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Physician Associates What, Why and How

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What am I going to say

- Background to PAs and what they are
- Why we need them
- How we train them
- How they can provide value in primary care

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What are they?

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- The “Official Definition”
- *A new healthcare professional who, whilst 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*
- This is clearly written by a committee…..

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How do we make this clearer?

- They are dependant practitioners
- Will have increasing autonomy with experience and trust
- You could think of them as permanent junior doctors
- Train as generalists and must remain as generalists

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So Why Physician Associates

- The role is very established in the USA – it has been going for 50 years/100,000 PAs
- Evidence is that it works and is well received by patients and clinicians
- We need to think about new professions not just tinkering with existing ones – theres not enough of them either

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Why do we need them?

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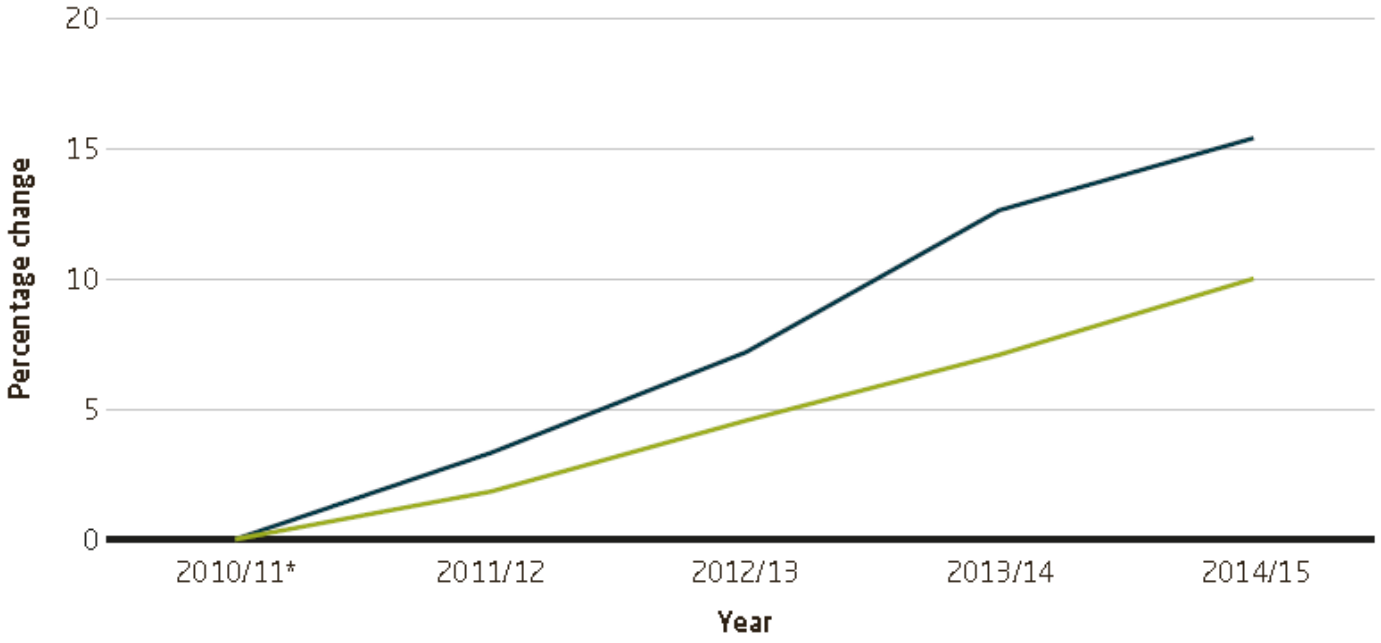
Figure 1 Percentage change in number of contacts with clinical staff and practice list size



* Apr/May 2010 contact count estimated based on other years' data

Source: King's Fund analysis of ResearchOne sample data

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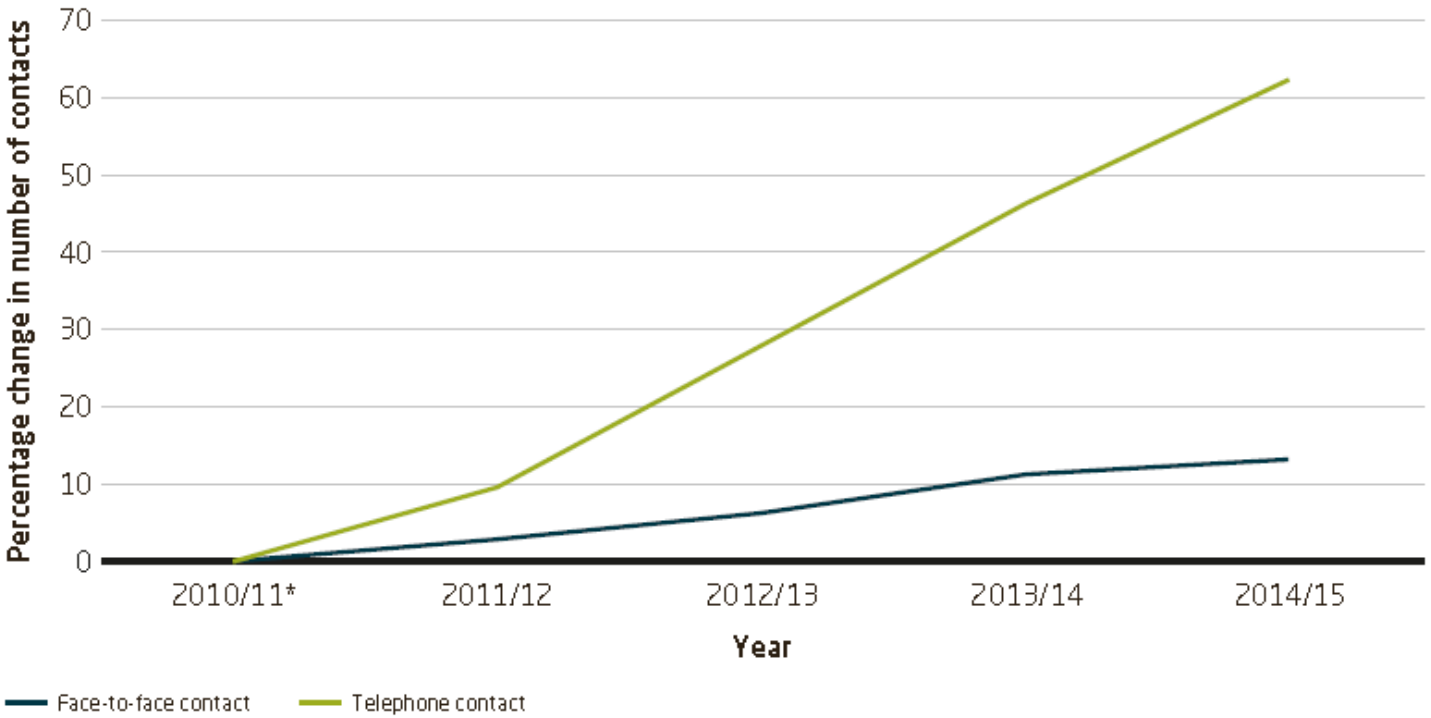
Figure 2 Percentage change in number of contacts with clinical staff by activity type



* Apr/May 2010 contact count estimated based on other years' data

Source: King's Fund analysis of ResearchOne sample data

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Surely they are coming to take our doctors jobs and be cheap?

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Staff – The University of S | Inbox - j.t.gray@sheffield.a | NHSmail | BT Mail - drjgray@btintern | My Drive - Google Drive | My Drive - Google Drive | Almost 40% of GP training

www.pulsetoday.co.uk/your-practice/practice-topics/education/almost-40-of-gp-training-places-unfilled-in-some-areas-of-uk/20006989.article

Almost 40% of GP training places unfilled in some areas of UK

13 June 2014 | By Jaimie Kaffash

Exclusive The proportion of GP training places filled in certain parts of the UK as fallen as low as 62% in some areas, calling into serious doubt the Government's plans to meet targets to increase the GP workforce.

The figures for the August 2014 intake - described by the GPC as 'the worst ever' - reveal that 2,564 of positions have been filled in England, representing 87% of those available, which is a decrease on the 2,764 positions filled in August 2013.

This could cause major problems for the Government in achieving its target of training 3,250 new GPs a year by 2016, which itself was put back a year from the original planned implementation of 2015.

However, GP leaders said the biggest concern was the vast differences between regions, with the popular regions filling all places, but areas where workforce recruitment problems are at their most acute, such as the East Midlands, the Northern region and Merseyside, have fill rates of 62%, 71% and 72% respectively.

RELATED ARTICLES

Figures show widening shortfall in GP training with 20% of places unfilled
01 Jul 2015

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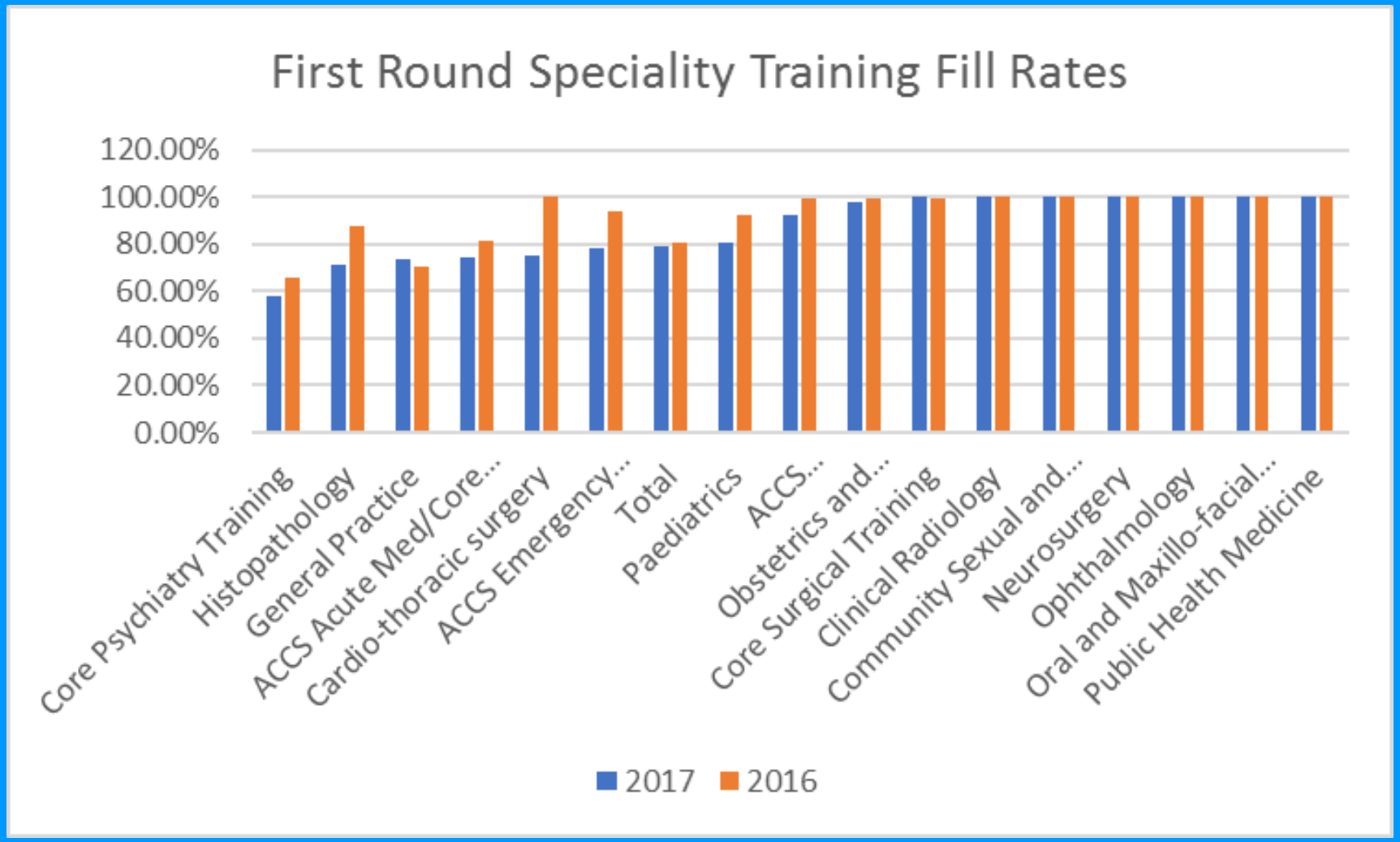

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So Why do we need them?

- Demand increases demonstrate clearly that we need to increase the number of face to face practitioners
- PAs are not taking medical jobs, they are there to supplement them – BUT we must acknowledge the shortfall in some areas
- Constantly increasing doctors is not easy due to training requirements and financially challenging

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Postgraduate Diploma Course

- Entry requirement of a 2:1 in a life science degree
- BBB at A Level
- We can be flexible with this
- Key is Academic Track Record

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Postgraduate Diploma Course

- 2 year intensive course
- 46 weeks a year
- Developed with 2 phases
  - Stage 1 – Clincial and Medical Sciences with some patient exposure
  - Stage 2 – Clincial Placements
- Early engagement with Medical Students and using our expertise in training them

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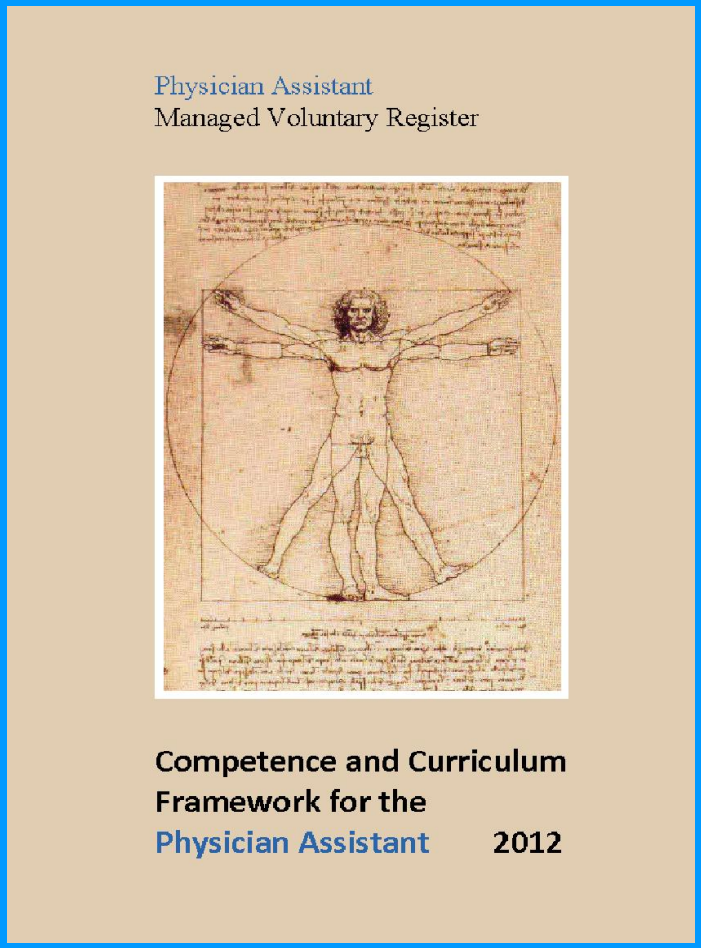
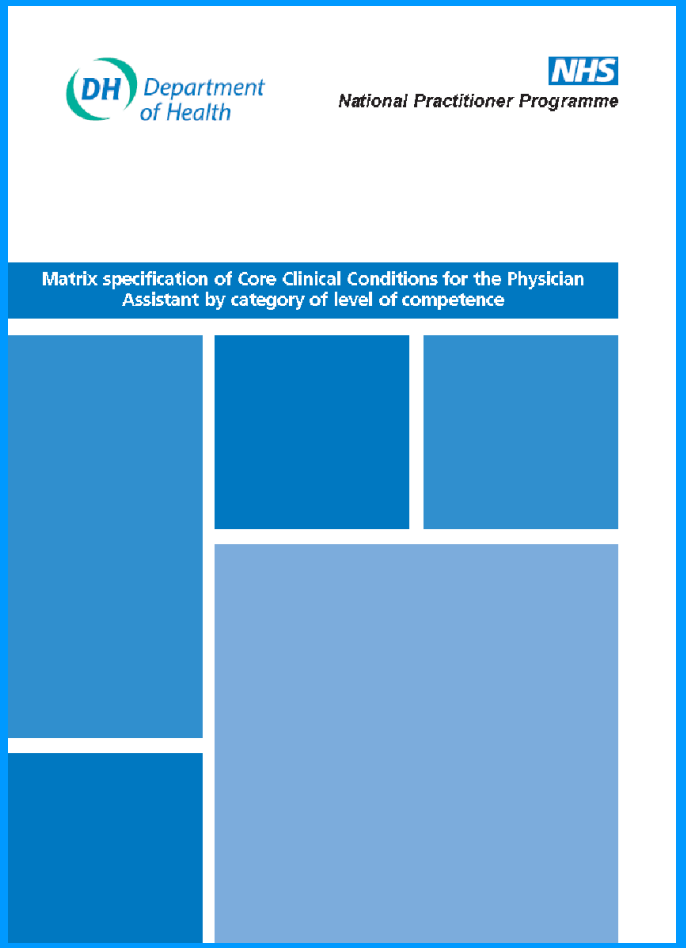
National Curriculum and Guidance





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National Specifications

- Set time needed in the course e.g.
  - Minimum 3150 hrs study time
  - Minimum 1600 hrs clinical time
  - Community and front door medicine 180hrs each
  - Womens Health/Paeds 90 hrs each
- Matrix of conditions to aid course learning requirements

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Placement	National Req	UoS Time
• General Hospital Med	350hrs	350hrs
• General Surgery	90hrs	90hrs
• Paediatrics (acute)	90hrs	90hrs
• Mental Health	90hrs	90hrs
• Womens Health	90hrs	90hrs
• Emergency Medicine	180hrs	280hrs
• Community medicine	180hrs	420hrs

- Focus on generalist care and the cross cutting nature of these specialties

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The UoS Flavour

- Focus on delivering learning opportunities to support a generalist practitioner
- Utilising our existing expertise and methodologies
- Primary Care led and recognising the cross cutting nature of the clinical experience in the community

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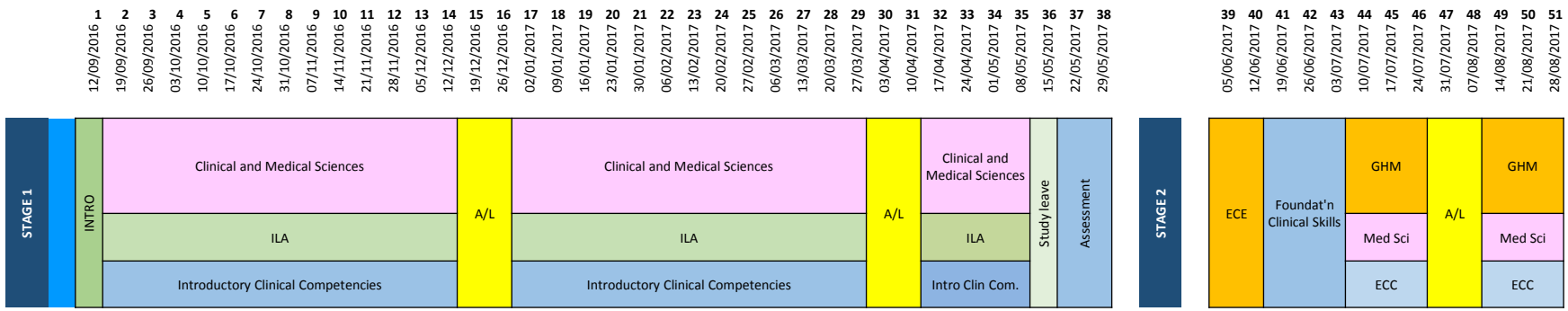

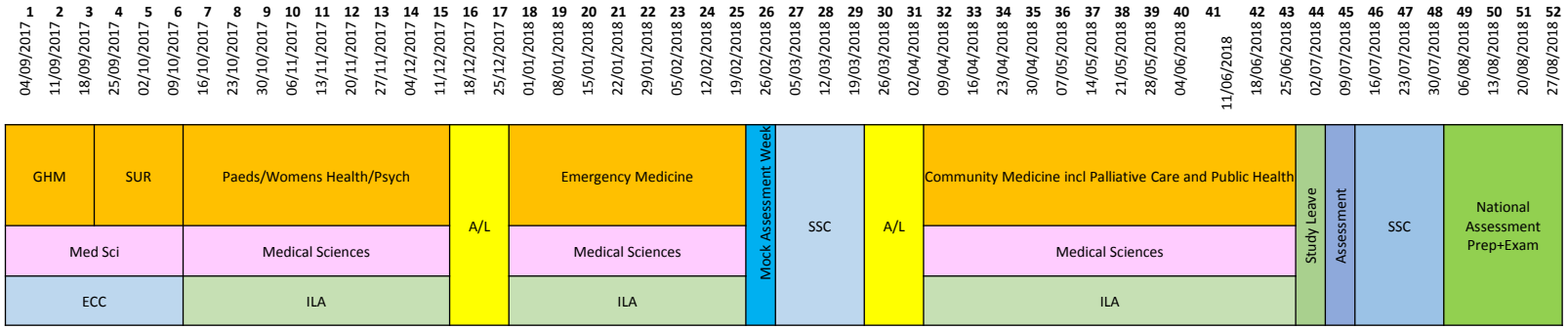

ECE	Early Clinical Exposure - Primary Care
GHM	General Hospital Medicine Placement - to include specialties to meet needs of curriculum
ECC	Ethics/Communicating Health Information/Critical Analysis
SUR	Surgery (Mainly Surgical Admissions) - theatre time should be small
Paeds/Womens Health/Psych	Mostly Community and clinic based for Womens Health and Psych. Paeds including Medical Admissions and developmental
Community Medicine	To include palliative care and Public Health in small amounts for exposure
Emergency Medicine	To Include both Adult and Child Emergency Medicine exposure +/- Ambulance and OOH
SSC	Student Selected Component

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The Challenges!

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The Registration Challenge

- There is a National Exam to pass to go on the National Register – we do not control this
- Currently a managed Voluntary Register NOT statutory
- As not a statutory register unable to have prescribing rights or order radiology investigations themselves

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The Registration Challenge

- Unlikely to be a challenge in the future
- GMC and HCPC discussing this to move it forward
- It is a challenge now however PAs working in the UK have overcome these issues

General Medical Council

Regulating doctors
Ensuring good medical practice

hpc health professions council

registered

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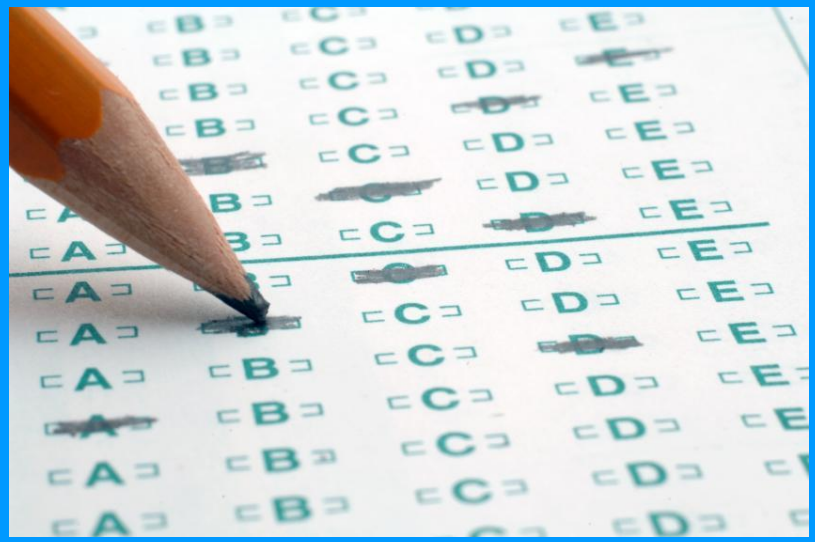
The Exam Challenge

- Students need to pass a National Exam and will need to retake every 6 years
- The UoS cannot give a Diploma based on a National Exam
- Interestingly Medical Courses may go the same way (National Exam)



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The Capacity Challenge

- We already have pressure on clinical training at all levels
- With staffing shortfalls in many areas can we absorb “yet more” clinical training?
- How far can we expand training places without making it impossible to train everyone adequately

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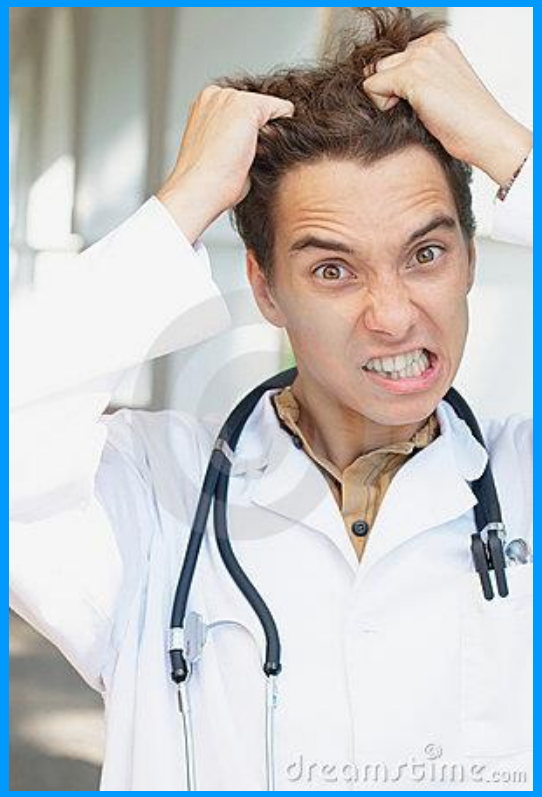
The Health Community Challenge

- There will be some resistance
- Change is challenging and likely to be more difficult for primary care due to the “corporate challenge”
- In the current environment what’s to stop them moving away like junior doctors



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Integrating them into Primary Care

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On Qualification

- When they qualify they are like F1 doctors
- Unlike F1s it is not expected they will rotate
- They will require a period of development to get fully up to speed

- Many of our students are keen on Primary Care

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Preceptorship

- They will need a period of preceptorship
- Similar to taking on an F2
- This can still mean service commitment
- Due to them being your employee you can tailor their development to your needs

- “The Malleable Practitioner”

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Once up to speed

- Evidence shows they can see 70% of what a GP can see
- 15m appts standard seeing patients
- Can do home visits
- Can review blood tests, and post
- Can undertake the same breadth of work as a GP within their skill set

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Potential Advantages

- Cost – Band 7 standard 31-41k full time
- Free up GP time to deal with the “30%”
- Potential to allow 15min GP appointments at same cost
- Stable workforce
- Flexibility if using their practical skills

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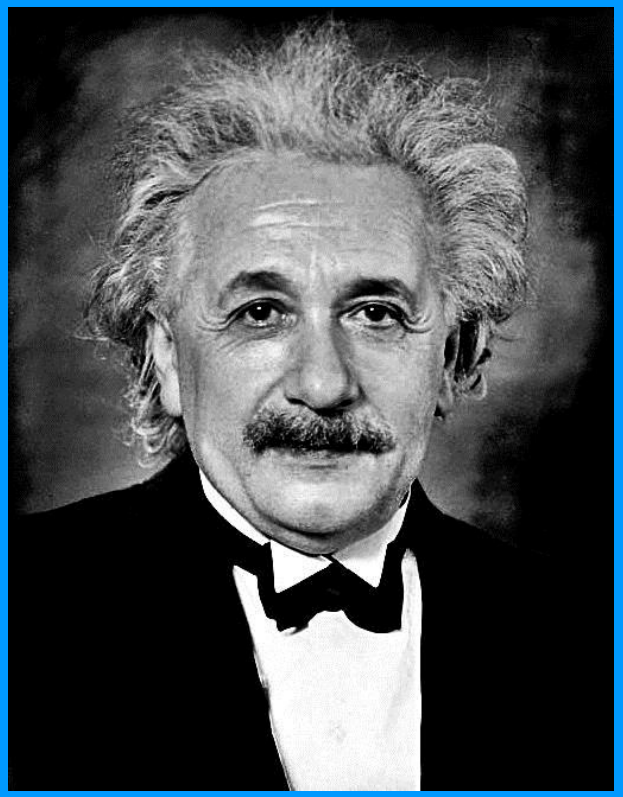
Einstein Says it best!

- Insanity: Doing the same thing over and over again and expecting different results
- We cannot solve problems by using the same kind of thinking we used when we created them



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Questions?

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