The Physician Associate

Rosie Wright[1], Chelsea Green[2]

[1,2] Physician Associate Students, University of Birmingham, Cohort E

The Physician Associate (PA) is a new role within the NHS, first piloted in 2003 with 13 PAs from America working in primary care. Since then PAs have become established in the NHS, ranging from the emergency department to specialist oncology units and to general practice.

The role is designed to promote continuity of care by working at a similar level too that of the Junior Doctor and below a Registrar. The PA is trained with the necessary skills to take a history, examine, diagnose and manage patients in any capacity. This is under the supervision of the consultant, who remains responsible for their patients whilst allowing continued professional development. The overall aim is to promote more effective management of patients, through a patient centred approach with continuity of care, and to simultaneously support the NHS in a time of increasing population and decreasing numbers of doctors (GP's especially).

The training consists of 2 years of postgraduate study, with the pre-requisite of a Medical Science or health science undergraduate degree, usually at a 2:1 or above. The course is heavily clinical and hands on, with 3150 hours nominal study time, of which 1600 are clinical learning. Certainly where we are training, at the University of Birmingham, clinical skills training begins in week one with exposure to Associate Clinical Educators who are trained 'lay' people who give instant feedback as to the correct way to perform clinical examinations and the errors to avoid. We feel they are fundamental in gaining competency, not only for OSCEs but to ensure clinical examinations are completed in such a way that they will elicit the correct response in real practice. In the first year PBL style teaching is reinforced by 14 weeks of hospital placement and similarly, second year consists of a six week block for each specialty (three weeks teaching followed by three weeks placement). In order to qualify we must pass the standardised National exams consisting of OSCEs and MCQs. Every 6 years we also have to sit the Natioal MCQ again, for re-certification, thus ensuring a minimum base, up to date level of knowledge in all specialties. Consequently, this enables a PA to be both competent and confident as a generalist, moving between specialties as one wishes or as needs of the NHS or the institution dictate.

The PA role is therefore designed to meet the needs of the current NHS climate, where it is under a lot of strain, both financially and in terms of staffing. The training programme aims to introduce competent, enthusiastic and committed postgraduate medical science students into the NHS workforce, with the projection of 5000 PAs working by 2020. Opening up medicine to well qualified individuals seeking to pursue a career in the field. It is an alternative to the conventional option, but a valuable one to the medical team. Both patients and staff on the ward will hopefully benefit from the presence of PAs, providing continuity for the individual patient; easing the transition of new junior doctors onto the ward and sharing the patient load. With a PA working on a ward for a number of years, the continuity for the team itself will also improve.

Starting the course, the intensity and sheer volume to learn took some getting used to! However, the support throughout the multidisciplinary teams (MDTs) we have worked with has been encouraging and it is always beneficial to understand where others with experience in the NHS think we would be of most benefit.

Our initial 14 week hospital placement took place at Hull Royal Infirmary, where we were the first PA students. We took every opportunity to explain the role as we rotated throughout adult medicine wards. In general we were well received and happy to answer questions about who we were and what we could hope to bring to the team. An interesting and recurring question surrounded our role in comparison to junior doctors, particularly FY1s- would the hospital need fewer? Were we doing the same role with less experience? Would we be cheap labour? How could we work after two years rather than five?

Well, reflecting on our time the answers became clearer. The role is extremely variable, depending on primary/secondary care, the particular ward, interests of the PA and the needs of the ward itself. Although this is a challenge, with less degree of certainty compared to junior doctors, it is exciting and hopefully rewarding. Yes, many aspects are shared between the roles of PAs and junior doctors, for example clerking, carrying out examinations/ clinical skills, our limit is reached much earlier, in that we should have the breadth of a generalist rather than the depth necessary to become a consultant. For the majority, we will be concerned with common presentations whilst the more specialised doctors will take on more complicated patients. This does not mean that PAs cannot take up roles in very specialist areas, such

as dialysis, as the benefit of being a permanent figure on the ward allows greater experience than that of a junior doctor in their first few years of rotations. Furthermore, it is notable that PAs are not independent practitioners, they work under the supervision of the consultant and within the realms of their ability and training, as part of the MDT.

Currently, the main challenge for the role is regulation. There is a voluntary register and the requirement to re-certify every six years but as a profession we are keen to secure satisfactory legal regulation. As well as protection, this would further our role in allowing PAs to become prescribers, thus more useful day to day. With statutory regulation in the pipeline, getting prescribing rights would be the next step and thus therapeutics is already a fundamental constituent of the course.

As future PAs the role will be challenging to navigate; finding a setting where one's strengths lie, contributing to the efficiencey of the setting and committing to it, whilst maintaining the knowledge of a generalist. Our hope is that in the future, the role will be well established in any healthcare setting where it can be of benefit, facilitating ward dynamics and patient centred care. In 2016 the number of courses being run in the UK increased from 6 to 27, with 4 more commencing this year and more under development. As we become a more recognised profession it is essential that we continue to pioneer the role and show the public and colleagues alike our value in the NHS.