Health Education England

Urgent Treatment centres – Physician Associates information

Physician Associates

Physician associates are collaborative healthcare professionals with a generalist medical education, who work alongside doctors, GPs and surgeons providing medical care as an integral part of the multidisciplinary team. PAs are dependent practitioners working with a dedicated supervisor but are able to work independently with appropriate support.

PAs work within a defined scope of practice and limits of competence. They take medical histories from patients, carry out physical examinations, see patients with undifferentiated diagnoses, see patients with long-term chronic conditions, formulate differential diagnoses and management plans, perform diagnostic and therapeutic procedures, develop and deliver appropriate treatment and management plans, request and interpret diagnostic studies, provide health promotion and disease prevention advice. Additional guidance is here: www.fparcp.co.uk/about-fpa/Who-are-physician-associates

Employing a Physician Associate

The Faculty of Physician Associates, who are responsible for the PA voluntary registration have a number of resources available to support employers. These are available via - www.fparcp.co.uk/employers/guidance.

The HEE London region have also collated the following resources which may be helpful:
Example PA job description in Emergency Medicine
Example PA job description in Acute Medicine
Example PA lead job description in Emergency Medicine
Business case for PAs in Acute Medicine
PA supervision guidance

What can Physician Associates do?

Physician associates work within a defined scope of practice and limits of competence. They:

- take medical histories from patients
- carry out physical examinations
- see patients with undifferentiated diagnoses
- see patients with long-term chronic conditions
- formulate differential diagnoses and management plans
- perform diagnostic and therapeutic procedures
- develop and deliver appropriate treatment and management plans
- request and interpret diagnostic studies (except those involving ionising radiation)
- provide health promotion and disease prevention advice for patients.

Physician associates are not able to:

- prescribe
- request ionising radiation (eg chest x-ray or CT scan)
- provide care or treatments to patients in an unsupervised setting.

Physician Associate limitations

PAs can do procedures like phlebotomy, injections, blood gases, placing cannulas: these are all part of standard PA training. PAs are taught the basics of suturing, but the PA (dependent on their experience and exposure to this) would likely need further training in this.

PAs cannot prescribe ionising radiation: so cannot order an Xray/CTscan: but in GP PAs would create and fill out the request form, to then be signed by the on call Doctor - like a prescription.

Similarly for prescriptions: depending on their system: a request for an electronic prescription can be sent to the supervising Doctor who can then authorise the script. Or if physical scripts are used; the PA would get the Doctor to prescribe it.

PA Ambassador views

It sounds time consuming, but as history taking, formulating a diagnosis and prescribing are all built into PA our training, even a newly qualified PA could get up to speed quite quickly. However, if services take on an experienced PA, once they are up to speed in the job, they would naturally require less supervision, but a newly/ newer qualified PA would require a longer period of closer supervision.

Medical Associate Professions – role comparison

	Physician Associates (PA)	Anaesthesia Associates (AA)	Surgical care practitioners (SCP)
AfC Band	7	7	7
Regulator	Awaiting GMC regulation (tbc – expected late 2023)	Awaiting GMC regulation (tbc – expected late 2023)	Regulated by previous profession (NMC, HCPC or equivalent)
Training and qualifications	• Three-years undergraduate • Two-year full time Msc/PgDIP in Physician Associate Studies **Fully qualified pre-employment**	• 27 months full-time - 24 months of academic study and clinical training, followed by three months of supervised practice. **Fully qualified pre-employment**	• Two-year programme at master's level, accredited by the RCS, and comprising both a taught and a practical element • In the second year there is specialisation in a chosen surgical specialty • RCS BSS course completion is required **Must be employed whilst training.**
Examinations to qualify	Royal College of Physicians' (RCP) PA national exam (PANE) - written and OSCE,www.fparcp.co.uk/examinations/overview	AA registration assessment (AARA) is in development. Assessment consists of MCQ exams, Clinical skills Workbook, Record of In Training Experience Diary, Tutor Assessments and at 24 months the Objective Structured Clinical Examination (OSCE).	No standardised national exam. Assessment consists of coursework and examinations with emphasis on clinical competency assessment in advanced clinical practice. Plus completion of clinical competency assessment document based on the ACP Multi-Professional Framework.
Accountable to	Consultant doctor	Consultant Anaesthetist	Consultant surgeon
Curriculum	Includes all areas in primary and secondary care which encompasses:	Includes all areas of clinical practice, anaesthesia science and technology, heart and circulation, airways and lungs,	Includes one of the following: Cardiothoracics, Trauma and Orthopedics, Urology, Plastics, Neurosurgery, General surgery,

	Physician Associates (PA)	Anaesthesia Associates (AA)	Surgical care practitioners (SCP)
(All are level 7 – postgraduate qualifications)	Cardiovascular, Respiratory, Gastro, Musculoskeletal, MH, ENT, Eye, Female reproduction, Neurological, Endocrine, renal and genito-urinary, Skin, Haematology, Sexual health and Infections*	kidneys, liver, endocrine system and blood, brain and the nervous system, clinical history and examination, management of life-threatening emergencies and advanced practice.	Peadiatric surgery, Vascular, Maxillofacial and Gyneacology.

*https://www.fparcp.co.uk/webapp/data/media/58eb57fd01018_Matrix_of_core_clinical_conditions.pdf< # >