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All Wales Physician
Associate Governance
Framework



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1. Purpose

This Governance Framework has been developed to ensure consistency of application and to support successful implementation of the Physician Associate role in both primary and secondary care and within a cross section of clinical specialties.

The purpose is to:

- Provide an assurance mechanism to Health Boards/Trusts, managers, staff and patients
- Support the development and implementation of the role
- Ensure consistency and standardisation of practice
- Support the management of the role
- Support clinical practice.

The all Wales Physician Associate Framework will set out the training and educational requirements, the scope of practice and the employers responsibilities with regard to the role of the Physician Associate.

1.1 Introduction

The shortage of skilled staff in many specialities, on-going advances in medicine, higher public expectation, increased demand for services and continuing austerity are some of the reasons driving the need for workforce redesign.

One solution to support workforce redesign is through the introduction of the Physician Associate role. This is a new role in Wales but is well established in the United States of America and numbers are increasing in other parts of the United Kingdom.

2. Training and Education

The Physician Associate is a graduate who is then trained in line with the Competence and Curriculum Framework for the Physician Assistant (previous title of the Physician Associate) to achieve either a post graduate diploma or MSc obtained from one of the universities recognised and approved to provide the training in the UK. Alternatively, a Physician Associate may have achieved an equivalent qualification from a recognised university in another country. The purpose of the role is to support and assist medical staff.

Physician Associate training is currently a full time two year programme comprising 50% theory and 50% clinical practice. Once qualified the Physician Associate will be required to undertake 50 hours of CPD annually.

A qualified Physician Associate can fulfil the following remit with supervision:

- Formulate a detailed differential diagnosis having taken a history and completed a physical examination
- Work with patients and service users to agree a comprehensive management plan considering individual characteristics, background and circumstances
- Perform diagnostic and therapeutic procedures
- Request and interpret diagnostic investigations as per local agreement (Not ionising radiation).

With proper supervision and mentorship Physician Associates can work in any area of health care.

2.1 Recertification

In order to work in Wales, once qualified the Physician Associate should enter onto the managed voluntary register. As a condition of remaining on the voluntary register Physician Associates have to recertify every 6 years by undertaking a multiple choice examination. They are given three attempts to sit and pass the recertification examination. If they fail they will be taken off the Physician Associate Managed Voluntary Register and their employer will be notified. They will then be required to take the qualifying examination and to enter on to the register again. ¹

Should this situation arise Health Boards/ Trusts should invoke the relevant internal policies e.g. capability and/or disciplinary policies, as they would with any other member of staff who does not fulfil the requirements of their contract of employment.

2.2 Internship

In order to consolidate learning after qualifying, the Faculty of Physician Associates advises that following qualification Physician Associates should undertake an internship. This is similar to the foundation year undertaken by doctors in the first year after qualifying and the preceptorship year following nurse training. An internship would normally be between 6 and 12 months. During the period of internship the Physician Associate will maintain a portfolio of cases and competencies which will be reviewed and 'signed off' by their supervising doctor and their initial training institution.

1. Faculty of Physician Associates (2015) Recertification.



3.2 Regulation

Physician Associates are not regulated. The Faculty of Physician Associates was established in July 2015 and is based within the Royal College of Physicians. NHS Wales should include membership of the faculty and voluntary register as essential in the person specification when recruiting Physician Associates. If a Physician Associate has trained in the USA they should have current and valid certification with the National Commission on Certification for Physician Associates (NCCPA). For further information visit:

www.nccpa.net/

Should an employer wish to check whether a Physician Associate is on the voluntary managed register they should contact the Royal College of Physicians membership office who will confirm the status of the Physician Associate in writing.

It should be noted that a number of other clinical professions within the health sector are currently not regulated and this does not prohibit their practice e.g. audiologists.

3.3 Limitations

In the absence of regulation Physician Associates do not currently have prescribing rights nor can they order radiological investigations.

All clinicians have limitations to their practice. In the event where a consultant or physician is not available and the Physician Associates requires a second opinion and or needs a prescription to be issued, the Physician Associates should formally refer the patient to another member of the clinical team e.g. Advanced Nurse/AHP Practitioner, Specialist Registrar.

3. Scope of Practice

3.1 Definition

Physician Associates are health professionals with generalist medical education that allows them to work in a variety of settings. They have dependent status – that is they work under the supervision of a fully trained doctor (BMJ 2001).^{2,3}

NHS Wales will adopt the definition of the Physician Associate as set out in the 'Competence and Curriculum Framework for the Physician Assistant'.

The Physician Associate (PA) is defined as someone who is:

*A new healthcare professional who, while 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.*⁴

2. The Physician assistant: Would the US model meet the needs of the NHS?

3. Physicians assistant in American Medicine

4. Physician Assistant Managed Voluntary Register (2012) Competence and Curriculum Framework for the Physician Assistant

Working with their supervisor and the established team will allow the Physician Associate to gain experience on certain conditions and will allow them to suggest or advise on medications and investigations.

3.4 Supervision in the Clinical Setting

Supervision in this instance means working in the clinical setting to be able to assess the skills and knowledge of the individual.

The supervisory relationship between the Physician Associate and the supervising doctor is a defining feature of the development, successful implementation and on-going practice of the Physician Associate role. For the role of the Physician Associate to be successful the individual must receive appropriate supervision in the clinical setting by the doctor responsible for managing the Physician Associate. Time should be built into job plans to ensure this happens. The nature of supervision and delegated autonomy for each Physician Associate may vary according to factors such as speciality, how sick the patient is, experience and competence. The most appropriate supervision arrangements for a Physician Associate is determined by a number of factors, including their experience, the type of work they carry out and their individual needs

The three levels of supervision detailed below have been taken from the Department of Health Queensland Government Physician Assistant Clinical Governance ⁵ and is supported by the GMC glossary of terms which describes three levels of supervision under the headings of supervised, closely supervised and directly supervised ⁶.

Levels of Supervision

Level one – Direct Clinical Supervision

Direct Clinical Supervision will occur until the PA becomes familiar with the role and the practice environment. This level of supervision will be necessary until the supervisor has determined the skills and competence of the PA. This time of supervision would include working alongside the supervisor e.g. on the same ward or in the same clinic.

Level two – Indirect Clinical Supervision

Indirect clinical supervision may remain appropriate for delegated practice, or may occur until the supervising medical practitioner is confident that the skills and competence of the PA can progress to level 3 supervision. This type of supervision will include working in the same hospital but not on the same ward.



5. Department of Health Queensland Government (2014) Physician Assistant (PA) Clinical Governance
6. GMC Glossary for Fitness to Practice.

Level three – Remote Clinical Supervision

Remote clinical supervision enables the Physician Associate to work with more delegated autonomy for specific activities identified and agreed between the supervisor and the Physician Associate. This may occur once the supervising doctor is confident that the Physician Associate demonstrates the skills and competence to provide safe and effective patient care with a less intensive degree of monitoring.

If a Physician Associate is being supervised remotely a doctor must be readily contactable by telephone or other means of communication, if not immediately available in person. This would include the supervisor and Physician Associate working in different hospitals within one organisation. There must be regular meetings which include a review of a sample of medical records from patients managed by the Physician Associate. Different levels of supervision may be required for different tasks.

Arrangements must be in place to ensure seamless care to patients can be delivered.

3.5 Delegation

Increasing demands on healthcare provision and increasing complexity are creating unprecedented challenges for clinical teams. The ability to delegate, assign and supervise are critical competencies for the 21st century healthcare worker.

The Physician Associate is part of the solution to shortages of medical staff and therefore the delegation of work should be fully understood and applied. The Physician Associate will work under the delegated authority of a doctor within Wales we have the 'All Wales

Guidelines for Delegation' to assist in the management and practice of appropriate delegation.⁷

The guidelines define delegation as:

"The process by which the delegator allocates clinical treatment or care to a competent person. The delegator will remain responsible for the overall management of the service user, and accountable for your decision to delegate. You will not be responsible for the decisions and actions of the delegatee."

The Faculty of Physician Associates describes delegation as:

'Delegation involves asking a colleague to provide treatment or care on your behalf. Although you will not be accountable for the decisions and actions of those to whom you delegate, you will still be responsible for the overall management of the patient and accountable for your decision to delegate. When you delegate care or treatment you must be satisfied that the person to whom you delegate has the qualifications, experience, knowledge and skills to provide the care or treatment involved. You must always pass on enough information about the patient and the treatment they need'.⁸

3.6 Code of Conduct

A Code of Conduct helps to ensure patients, service users and the public receive a consistent, high-quality, safe and effective service.

Every Physician Associate working in Wales must be on the Managed Voluntary Register, the register has a Code of Conduct. Wales also has the Code of Conduct for Healthcare Support workers.

7. National Leadership and Innovation Agency for Healthcar.

8. Faculty of Physician associate(2016) Frequently asked Questions



4. Employment

NHS Wales is experiencing significant problems in recruiting medical staff in a number of clinical specialties. The role of the Physician Associate is designed to support and not replace doctors. The need to recruit Physician Associates must be identified as part of the organisation's strategic and operational workforce planning process taking into account plans for service or workforce redesign.

Employers, using Agenda for Change, will determine the role profile and subsequent banding for the role. It is likely that banding will be no lower than band 6 for internship; the majority of Physician Associates will be a band 7. For very experienced Physician Associates who have an extended role such as training in Universities, there may be a small number of band 8a roles.

4.1 Workforce planning and redesign

Organisations should use the Workforce Planning component of the planning

process to decide how many Physician Associates they will require to maintain service delivery as part of their workforce. The availability of this new role should assist the service to redesign some of their service and re-examine the skill mix of existing teams. When recruiting employers should take into account the level of experience they require as newly qualified Physician Associates will require a period of internship.

While most Physician Associates are employed in general medicine or primary care they can, in fact, work in any speciality as long as they are competent and have supervision. For example there are Physician Associates in trauma, orthopaedics and neurosurgery. They are sometimes referred to as a generalist in a specialist team.

While Physician Associates can potentially cover a 24/7 service, consideration needs to be given to the support/medical supervision they will require.

4.2 Employer's responsibilities

When recruiting, employers should:

Stipulate on the person specification that the Physician Associate is required to be on the Physician Associate Managed Voluntary register.

Verify that the Physician Associate has re-sat and passed their examinations every six years. The Royal College of Physicians hold a register of Physician Associates that should be checked. In order to do this, employers should contact the Royal College of Physicians membership office who should respond with a confirmation letter.

If a Physician Associate is also a registered nurse/therapist with an independent prescribing qualification, it is at the discretion of the employing organisation and medical supervisor whether the Physician Associate will be required to use the prescribing qualification as part of their duties. If they are required to prescribe, the job description and person specification should reflect this and the requirement to undertake these duties in accordance with the appropriate regulatory body requirements.

The employing organisation must satisfy itself that the Physician Associate holds the relevant qualifications which are up-to-date and valid. The employing organisation must also ensure that the regulators standards for maintaining registration and undertaking prescribing are facilitated and adhered to including any practice hours and/or revalidation requirements. If the Health Board/Trust does choose to allow certain Physician Associates to prescribe, the Health Board/Trust needs to ensure that the appropriate policy is in place to enable prescribing activities by non-medical practitioners and that this is followed correctly.

Ensure that the Physician Associate is appropriately supervised by a doctor with the appropriate training and experience.

Ensure that as with other staff the Physician Associate has an annual performance and development review.



4.3 Indemnity

The all Wales policy on insurance NHS indemnity and related risk management for potential losses and special payments states:

“NHS indemnity applies only to NHS directly provided activities arising from the actions of NHS employees who at the relevant time (i.e. at the time alleged negligence occurred), are providing services as employees of an NHS Trust or Local Health Board.

GP practices (unless directly managed by a Health Board) providing healthcare services to patients on their own lists are outside of the scope of NHS Indemnity and must make external provision.”⁹

In primary care this means that either the Physician Associate must cover the cost of indemnity themselves or their employer must cover the cost.

4.4 Relationship with the clinical team

Research has shown that in order for the team to be efficient and effective the relationship between the Physician Associate and the extended team is paramount. Therefore it is essential that all members of the healthcare team understand the role ¹⁰.

The Physician Associate is there to compliment the rest of the team and not substitute for any of them. The introduction of the role to the wider team can be achieved through a culture of acceptance, engagement with the multi disciplinary team, good communication, clear delineation of their role and clinical leadership.

The Physician Associate should have an induction to the organisation and to the workplace and be clear who their line manager and supervisor is and how they fit into the clinical team.

Physician Associates are responsible for ensuring their practice is up-to-date and for keeping their managers informed of the date and outcome of recertification and ensuring they are on the managed voluntary register.

The Physician Associate should be treated the same as any other member of the team; if there are any issues or disagreements regarding the treatment of a patient this should be referred to the consultant in charge.

5. Compliance and Reporting

As part of the overarching governance arrangements of Health Board/Trusts, the Board would need to be assured that the implementation and management of the new role is robust. This could be facilitated through the provision of a six monthly report via the appropriate sub-committee. These posts are designed to support medical staff and hence this will form part of the Medical Director's report.

6. Evaluation and Impact of the Role

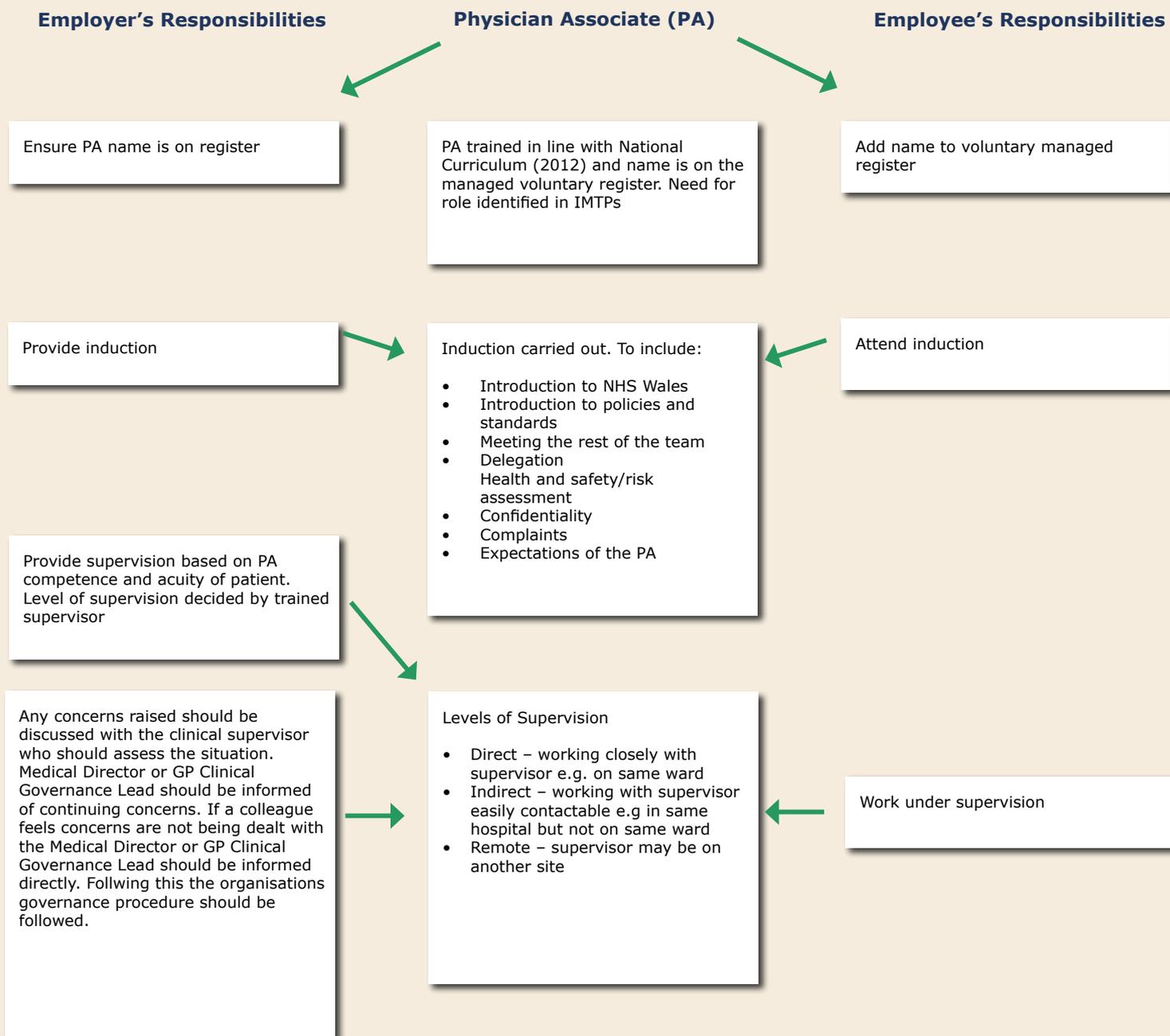
It is important that the role of the Physician Associate is regularly evaluated to:

- Evaluate patient care to ensure that the Physician Associate role is contributing positively to the patient experience
- Establish the impact of the Physician Associate role on clinical or service targets
- Ensure that in redesigning the workforce duplication of work is avoided
- Identify the potential benefits of employing Physician Associates which can then be used to inform the IMTPs, cluster or practice plans

9. *Welsh Risk Pool Services (2015) All Wales Policy on insurance, NHS Indemnity and related risk management for potential losses and special payments.*

10. *NHS Employers (2013) NHS Teamwork*

Physician Associate Flow Chart



Flowchart Continues On The Next Page



CPD requirements are:

50 hours of CPD or 150 hours as a rolling total over 3 years split between Type 1 and Type 2

Type 1

- Standardised courses – ALS, ALERT
- PA conference & CPD days
- University based CPD days
- Other courses approved by other organisations e.g.RCP, RCGP

Type 2

- Attending meetings not approved as type 1
- Teaching students taking part in OSCEs etc
- Reading journals and writing reflective log
- Undertaking clinical audits
- Reflective case studies
- Lobbying activities on behalf of PA profession

Recertification

As a condition to remain on the register PAs have to recertify every 6 years. PAs are given 3 attempts to sit and pass the recertification examination. The first opportunity will be at the beginning of their 5th year of practice since qualifying as a PA. PAs must take the first opportunity to re-sit that is available to them. If they fail to do so then the first sit will be classed as a fail and they will only have 2 more opportunities to take the recertification exam. If they fail to take the next opportunity available then this too will be classed as a fail and they will only have one more opportunity to take the exam.

If they fail this then they will be taken off the Physician Associate Managed Voluntary Register (MVR) and their employer notified of their removal from the register. If any PA fails the recertification exam on 3 occasions then they will be removed from the PA MVR and their employer notified of this change. They will then have to take the qualifying exam or whatever the statutory regulator stipulates that they need to do in order to obtain statutory regulation when the time comes and to enter on to the register again.

To undertake PADR and provide CPD opportunities to meet requirements of the faculty of PAs and to support recertification

If the Physician Associate fails to undertake the exam 3 time or fails 3 times the organisation's internal process should be invoked

To undertake CPD and maintain competence to ensure successful recertification 6 yearly



Useful Links

Support, Development & Educational Requirements of a Physician Associate: An Employers Hand book.

<http://static1.squarespace.com/static/544f552de4b0645de79fbe01/t/54b58e91e4b071daa22b18e6/1421184657888/PA+Employers+Handbook+%26+review+material.pdf>

Physician Associate Code of Conduct and Scope of Practice

<http://static1.squarespace.com/static/544f552de4b0645de79fbe01/t/552a9dc8e4b010138bab4667/1428856264107/Code+of+Conduct+and+Scope+of+Practice+version+4.pdf>

Competence and Curriculum Framework for the Physician Assistant 2012.

<http://static1.squarespace.com/static/544f552de4b0645de79fbe01/t/557f1c1ae4b0edab35dd92cf/1434393626361/CCF-27-03-12-for-PAMVR.pdf>

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7. National Leadership and Innovation Agency for Healthcare (2010). All Wales Guidelines for Delegation
8. Faculty of Physician Associate (2016) Frequently Asked Questions. Available at www.fparcp.co.uk/faqs/
9. Welsh Risk Pool Services (2015) All Wales Policy on insurance, NHS Indemnity and related risk management for potential losses and special payments. NWSSP. **Available at** <http://howis.wales.nhs.uk/sites3/Documents/287/All%20Wales%20Policy%20on%20NHS%20Indemnity%20and%20Insurance%20-%20Final%20-%20160915.pdf>
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The All Wales Physician associate Framework is due for review in May 2018.



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