

CARDIFF AND VALE UNIVERSITY HEALTH BOARD

A framework for the development and
implementation of the Physician
Associate role.

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1. Purpose

The purpose of the framework is to ensure consistency of approach in the development and implementation of the Physician Associate (PA) role in Cardiff and Vale University Health Board, which is based on the All Wales Physician Associate Governance Framework document. (Appendix 1)

This framework aims to: -

- Support the development and implementation of PAs across a range of specialities;
- Ensure safe service provision by PAs
- Support the recruitment of PAs to appropriate and relevant areas
- Set the standards for the supervision and development of PAs within the UHB.

2. Context

NHS Wales is experiencing unprecedented challenges in recruiting and retaining suitably skilled and trained staff to fill vacancies and maintain services in an economically challenging environment. The inability of the Wales Deanery to adequately fill training rotations with Health Boards poses challenges and demands. The lack of available GPs to support the sustainability of General Practice and the shortage of nurses, as well as other professional roles, all impact on the sustainability of the workforce and future service delivery. This is alongside an ageing workforce and ageing population with increased complex care needs.

The challenge for the Health Board is to ensure there is a sufficient and sustainable workforce available to support the delivery of the UHBs strategy, and new workforce models will assist service sustainability by moving care from a medical centric model of delivery to a multi-disciplinary team approach, all of which adopts prudent workforce principles 'only do what you can do'.

The development of the PA role offers the opportunity to consider a new pool of professionals who can support the multi-disciplinary team.

3. Background

The PA model was first introduced in the USA over 45 years ago. The role has been widely integrated with approximately 90,000 PAs across the USA. A number of PA educational programmes have been developed across Europe, with the role, increasingly used in many hospital sites and general practice across the UK. Supported by the Royal College of Physicians (RCP), across the UK several university providers offer PA training programmes. Wales has seen the launch of two new courses in North Wales (Bangor) and West Wales (Swansea).

The Faculty of Physician Associates at the Royal College of Physicians (FPARCP), superseded the UK Association of Physician Associates (UKAPA) and functions as the professional body for Physician Associates. Currently, FPARCP is involved in securing statutory registration for PAs in the UK, running the PA Managed Voluntary Register and establishing and arranging continuing professional development. This framework has been developed with considerations to the Department of Health (DOH) 2006 competency and curriculum framework for PAs.

4. The Physician Associate Role

The PA role is designed to work in a generalist field for example, Acute Medicine, Surgery, Mental Health and General Practice. Although the PA can specialise the Health Board would need to ensure the PA is assessed as fully competent in a generalist area before specialising. They would be expected to maintain the same basic level of general competence across the whole scope of the PA practice. Details of the standards can be found at <https://www.rcplondon.ac.uk/news/faculty-physician-associates>

4.1 Definition

A 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." (Physician Assistant Managed Voluntary Register 2012).

The role is designed to supplement the medical workforce improving patient access.

"A PA is a dependent health care professional who works with supervision of a doctor or surgeon. Trained in general medicine, PAs obtain medical histories, conduct comprehensive physical exams, request and interpret tests, diagnose and treat illness and injuries, and counsel on preventative health care". (Faculty of Physician Associates)

4.2 Professional responsibility, supervision and assessment of competency

PAs are currently a non-regulated profession, however within Wales there has been an agreement that they are required to be part of a voluntary register held by the FPARCP and that they will adhere to the Health Care Support Worker Code of Conduct (HCSW).

In Wales, the clinical responsibility for PAs sits within the medical management structure. It is a requirement of the PA role that they receive regular and appropriate supervision with the clinical setting by a doctor. The supervisory relationship between the PA and the doctor is the defining feature of the profession. Cardiff and Vale UHB expects that this supervision will be provided by a Consultant or named GP rather than any other grade of doctor.

Levels of supervision, as defined, with the All Wales Physician Associate Governance Framework are:

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 type of supervision will include working alongside the supervisor e.g. on the same ward, clinic or practice.
- The PA works directly with a named supervising Consultant/named GP who is predominately present giving directions and observing the whole shift.

Level Two: Indirect Clinical Supervision

- This type of 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.
- The clinical supervisor will be working within the same site but not necessarily working on the same ward/unit but will be contactable for consultation.
- Whilst they will not constantly observe the PAs clinical practice they will remain responsible for meeting with the PA daily in order to determine the level of autonomy to be given.

Level Three – Remote Clinical Supervision

- Remote clinical supervision allows the PA to work with more delegated autonomy for specific activities identified and agreed between the clinical supervisor and the PA. This may occur once the supervisor is confident that the PA demonstrates the skills and competence to provide safe and effective patient care with a less intensive degree of monitoring.
- A clinical supervisor must be readily contactable at least by telephone for the whole of the shift, if not available in person. They must ensure

supervision meetings include a review of a sample of medical records from patients treated by the PA.

- In order to progress to this level of supervision the supervisor will need to undertake an evaluation of the portfolio of the PAs experience and skills to the medical director for the individual agreement. This level of supervision would therefore be rare based on the individual.

Different levels of supervision may be required for different tasks which must be carefully assessed by the supervisor in discussion with the PA and based on the skills, competence and experience of the PA.

4.3 Re-certification

All PAs are required to take a re-certification national examination on a six-yearly basis, the first attempt can be taken at the start of the 5th year. PAs have 3 attempts to pass within a 2-year period.

4.4 Role Limitations

PAs are unable to work without access to a nominated supervising consultant/named GP.

5. Prescribing

As a non-regulated professional PAs in the UK are currently not able to prescribe medication. For both primary and secondary care settings in Cardiff and Vale UHB, local solutions need to be agreed, to ensure prescriptions are only issued by doctors, nurses or Allied Health Professionals (AHPs) with prescribing rights, as the accountability sits with the prescriber.

"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” (NHS Wales 2017).

6. Ionising Radiation

PAs currently lack statutory regulation and therefore are unable to order ionising radiation. “The use of ionizing radiation has been subject to specific legislation since 1988. Guidance on the Ionising Radiation (Medical Exposure) Regulations 2000 and amendments made in 2006, known as IR (ME) R can be found on the Department for Health website” (FRPARCP 2017). This makes explicit that only registered healthcare professionals are able to request ionising radiation. PAs can propose a course of x-ray treatment; however, they are not able to authorise a request.

7. Role within Cardiff and Vale UHB

PAs offer a valuable contribution to the multi-disciplinary team and are a complimentary development to support current service delivery and future provision via new workforce models.

The tasks, skill and competencies of a PA differ from that of a doctor or an advanced clinical practitioner/nurse practitioner. With this in mind, when a vacancy occurs there is an opportunity to establish whether the role could be delivered by a PA.

The PA role will provide valuable support to medical teams in delivering generalist patient care in a variety of settings. Under designated medical supervision, they will support in the diagnosis and management of patients, delivering high quality care. Working as a member of the multi-disciplinary team, this new role will support improved sustainability for the medical model.

Following the initial completion of competency and skills assessment, a job plan will need to be developed for the PA which reflects service needs and the PAs competencies and skills.

The introduction of the PA can complement existing clinical roles by helping support continuity in clinical environments, the role will provide increased workforce flexibility offering generalist support that will enhance the development and experience of our junior doctors and GPs.

However, the case study by Forbes-Pyman and Woolsey (2017) published by RCP suggests that:

"PAs are not a miracle cure for recruitment and retention in the NHS. Employ PAs to be PAs and think about why you are employing them. They complement teams help make them efficient, releasing time for other members of the MDT. They do not replace doctors. Employ a team and not individuals to empower them as a group and let them show you what they can do for you" – (Dr Natalie King, Clinical Lead in Acute Medicine and PA Tutor, SaSH, cited in Forbes-Pyman and Woolsey, 2017 p. 2).

7.1 Job Role

Two generic job descriptions for PAs have been developed within the Health Board (Appendix 3-4). These include the duties required by PAs in any specialty. As there are different organisational relationships in primary and secondary care there will be a requirement to adapt the generic job description for each area. Experienced PAs will be employed at Band 7; however a graduate PA will be

required to complete a 12-month internship period which will be remunerated at Band 6 under NHS Terms and Conditions of Service.

7.2 Introduction of new PAs

As a new and non-regulated role within Wales and Cardiff and Vale UHB, a planned approach to the introduction of the role is necessary. With this in mind in Cardiff and Vale UHB there will be two routes of entry for PAs. These routes of entry and the experience, assessment and supervision will reflect the PA Managed Voluntary Register (Appendix 4) and the Association of Physician Associates Employers Handbook (Appendix 2).

1) Newly qualified/novice PAs

Following qualification, newly appointed PAs will require a higher than normal level of supervision and structured learning. This will be facilitated by completing an internship for a designated period. The Competence and Curriculum Framework (2012) recommends a minimum of 6-12 months. The FPARCP have produced guidance for PAS and PA Employers for the first-year post qualification (see appendix 3). During the internship period the PA will work directly with a supervising consultant who is predominately present giving directions and observing for the whole shift (level one–direct supervision).

The agreed entry route in Cardiff and Vale UHB will be in generic areas such as Medical Assessment Unit or Care of the Elderly/Frailty, Surgical and Orthogeriatric wards, where they will gain general PA skills, before possibly working in more specialist areas. During the internship period the PA will maintain a portfolio which will be reviewed and signed off by their supervising consultant.

A PA may complete their internship within 6 months. Cardiff and Vale UHB expects them to remain in the generic area for a minimum of 12 months whilst gaining experience to work within an agreed medical specialty. If a PA is not fully competent after 12 months internship the supervising consultant should seek HR advice with a view to introducing the Health Board's Capability Policy.

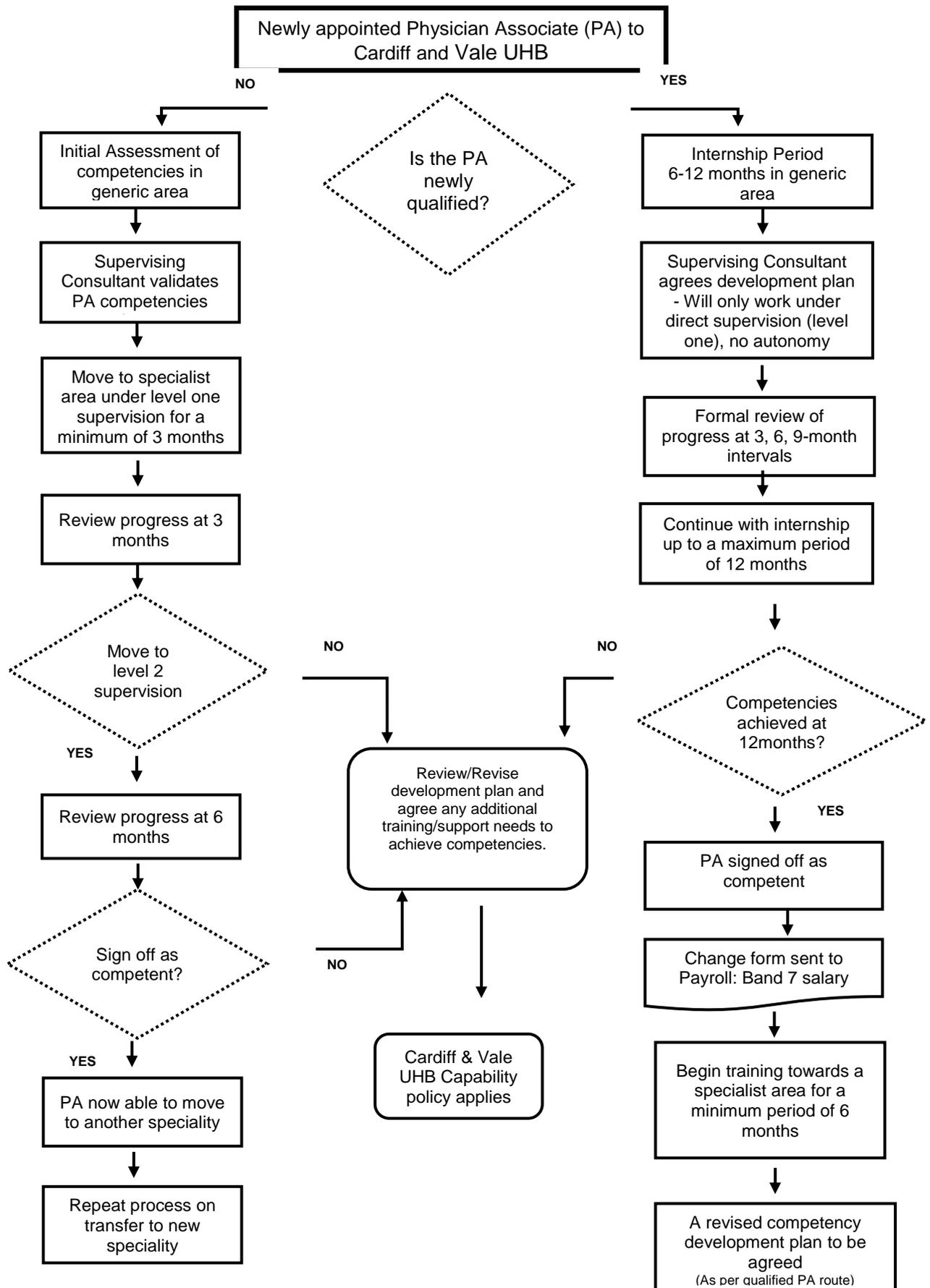
2) Established/Experienced PAs

For a PA that has completed their internship and gained experience in another organisation, they will commence employment with Cardiff and Vale UHB, in one of the generic areas. An initial organisational induction and validation of core and specialist competencies under level one supervision will be undertaken. Once validated by the supervising consultant the PA will move from the generic area to a subspecialty, where they will remain under level one supervision for a minimum of three months, and only once the new supervising consultant has assessed the competency can the PA work under level two supervision.

The time spent in the generic area will vary dependant on the experience and knowledge of the individual and the complexity of patients e.g. an experienced PA appointed to respiratory medicine will commence employment in MAU whilst general skills in respiratory medicine are assessed, once the supervising consultant is confident, the PA will then transfer to the subspecialty.

The diagram overleaf describes these two entry routes and associated steps.

Route for a Newly Appointed Physician Associate



3) **Change of** *"Entering a new specialty as a PA initially necessitates a greater degree of guidance from the supervising doctor....., as there will be new skills and knowledge to be gained"* (UKAPA no date).

In this event a new named supervising consultant will need to be identified. The PA will commence in one of the generic areas and an initial assessment of competency will be undertaken, whilst working under level one supervision. Once the supervising consultant is confident with their level of expertise and competence they may transfer to their appointed sub-specialty, where supervision will remain under level one for a minimum of three months, and only once the new supervising consultant has assessed the competency can the PA work under level two supervision. The time spent in the generic area will vary dependant on the experience and knowledge of the individual and the complexity of patients.

4) Transfer between Specialist Areas

A competency-based approach will be adopted when changing sub specialities within a specialty, the PA will have specialist competencies signed off by their prospective supervising consultant prior to transfer.

Once the assessment of competencies have been agreed by the local clinicians, the medical director will need to agree the sign off of competencies for the transfer to take place.

Regardless of level of experience on appointment/transfer to new specialty or sub specialty, and within the first week of this the supervising consultant, non-medical service manager (Line Manger) and PA must meet and agree the level of supervision, competencies and areas of development.

7.3 Guidance for Recruitment

The recruitment process for the Physician Associate will be the same as for NHS staff, in line with current UHB Recruitment policies.

Prior to advertising for a PA the following needs to be considered;

- Who is the named clinical supervisor
- Who is the named non-medical service manager
- Identification of the initial generic area to work in on appointment

It is recommended that a consultant from the specialty, a non-medical service manager and a workforce representative should be present at the interview.

For the initial appointments of PAs, the interview panel must be discussed with the appropriate Clinical Board Head of Workforce and OD for the area of appointment.

7.4 Annual Personal Appraisal and Development Review (PADR)

All PAs must participate in an annual PADR. The clinical supervisor and the non-clinical service manager should be present.

The PADR will discuss assessment of competency progress in relation to the job plan and support activity to enable re-certification.

Within the internship year competencies will be monitored via an electronic portfolio system and period reviews which should support the PADR discussion. Further information and tools to support reviews, CPD and PADRs can be found within the FPCARCP Employers Guide (Appendix 2).

7.5 Responsibility, Supervision and Management

In order to fully support the PA, who is employed under NHS terms and conditions of service but works under the medical management structure, with professional responsibility through the named Consultant/GP and Medical Director, the Health Board requires a joint management arrangement. To achieve this, a designated clinical supervising consultant and a non-medical service manager will be responsible for different aspects of employment. These will work collaboratively but will also have distinct roles in management and supervision of the PA.

Only the supervising consultant will be responsible for assessing competency. Working with the non-medical service manager to undertake appraisal and agree development, ensuring re-certification. The non-medical service manager will be responsible for authorising leave and absence via ESR, having established with the supervising consultant that the needs of the service are not compromised and will manage sickness absence.

In addition to the supervising consultant there will need to be supervision for each shift, it is expected that this will predominately be consultant based but there may be individual circumstances where it would be an appropriate supervision role for the senior trainee (ST3+) this will need to be agreed through the clinical board director. In order to sign off the competencies, the named supervising consultant will need to discuss the PAs performance and ability with the wider medical team.

The table overleaf describes the responsibility requirements for PAs.

Responsibility Matrix for Physician Associates

Responsibility	Named supervising consultant	Non-medical Service Manager	Physician Associate
Assess PA competencies	√		
Collaborate with area to develop and agree job plan	√		
Ensure the rest of the MDT are aware of the PA role and that any queries are addressed	√		
Assess and appraise performance	√		
Agree level of supervision	√		
Ensure the PA is completing ongoing work place-based assessments	√		√
Raise fitness to practice issues with FPA	√		
Facilitate developmental opportunities	√	√	
Ensure PA attends corporate induction and departmental induction	√	√	√
Local induction	√	√	√
Ensure commencement of employment meetings take place	√	√	
Approving annual leave on ESR and confirm with supervising consultant that leave has been approved		√	
Annual PADR and regular reviews	√	√	√
Update ESR with PADR		√	
Check PA register prior to appointment and on annual basis		√	
Ensure recertification every 6 years	√		√
Remain on the PA register for the duration of employment			√
Maintain a personal development portfolio that demonstrates CPD			√
Highlight any areas of practice that they are concerned about	√		√

7.6 Job Plan

Following the initial completion of competency and skills assessment, a job plan will need to be developed for the PA which reflects service needs and the PAs competencies and skills. The job plan should allow for ongoing professional development. Should any performance issues arise, they will be dealt with in line with UHB existing policies and procedures.

7.7 Registration and Re-certification within Cardiff and Vale UHB

The National Assessment and Re-certification Examination require PAs to maintain the same level of general competence across the whole scope of PA practice.

The PA re-certification examination covers the whole of the syllabus. This will be identified through PADR, as specialist PAs move towards their re-certification year (every 6 years), they may require refresher training in more general clinical areas. The service needs to be able to offer short term refresher placements in the generic areas for PAs in specialist roles.

The non-medical service manager will be responsible for checking the Royal College of Physicians Faculty of Physician Associates Managed Voluntary Register (PAMVR) before employment commences and annually thereafter prior to the PADR to ensure they are registered and remain registered. They should also check that they have passed the national examination.

Currently, in law, because the roles are unregulated they cannot be forced to stop working if issues arose, but they can be assessed for fitness to practice and could be taken off the register. Therefore, PAS should only be appointed if registered.

You can check examination outcomes and the membership status of potential employees by contacting the faculty direct at fpa@rcplondon.ac.uk.

7.8 Indemnity Arrangements

In secondary care, PAs are covered by the Department of Health 2012, Clinical Negligence Scheme for Trusts (CNST). However, it is recommended that qualified PAs have their own personal professional negligence, which is encouraged by the Faculty of Physician Associates, which can be done through Medical Defence Union (MDU), Medical Protection Society (MPS) and the Medical Defence Union of Scotland.

In Primary Care, PAs who are directly employed in a GP practice, must take out professional negligence insurance from one of the medical defence organisations (MPS), (MDU) and (MDUS). This may also be covered under a group arrangement in General Practice. Some practices may choose to support the PA indemnity arrangements as part of their appointment.

7.9 Fitness to Practice

Fitness to practice issues should be raised with the supervising consultant who will in turn, report concerns to the PAMVR. The PAMVR ensures that no PA is placed on the register or remains on the register without demonstrating fitness to practice.

7.10 Team Working and Support

The PA role is a key development in the sustainability of the service and as such they must be viewed as a core component of the multi-disciplinary team. For the team to be efficient and effective the relationship between the PA and the extended team is paramount. It is essential that all healthcare staff understand the role. This can be achieved through engagement with the multi-disciplinary team, good communication strategies, robust support from within the Health Board and wider PA network across Wales. A regional network will support the role within Cardiff and Vale UHB.

8. Evaluation

There is an expectation that the PA role will be evaluated across Wales. Cardiff and Vale UHB will be part of this national evaluation.

Cardiff and Vale UHB will also need to undertake a local evaluation of the role and its effectiveness.

9. Development and Planning

Development of the role and implementation across the Health Board will be key to the delivery of Shaping our Future Wellbeing strategy.

The inclusion of the requirement for PAs in workforce plans will influence the all Wales position regarding provision and funding of courses for the future.

Cardiff and Vale UHB needs to ensure appropriate and robust governance arrangements are in place to further develop the role and ensure its promulgation across a number of specialties.

9.1 Implementation Structure

The introduction of the PA role requires steering and direction. This will be achieved via a Cardiff and Vale UHB Steering Group Chaired by the Medical Director (secondary care), which will oversee the development and implementation plan.

This group will link with the all Wales PA Group and the Regional Implementation Group via the Deputy Medical Director and the Head of Workforce and OD (Lead for the PA implementation).

Internal reporting will be to the Medical and Workforce Director and Medical Workforce Advisory Group.

9.2 Compliance and Reporting

The development of this role within the UHB will need to be internally monitored and will report via the PA steering group every 6 months initially to the executive team, however, as the role develops this will be reviewed.

10. Appendices

Appendix 1: [All Wales Physician Associate Governance Framework, 2017](#)

Appendix 2: [FPARCP Employers Guidance](#)

Appendix 3: [First Year Post Qualification Guidance for PAs and PA Employers](#)

Appendix 4: [Managed Voluntary Register](#)

Appendix 6: C&V Qualified PA JD – Band 7 (Generic)

