



An Introduction to Physician Associates

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Take Home Messages

- The topic is important because Physician Associates are an emerging workforce in the UK.
- The number is set to dramatically increase over the next few years, as are their roles within Cardiology.
- We have the unique opportunity to develop this workforce, improve service delivery and facilitate service redesign.

Introduction

In this editorial we discuss the development of PAs in the UK. We describe the current roles of Cardiology PAs in the UK and report their testimonies alongside those of staff working with them. We also discuss how these roles could be expanded and developed in the near future.

What is a PA?

A PA is a *“new type of healthcare professional who, while not a doctor, works to the medical model, with the skill and knowledge base to deliver holistic care and treatment under defined levels of supervision”* (2).

PAs are dependent practitioners working with a dedicated consultant or GP, with the ability 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.

The FPARCP supports the educational and professional development of PAs as well as providing resources from the RCP. In late 2018 the government committed to implementing regulation of the PA role in order to provide a legally accountable framework for patient safety, set standards for the profession, protect the PA title, and ensure fitness to practise. While such standards are already in place for PAs in the UK, overseen by the FPARCP, they cannot be legally enforced without statutory regulation.

A frequent question asked is what is the difference between a PA and an advanced nurse practitioner (ANP). A PA has a biomedical science background, is trained in the medical model, doesn't work as an extended practitioner and sees 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.

As more PAs enter the workplace, trainees are becoming more aware of the role. Common concerns may include a fear that PAs may dilute trainee opportunities. A recent paper by Roberts et al. found that new healthcare professionals do not detract from medical training and suggest that roles such as the PA have potential to enhance postgraduate medical education (11).



Education and training of PAs

PAs trained in the UK have undertaken postgraduate medical training. 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. 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.

The FPARCP has established criteria for accreditation of PA university programmes based on the requirements of the competence and curriculum framework which helps set and maintain high standards of PA education across the country.

All students must pass their university programme prior to sitting the PA national examination which is administered by the FPARCP. The PA national exam is required for entry into professional practice, sets standards for PAs across the country, and must be taken by every PA in the country, regardless of which programme they have passed.

Census data from the FPARCP reports a dramatic expansion in numbers of PAs working within the NHS; 350 in 2017 to 600 in 2018 (1, 3). This increase undoubtedly reflects a growing need within the NHS due to the current workforce crisis, the effect of the European working time directive on junior doctor's hours, and the increased cost of employing locum doctors (4, 5). As a result there are now 1600 PA student enrolled in 31 UK university training programmes with the aim of producing more than 1000 graduates per year from 2020 onwards (1).

Current role of Cardiology PAs in the UK Torbay Hospital, Torquay

Torbay Hospital is an acute trust in Devon. In January 2015 the trust sponsored 5 PA students from Plymouth Medical Schools. After qualification and an 18 month rotational programme (Cardiology, Respiratory, A&E, and T&O) they started their long term specialty for a minimum of 2 years. The Cardiology PA James is based on the Cardiology ward and works within a team of junior doctors, specialist nurses and Cardiologist with special interest in heart failure where he helps provide care for 14 inpatients the majority of whom have heart failure. The PAs primary role is in heart failure management with an increasing responsibility for the out-reach service. He is currently developing group education sessions for patients and their family/cares and increasing his out-patient experience. He is also involved in several Quality Improvement Projects, departmental audits and research studies. The Cardiology PA in training post assists with day to day patient care on the ward and has the opportunity to gain additional experience on CCU, cardiac out-reach, cardioversions, out-patients, and the cardiac catheter lab.

George Eliot Hospital, Nuneaton

George Eliot Hospital is a district general hospital in Nuneaton, North Warwickshire. In 2011 Chris Meally was appointed as the trust's first PA. The trust now has 11 PAs working across a variety of specialties. Chris has worked within Cardiology since 2014 and works on a 12 bedded CCU where he manages patients with acute coronary syndromes, heart failure and arrhythmias. He is closely involved with supporting students, nurses and junior doctors. With increasing experience he has been able to help with several service developments (cardioversion and in-patient angiography). He has also been able to develop non clinical roles within the trust working as a clinical safety officer, on a variety of patient safety initiatives and with NHS Improvement on their Model Hospital initiative.



Future development of the Cardiology PA role

PAs are an extremely capable workforce and provide an opportunity to support existing Cardiology services. However if their role is to be maximised it is imperative the role is regulated. PAs in the UK are currently not able to prescribe medication; this is similar to the situation in the early days of PAs working in America. The use of ionising radiation has been subject to specific legislation meaning only registered healthcare professionals are able to place orders, therefore as PAs lack statutory regulation they are unable to make requests for ionising radiation.

This month (February 2019) the Government released their consultation document into the regulation of Medical Associate Professionals in the UK which proposed to introduce statutory regulation for PAs, and the Government is currently carrying out further scoping work before reaching a decision about the most appropriate regulator (12).

The NHS is a unique health care system which should be able to facilitate and develop exciting and innovative roles for Cardiology PAs in the future. PAs could be part of the individual sub-specialised cardiac teams (i.e., acute coronary syndrome, arrhythmia, heart failure) with agreed and defined roles. Also, specialised PAs could receive focused training as well as learn skills like angiography, echocardiography and device implantation. It is important to agree on a specialised curriculum with competencies for PAs within specialities such as Cardiology so that they can have a formalised and focused career progression. Indeed, there is more potential for various roles and expansion for the PA within the NHS structure both clinically and non-clinically.

Testimonies from staff

Junior Doctor

'Prior to working with the Cardiology team, I had not had any experience of working with PAs and knew very little of their day-to-day role. The PA has proven to be a valuable asset to the medical team and it appears clear that PAs can function at the same level or above their junior doctor counterparts. These jobs include multi-disciplinary team communication, clerking, note-taking, simple procedures, co-ordinating morning ward round meetings and formulating management plans for patients with the oversight of a Cardiology consultant.'

Matron

"Nurses on the ward have confidence in the role of the PA and see the PA as the link between the nursing and medical staff. The PA has become an excellent role model for the junior doctors due to his specialist knowledge. His role enables him to do tasks that assist both the nurses and junior doctors which frees up their valuable time. He has devoted a lot of time into end stage heart failure and has been heavily involved with end of life care planning for the safe and supported discharge of these patients. The nursing staff find him approachable and we would class him as a valued member of our ward team."

Conclusion

PAs have been working in the US since the 1960s (9) and have become an integral part of the healthcare system in all 50 states. In the US PAs work in every specialty in which a Cardiologist practices including non-invasive and interventional Cardiology, electrophysiology, heart failure, paediatric Cardiology and adult congenital Cardiology (10). Within the UK PAs represent an exciting new addition to NHS clinical workforce. The number of PAs is set to dramatically increase over the next few years and as are their roles in Cardiology. In addition they also provide support for junior doctors and specialist nurses so freeing them up to extend their own clinical duties and cover for educational activities. Although the current number of PAs in Cardiology in the UK, and their roles are relatively limited (8), we have the unique opportunity to develop this workforce, improve service delivery and facilitate service redesign. As a Cardiology community we have a responsibility to engage with the relevant national bodies to help develop the number of Cardiology PAs and extend their roles within the NHS.



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