Physician Associates

The What, Why and Sheffield How

Dr James Gray
Clinical Lecturer Physician Associate Studies
What am I going to say

- What are they?
- Why do we need them
- How are we going to train them
- Challenges and What next?
What are they?
• 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…..
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
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 – there’s not enough of them either
Why do we need them?
Demand soars across the NHS in England

By James Gallagher
Health editor, BBC News website

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The demand for hospital services is soaring, according to official data from NHS England.

It has reported increases in emergency ambulance call-outs, A&E admissions, emergency admissions, diagnostic tests and treatments.

However, the NHS is telling it to meet some key targets, including those for cancer treatment, end-to-end response times and A&E waiting times.

NHS England acknowledged the increases were part of a continuing trend.
• Ambulance calls-outs were up 7% on the previous 12 months.
• A&E attendances were up 1.1%.
• Emergency admissions were up 2.7%.
• Diagnostic tests were up 5.8%.
• Consultant-led treatments were up 5.1%.
• Increase of more than 12% - in delayed transfers of care (moving patients out of hospitals and back into their own homes).
Figure 1 Percentage change in number of contacts with clinical staff and practice list size

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

Source: King's Fund analysis of ResearchOne sample data
Figure 2 Percentage change in number of contacts with clinical staff by activity type

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

Source: King's Fund analysis of ResearchOne sample data
Surely they are coming to take our doctors' jobs and be cheap?
Almost 40% of GP training places unfilled in some areas of UK

13 June 2014 | By Annette Khorosh

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 2,754 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 2013.

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%, 76% and 72% respectively.
Taskforce seeks to tackle “crisis” in emergency medicine recruitment

Author: Caroline White

Expanding the routes into training in emergency medicine, developing the role of the advanced nurse practitioner, and relaxing immigration rules are all options currently being considered by an emergency medicine taskforce in a bid to ease the shortage of doctors in the specialty.

“We have been aware of difficulties [caused by shortages] in isolated parts of the country for around two years, but the real crisis has occurred in the past 12 months,” Ruth Brown, vice president of the College of Emergency Medicine, told BMJ Careers. “And it’s only in the last year that we have been able to gain access to the right people [to help resolve it],” she said, emphasising that the issue is now firmly on the government’s radar.

“But while trainee numbers have increased slightly, and the original reduction in their numbers has been shelved, there still won’t be enough doctors to fill the posts required until at least 2020, she added, with the current shortfall running at between 10% and 15%. Middle grade doctors are also in short supply, with many put off by the prospect of having to work 24 hour shifts in a high pressure environment with insufficient consultant support. The fill rate for this year’s higher training programme was running at only 50%, she said.
First Round HEE Specialist training recruitment

- Core Psychiatry Training
- General Practice
- Paediatrics
- Histopathology
- Obstetrics and Gynaecology
- Public Health Medicine
- ACCS Emergency Medicine
- ACCS Core Surgical Training
- Clinical Radiology
- Ophthalmology
- Neurosurgery
- Cardiothoracic surgery
- Community Sexual and Reproductive Health
- Oral and Maxillo-facial Surgery
- Total

2015  2016
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
The University of Sheffield How
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
Postgraduate Diploma Course

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

5 year course
2 years 30 weeks
3 years 46 weeks

Physician Associates

3 year undergraduate life science degree

2 year Postgraduate diploma 46 weeks per year
National Curriculum and Guidance

Physician Assistant
Managed Voluntary Register

Competence and Curriculum Framework for the Physician Assistant 2012

Matrix specification of core clinical conditions for the Physician Assistant by category of level of competence
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
<table>
<thead>
<tr>
<th>Placement</th>
<th>National Req</th>
<th>UoS Time</th>
</tr>
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<tbody>
<tr>
<td>General Hospital Med</td>
<td>350hrs</td>
<td>350hrs</td>
</tr>
<tr>
<td>General Surgery</td>
<td>90hrs</td>
<td>90hrs</td>
</tr>
<tr>
<td>Paediatrics (acute)</td>
<td>90hrs</td>
<td>90hrs</td>
</tr>
<tr>
<td>Mental Health</td>
<td>90hrs</td>
<td>90hrs</td>
</tr>
<tr>
<td>Womens Health</td>
<td>90hrs</td>
<td>90hrs</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>180hrs</td>
<td>280hrs</td>
</tr>
<tr>
<td>Community medicine</td>
<td>180hrs</td>
<td>420hrs</td>
</tr>
</tbody>
</table>

*Focus on generalist care and the cross cutting nature of these specialties*
Clinical Conditions Guidance

• **1A** – The PA is able to diagnose the condition in a patient who is presenting with the problem for the first time and will normally be able to manage it without regular or routine referral

• **1B** – The PA is able to identify the condition as a possible diagnosis: may not have the knowledge/resources to confirm the diagnosis or to manage the condition safely but can take measures to avoid immediate deterioration and refer appropriately

• **2A** – Once the condition has been diagnosed either by their supervising doctor or a clinical specialist, the PA is able to manage the condition without routine referral

• **2B** – The PA is able to undertake the day to day management of the patient and condition once the diagnosis and strategic management decisions have been made by another
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
PGDip Physician Associate Studies Curriculum v5

**Week 16/17**

- **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)
- **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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- **SSC** (Student Selected Component)
• In Stage 1 some shared lectures with Medical Students
• Access to other Med Student lectures if they wish
• Early Primary Care exposure using our Early Years methodology
• 2 Selected opportunities split before and after final assessment of Stage 2
• Utilise our clinical skills and patients as educators programmes including shared foundation clinical skills training
• Embedded as part of the Medical School and its student community
• Designed with, and for, our local health community
Challenges and What Next?
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
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

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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)
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
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
Always finish with Einstein

- 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
Questions?

YOU HAVE A TERMINAL ILLNESS AND YOU ARE GOING TO DIE. THANKS FOR YOUR CALL...

NHS VERY DIRECT