New roles in primary care

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Dr David Peachey, GP Associate, Nottinghamshire Alliance Training Hub (NATH) shares his experience of introducing GP Assistants through a Primary Care Training Hub pilot

I am a GP in West Bridgford, Nottingham. I have a role teaching medical students at the University of Nottingham and am a GP Associate for Nottinghamshire Alliance Training Hub (NATH).

In February 2019 we started introducing General Practice Assistants (GPA) as part of a national pilot for their expansion. The GPA role can be deployed in a variety of ways to best fit the needs and ways of working of the practice. They may prepare patients for the meeting with the GP, sit in with patients and take extra notes, liaise with other care providers or professions such as hospitals or physiotherapists, complete coding for patient records, answer letters or prepare referrals. The work of a GPA is reviewed and signed off by the GP, significantly reducing their administration burden and allowing them to operate at top of their clinical license. We followed a national training package with local supervision. The first cohort in Nottinghamshire has been assessed and the process evaluated, we are now starting the second.

To anyone introducing a new role my advice is that they try and understand what the role is as much as possible before embarking on the change, become an expert in it and understand both the positives and the compromises. Make yourself available as an ambassador to talk through with all parties involved, be sure that you give a realistic honest appraisal of the commitment required ? this will save time later.

Charlotte Scott-Wilson, Physician Associate Ambassador, Herefordshire and Worcestershire Training Hub, shares her experience of introducing Physician Associates into Primary Care

As the clinical programme lead for Herefordshire and Worcestershire physician associate (PA) preceptorship programme and lead physician associate ambassador for Midlands I have had some great insights as to how the role has developed and can really add value to a General Practice team. I am also an associate lecturer at the University of Worcester, allowing me to meet and motivate future physician associates about working in primary care. My own training started in 2014, and in 2016 I started a role working as both a clinician and an ambassador for a GP Federation in Primary Care. There are now 60 physician associates ambassadors working across England in all care settings.

A physician associate ambassador can promote the role locally, support local GP practices in role engagement and fully understanding what steps they need to take in introducing a new role directly or through a network like their federation or Primary Care Networks (PCN). There are frameworks and programmes to introduce and settle the role to the team, patients and local health networks. The ambassador role can also act as an advocate for new starters, even where it doesn?t go so well, making sure that there is the right supervision, training budgets for CPD and that everyone is having a good experience.

Introducing physician associates in primary care is not a quick fix, new starters will require support and mentorship, a practice or employer will get out what they put in. The employer needs to go into the recruitment process with a clear plan, understand what the need is and what pressures they are trying to alleviate. This plan will then affect the level of experience, strengths and interests of the candidate employed to make sure it?s the right fit for all parties. Key to the sustainability of the role is making sure that the relationship between the PA and the clinical supervisor is strong and that they have agreed a clear career pathway. All parties should play to their strengths to capitalize on the potential of the appointment, and this must be fully supported by the practice.

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