Editorials

Physician associates:

the challenge facing general practice

UK medicine is facing a 'perfect storm' of rising expectations, an ageing population with more complex and chronic needs, and a growing number of interventions that we can offer. Delivery of comprehensive high-quality care in general practice is also threatened by the increasing shift in workload from secondary care to primary care and the age profile of the GP workforce, as many GPs contemplate retirement (or indeed have already retired), go part-time or leave the profession entirely. Recruitment is also stuttering with only one in 10 newly-qualified doctors choosing a career in general practice and GP registrar posts going unfilled.[1] Family medicine is groaning under the strain: are physician associates (PAs) part of the solution?

"Family medicine is groaning under the strain: are physician associates (PAs) part of the solution?"

DEFINITION AND BACKGROUND

The PA role is new to the UK but has been established for over 40 years in the US, where they are known as physician assistants.

PAs are dependent practitioners who work for, and with, doctors. They are trained in the medical model, often in medical schools, and using the same approach to the clinical task as doctors. Thus they study anatomy, physiology, clinical examination and procedures, communication skills, and pathology; the list will be familiar to all readers. Applicants must already have a first degree in life sciences or health, and the course itself is a 2-year, full-time, highly-intensive postgraduate diploma (although some universities offer a Masters option which involves submitting a thesis). Different universities take different approaches to training: some offer early clinical contact, some make more use of problem-based learning, some use simulation to a greater or lesser degree and so on, just as with medicine. However, 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 PAs should be familiar at qualification. Perhaps most importantly, and uniquely for a clinical profession in the UK, PAs take a single national examination[2] of knowledge and skills. The curriculum and assessment are across a broad range of medical disciplines (adult general medicine, paediatrics, mental health, family medicine, surgery, obstetrics and gynaecology) and so PAs are equipped to work not only in general medicine but also have the flexibility to work in various specialities as the needs of the NHS, and indeed local requirements, change over time. And, even more uniquely PAs are required to retake their national examination every 6 years, maintaining their knowledge base 'across the piste' (sic) throughout their working lives.

WHERE DO PAs WORK?

PAs are well-established members of multidisciplinary medical teams throughout the world, for example there are well over 80 000 PAs currently working in the US medical system[3] and, closer to home, some 700 or so in the Netherlands.[4] In the US, PAs work in all fields of medicine from family medicine to prisons, from gynaecology to elderly care.[5] In the UK there are roughly 250 PAs, 90% of them UK trained and they are working mostly in secondary care, in fields as diverse as paediatrics, surgery, and forensic psychiatry (UKAPA census results, personal communication, T Ritsema, 2014). The single biggest hospital specialty area is general adult medicine, although some 20% are in surgical specialties, the largest being trauma and orthopaedics, with 11 working in this area. A PA's scope of practice is defined by their supervising doctor (and they work under the General Medical Council delegation clause),[6] so tasks performed by PAs vary hugely depending on local needs. About 25% are working in general practice performing a range of tasks such as undertaking face-to-face urgent and non-urgent consultations, reviewing of test results, chronic disease management and so on.[7] In the accompanying article in this issue, Drennan and colleagues report on an in-depth study of PAs in general practice seeing same-day cases, and demonstrate both effectiveness and cost-effectiveness.[7,8] A previous study of US-trained PAs in primary care in the West Midlands also reported essentially successful use of PAs, the main problems being the (in)ability of PAs to prescribe or to order X-rays as they are not statutorily regulated.[9] As with PAs working in hospital practice, most PAs in general practice are working in London, the South-East, North-East Scotland, and the English Midlands, reflecting the location of universities running courses to date (read on for details of the current rapid expansion).

SUPPLY OF PAs

So, if clinical commissioning groups and GPs are considering employing PAs, where are they coming from and what are the problems? To date, there have been only around 200 PAs qualified in the UK itself, but the 'production line' is developing some momentum. As of December 2013 there were only 2 UK programmes (The University of Aberdeen and St George's University of London), but from January 2015 some six programmes were recruiting (Universities of Birmingham, Plymouth, Worcester, and Wolverhampton, as well as the aforementioned), and by the end of 2016 there will most likely be at least a further 12. Students are recruited predominantly from bioscience (thus bringing new people into the health service), 30% are from ethnic minorities (thus widening participation) and 30% are male (UKAPA census results, personal communication, T Ritsema, 2014).

"PAs ... can help support GPs to manage complex caseloads and reduce burnout, without drawing clinicians away from other similarly pressured professions such as nursing."

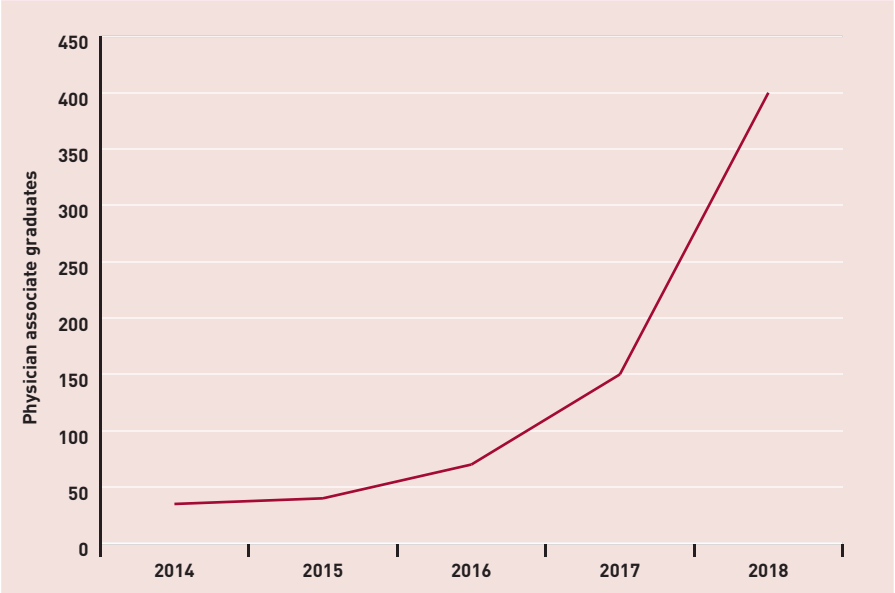

Figure 1. Projected number of physician associate graduates in the UK.

The number of PAs qualifying is rising too, from an 'output' of only about 35 qualifiers in 2014 to an anticipated number of between 400 and 450 in 2018 (Figure 1). Although this is considerably fewer than the estimated 7000 per annum output of doctors from UK medical schools it is not an insubstantial number and can legitimately be included in workforce planning. Or in other words, if you are struggling with the workload in general practice, PAs have real potential to help and there will soon be substantial numbers entering the workforce.

QUALITY CONTROL

Unlike medicine and other clinical professions, there is a clearly described national curriculum framework,[2] constructed by a Department of Health committee jointly chaired by the Royal College of General Practitioners and the Royal College of Physicians (RCP), on which sat representatives from universities, the PA profession itself, junior doctors, employers, and patients. The national assessment is blue-printed onto this national curriculum framework. Although PAs are not yet statutorily regulated, the profession has established a Managed Voluntary Register (MVR). PAs on the MVR must have qualified from a UK or US programme, maintained their continuing professional development, and passed their national assessment every 6 years to stay on the register. In addition, the RCP and Health Education England have both 'spoken out' in support of regulation, and the RCP (London) has established a PA Faculty that is considering taking over managing the MVR as well as the role of accrediting PA programmes until there is a statutory regulator in place. Other Royal Colleges (RCGP, Royal College of Surgeons, Royal College of Paediatrics and Child Health, and the Royal College of Emergency Medicine) are also closely involved in the new RCP PA Faculty.

CONCLUSION

In conclusion, we suggest that the PA model has a lot to offer GPs both in the short and long term and indeed is part of a permanent solution to ever-growing work pressures. Clearly there are other groups offering to help with the medical tasks of general practice; for example, advanced nurse practitioners. However, PAs are trained in a medical model, are 'designed' to work as dependent practitioners, follow a national curriculum and, unlike all other clinical professions, take both a national assessment and re-assessment. But, the pressures on general practice are not going to go away and PAs are one of the groups that can help support GPs to manage complex caseloads and reduce burnout, without drawing clinicians away from other similarly pressured professions such as nursing.

The objective of PAs is not to 'take over', but to work collaboratively as dependent practitioners to support GPs in their work. Our outdated workforce model has to change, and PAs can help offset the problems of recruitment and retention to general practice while ensuring that the key issues of continuity and partnership in patient care remain central to the primary care endeavour.

ADDRESS FOR CORRESPONDENCE

James Parle
School of Health and Population Sciences, College of Medical and Dental Sciences, University of Birmingham, Birmingham. B15 2TT

E-mail: j.v.parle@bham.ac.uk

James Parle,
Professor of Primary Care, School of Health and Population Sciences, College of Medical and Dental Sciences, University of Birmingham, Birmingham.

James Ennis,
Lecturer, School of Health and Population Sciences, College of Medical and Dental Sciences, University of Birmingham, Birmingham.

Provenance
Commissioned; externally peer reviewed.

DOI: 10.3399/bjgp15X684685

REFERENCES

1. Wilkinson E. UK general practice in crisis: time for a rethink? *Lancet* 2014; **284:** 295–296.
2. UK Association of Physician Associates. *PAMVR Register, Competence and Curriculum Framework for the Physician Assistant 2012.* http://pamvr.org.uk/files/CCF-27-03-12-for-PAMVR.pdf (accessed 31 Mar 2015).
3. Hodgson H. A new kid on the block. *Clin Med* 2014; **14(3):** 219–220.
4. Van Den Driesschen Q, De Roo F. Physician assistants in the Netherlands. *JAAPA* 2014; **27(9):** 10–11.
5. American Academy of Physician Assistants. *2013 AAPA annual survey report.* https://www.aapa.org/WorkArea/DownloadAsset.aspx?id=2902 (accessed 31 Mar 2015)
6. General Medical Council. *Delegation and referral. 2013.* http://www.gmc-uk.org/guidance/ethical_guidance/21187.asp (accessed 27 March 2015)
7. Drennan VM, Halter M, Joly L, *et al.* Physician associates and GPs in primary care: a comparison. *Br J Gen Pract* 2015; DOI: 10.3399/bjgp15X684877.
8. Drennan VM, Chattopadhyay K, Halter M, *et al.* Physician assistants in English primary care teams: a survey. *J Interprof Care* 2012; **26(5):** 416–418. doi: 10.3109/13561820.2012.686538. Epub 2012 May 11.
9. Woodin J, McLeod H, McManus R, Jelphs K. *The introduction of US-trained physician assistants to primary care and accident and emergency departments in Sandwell and Birmingham.* Birmingham: HSMC, University of Birmingham, 2005. http://www.birmingham.ac.uk/Documents/college-social-sciences/social-policy/HSMC/publications/2005/Evaluation-of-US-trained-Physician-Assistants.pdf (assessed 31 Mar 2015)