmes require a minimum 2:i qualification for entry, although a few will accept applications from graduates with a 2ii undergraduate degree. In universities across the UK, this postgraduate diploma or master’s degree course lasts two years, full-time.

After the PA programme, to become a *fully qualified* physician associate, they need to:

* Pass the Physician Associate National Examination. This is a two-part examination with both written and OSCE components.

All physician associates should be registered with the Faculty of Physician Associates Managed Voluntary Register ([PAMVR](https://www.fparcp.co.uk/employers/pamvr)) until such time that PAs gain statutory regulation under the General Medical Council (GMC) in 2021. After that time, PAs must be registered with the GMC to practise as PAs.

Registered physician associates must keep their skills and knowledge up to date with mandatory annual continuing professional development, annual appraisal with their supervisors and an ongoing requirement for recertification with the Faculty of Physician Associates. PAs must pass a written recertification examination every six years following original qualification in order to remain on the PAMVR.

Physician associates do not yet have prescriptive rights. This is expected to be addressed following the 2021 statutory regulation of PAs. Until they have the legal right, PAs may not prescribe medications.

**The role of physician associates within the multi-disciplinary team**

Physician associates in Primary Care Networks will work as part of a multi-disciplinary team in a patient facing role to take patient histories, examine, diagnose and develop management plans using their medical training. The Network Contract DES specification sets out the key role and responsibilities for physician associates. The information can be found in Annex C, section *vii* (pages 77-78) of the GP Contract specification [GP Contract 2020/21-2023/24](https://www.england.nhs.uk/wp-content/uploads/2020/03/update-to-the-gp-contract-agreement-v2-updated.pdf).

**Clinical Supervision versus Clinical Support**

As dependent practitioners, physician associates must have one named GP clinical supervisor across the entire PCN, who is responsible for undertaking the annual review. Ideally, this GP should be in the practice where the PA spends the most time. PAs should also have an on-the-day GP clinical mentor at each PCN location where they work, so they have access to consistent and appropriate support and clinical advice, this person will also be the first point of contact if the PA needs a prescription generated. To help facilitate this role, if the allocated clinical mentor is also having a patient-facing session, it may be useful to block out consultation slots (equivalent to at least 20 minutes per session) as protected time to discuss cases and prescriptions. A PA’s need for clinical support will be high directly following qualification, as with anyone new to a role, but this will decrease over time. It is advisable, that all cases should be discussed in the first couple of months for a newly graduated PA.

For a newly graduated PA coming to work in GP/PCN it would be advisable to allocate them 30 minutes for face-to-face appointments in the first 3 months. The PA can move to shorter consultations as their confidence and experience increases and this can be agreed with their GP clinical supervisor. It would also be advisable that a new PA be limited to working in one or two locations particularly for the first 6-12 months.

Until PAs are able to prescribe it will be difficult for them to reduce their consultations to less than 15 minutes as there will need to be time allocated to getting a prescription signed.

It is important to remember that newly graduated PAs may never have worked in healthcare before and will need time to hone their consultation skills and will naturally become quicker as they become more experienced and their confidence increases.