Developing the role of the Physician Associate in the area of the Mid Wales Healthcare Collaborative

The Proposal
The rural primary care workforce is facing a number of challenges. Amongst them is a difficulty in some areas to recruit sufficient numbers of GPs to meet increasing patient demand. With a recent reduction in the number of doctors applying to train as GPs, this requires imaginative solutions to be found. These include making best use of the professionals that already exist to support the work of the GP as well as exploring new professions with a contribution to make. This paper proposes the development of the Physician Associate, a role with considerable scope to contribute positively to the rural health care work force, but nonetheless one which previously has only been developed minimally in Wales.

Introduction
The NHS is facing challenges as a result of rising patient expectations, an ageing population with more complex and chronic needs, and a growing number of interventions that can now be offered. The challenges facing general practice are compounded by an increasing shift in workload from secondary care to primary care, an age profile for GPs indicating a significant percentage approaching potential retirement, and a difficult recruitment situation fuelled by the demand for new GPs not being matched currently by the number of doctors choosing general practice as a career.

All of this adds up to a need to imaginatively explore how the primary care workforce can be supported by the introduction of new professions such as that of the Physician Associate.

Origins of the Physician Associate role
Although relatively new to the UK, the Physician Associate role has been established in the USA for over 40 years (where there are now over 100,000). In that country they are known as Physician Assistants.

Physician Associates are dependent practitioners who work for, and with, doctors. They are trained in the ‘medical model’ and use the same approach to the clinical task as doctors. Those wishing to train as Physician Associates must already have a first degree in life sciences or health (a bioscience degree is a frequent example). The course itself is a 2-year, full-time, highly intensive postgraduate diploma (although some universities also offer a Masters option) which includes study in areas such as anatomy, physiology, clinical examination and procedures, communication skills and pathology. There is a clearly described national curriculum framework constructed by a Department of Health committee jointly chaired by the Royal College of General Practitioners and the Royal College of Physicians.

In 2006, the Department of Health’s Competence and Curriculum Framework for the Physician Assistant described the role as:
“…..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.”
Although there is some variation in the programmes followed in different universities, all follow a detailed national curriculum specifying the fields of medicine to be included in all courses and the key conditions and presentations with which Physicians Associates should be familiar with at qualification. Physician Associates in the UK take a single national examination of knowledge and skills. The curriculum and assessment are across a broad range of medical disciplines (e.g. adult general medicine, paediatrics, mental health, family medicine, surgery, obstetrics and gynaecology) and so Physician Associates are equipped to work not only in general medicine, but also have the flexibility to work, as required, in other specialist areas. Uniquely amongst the clinical professions, Physician Associates are required to undertake a national examination every 6 years, thus being required to maintain their knowledge base across the range of specialities.

There are currently around 250 Physician Associates in the UK (some of which qualified in the USA). Most work in a secondary care setting, with around 25% working in general practice. Although their scope of practice is defined by their supervising doctor (who works under the General Medical Council delegation clause), those working in general practice perform a range of tasks such as undertaking face-to-face urgent and non-urgent consultations, reviewing test results, and management of chronic conditions.

Currently, Physician Associates are not statutorily regulated. This results in them being unable to independently prescribe and order x-rays. Moves are taking place to remedy this, but in the meantime the profession has established a Managed Voluntary Register (MVR). Physician Associates must have qualified from a UK or USA programme, maintained their continuing professional development, and passed their national assessment every 6 years in order to stay on the register. The Royal College of Physicians has established a Physician Associate Faculty (PAF) that is considering taking over the MVR as well as the role of accrediting Physician Associate programmes until a statutory regulator is in place. The Royal College of General Practitioners, Royal College of Surgeons, Royal College of Paediatrics and Child Health, and the Royal College of Emergency Medicine are also closely involved with the new PAF.

Although there are only around 200 UK-trained Physician Associates currently, this number is set to increase sharply. There were just two UK programmes in December 2013, but from January 2015 there were six programmes recruiting (including Birmingham, Wolverhampton and Worcester). By the end of 2016 it is predicted a further twelve programmes will have established. No programme currently exists in Wales, although there is known to be interest in doing so.

Around 35 Physician Associates qualified in 2014, but it’s anticipated this will rise to between 400 and 450 in 2018.

**The success of the Physician Associate as part of the wider health care team**

Research published in the May 2015 edition of the British Journal of General Practice (Physician Associates and GPs in Primary Care – a comparison, Drennan VM et al) involved researchers looking at the medical records of 2,086 patients presenting for same day appointments at 12 medical practices in England over a four
week period (2 weeks in winter, and 2 in summer). All patients were seen by either a Physician Associate (referred to as Physician Assistant in the paper) or a GP.

No differences between Physician Associates and GPs were found in the following areas:

- The number of patients having a subsequent consultation about the same problem
- The number of diagnostic tests ordered
- The number of onward referrals
- The number prescriptions issued
- The satisfaction of patients with the service received

The study found that records made by Physician Associates were more thorough than those made by GPs. Independent GPs assessing the records found 79% of those made by Physicians Associates were appropriate, compared with 48% for GPs.

Physician Associates spent more time consulting with their patients: the average adjusted time for a Physician Associate was 17 minutes, compared to 11 minutes for a GP. This meant a GP saw three patients in the time a Physician Associate took to see two. But, because of the difference in salaries of the two groups, the Physician Associate’s consultations cost £6.22 less than those of GPs.

The researchers notes that no cases of unsafe practice were identified.

The study concluded: ‘The findings of this study suggest that Physician Associate consultations, for same-day appointment patients, in general practices in England, result in similar outcomes and processes for similar consultations by GPs at a lower consultation cost. Deployment of Physician Associates to attend patients, aligned with their competencies, could free up GP time to concentrate on more complex cases. Physician Associates have the potential to be an asset to the primary care workforce in healthcare systems looking to strengthen their primary healthcare provision in the face of shortages of doctors, increasing demands, and financial stringency.’

Echoing the findings of the study, in an article appearing in the May/June 2015 edition of National Health Executive, Dr Helen Stokes-Lampard, honorary treasurer of the Royal College of General Practitioners, commented on the role of the Physician Associate saying ‘GPs are highly trained medical doctors, and our skills at being able to treat the ‘whole person’ through initial consultation and the unique relationship we build up with our patients over time cannot be substituted. But, there are many tasks that take up a huge amount of GPs’ time that physician assistants [sic] can do, thus enabling family doctors to spend more time with patients with multiple and complex needs, for whom the standard 10-minute consultation is not enough’.

(With acknowledgement to James Parle and James Ennis from the University of Birmingham for material used in the preparation of this paper)
**Developing the Physician Associate role in Mid Wales**

There are no known Physician Associates working in Mid Wales. A few are known to work in acute settings in and close to Wales. This proposal is to introduce the role to the area and embed it, especially in the primary care setting.

Although the number of qualified Physician Associates is growing in the UK, it is likely that demand will quickly out-strip supply, such is the level of interest now being shown in the role. This proposal therefore starts with the identification of potential Physician Associates ahead of their university training. This will attempt to ensure those selected and supported through their training have a commitment to return and work in the Mid Wales area when qualified.

The Mid Wales Healthcare Collaborative (the Collaborative) is working with the University of Birmingham as its academic partner in this proposal. The University is an established trainer of Physician Associates and currently has two cohorts of students each year.

**The selection & training phases**

The first step is to select and train a cohort of 6 students. This will be undertaken in partnership with the University of Birmingham. There are demanding selection criteria to be met and the final say on the suitability of candidates will rest with the university. It is a requirement that students already possess a science related first degree achieved at an acceptable grade. It will, however, be a priority to select students from the Mid Wales area or otherwise with a clear commitment to work in the area for a reasonable period following graduation.

During the two years of training, students spend approximately 50% of their time on clinical placement. These periods of clinical placement will take place in the Mid Wales area, either in a primary care or acute setting. This will involve medical practices and acute departments in Bronglais Hospital, especially the emergency department. While on placement, the university will ensure adequate mentoring and support arrangements are in place.

It should be noted that while on placement, robust governance arrangements will be agreed with the university to ensure a high level of patient safety is preserved at all times.

**The internship phase**

Following successful graduation, the 6 students will be offered a 2 year internship working in the Mid Wales area. They will be employees of a health board, working on a 2-year fixed term contract. During that time they will rotate the medical practice/hospital department they work in once every 4 months. For 8 months out of 12 they will work in a primary care setting. During the internship the newly qualified Physician Associates will be mentored by an experienced Physician Associate.

The governance arrangements in place while the Physician Associates are participating in the internship will be agreed between their employer and those hosting their placement, while being accordance with the guidance being prepared by the NHS Wales Shared Services Partnership on behalf of the All-Wales Physician Associate Task & Finish Group,
The longer-term employment phase
This proposal supports a Physician Associate development programme which is 4 years in duration. Notwithstanding the value of repeating the programme on a regular basis, as the students on the programme come to the end of the internship phase, it is expected they will find permanent employment, preferably in the Mid Wales area. Although not currently so, it is envisaged that in 4 years, the role of the Physician Associate will have become significantly more established within the healthcare workforce, especially in primary care.

The cost of the programme
Preliminary costings for the 4 year programme are as follows:

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<th>Year</th>
<th>Element</th>
<th>Element</th>
<th>£</th>
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<tbody>
<tr>
<td>1</td>
<td>Bursary of £10,000 per student as contribution towards university fees and living expenses. Students will be required to enter into an agreement requiring them to remain committed to training and working in Mid Wales as a Physician Associate for a defined period of time</td>
<td>£ 60,000.00</td>
<td></td>
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<tr>
<td>2</td>
<td>As above</td>
<td>£ 60,000.00</td>
<td></td>
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<tr>
<td>3</td>
<td>A4C Band 6 salaries for 6 newly qualified Physician Associates</td>
<td>£ 195,000.00</td>
<td></td>
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<td></td>
<td>Travel costs</td>
<td>£ 12,000.00</td>
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<td></td>
<td>Miscellaneous costs</td>
<td>£ 6,000.00</td>
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<td></td>
<td>Medical practice support costs</td>
<td>£ 24,000.00</td>
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<td></td>
<td>Mentoring costs</td>
<td>£ 45,000.00</td>
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<tr>
<td>4</td>
<td>A4C Band 6 salaries for 6 newly qualified Physician Associates</td>
<td>£ 204,000.00</td>
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<td>Travel costs</td>
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<td>Miscellaneous costs</td>
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<td>Medical practice support costs</td>
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<td>Mentoring costs</td>
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<td>4</td>
<td>Year 4 total</td>
<td>£ 293,000.00</td>
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<td></td>
<td>Overall total over 4 years</td>
<td>£ 695,000.00</td>
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Ref: 150825 pa programme costs

It is proposed the costs associated with the programme be shared equally between the three Health Boards involved with the Mid Wales Healthcare Collaborative. It will be for each Health Board to agree the source of its contribution, but is suggested this may be from the allocation made by the Welsh Government to support the primary care workforce.

On this basis, the contribution to be made by each health board over the four years of the programme is as follows:
Managing the programme
Within the Mid Wales Healthcare Collaborative, the programme will be overseen by the Primary Care & Community Services Sub-group. Beneath the sub-group, a programme management group will be established. With representation drawn from the Health Boards and the independent primary care community, it will be charged with over-seeing the day-to-day operation of the programme, reporting back to the innovation sub-group on a regular basis.

Ref: 150623 pa paper for mwhc