

# Increasing Capacity in Primary Care with Physician Associates

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## Introduction

Physician Associates (PAs) are medically trained, generalist healthcare professionals (FPA)<sup>4,6</sup>. They are trained to the medical model to work in all healthcare settings undertaking medical histories, physical examinations, diagnostic investigations and management of patient care<sup>1</sup>. They are taught through a 2-year postgraduate course following a biomedical or healthcare related undergraduate degree. PAs are trained to provide medical care to a standard set by the National Examination for Physician Associates which is defined in the Curriculum of Core Clinical Competencies Matrix<sup>6</sup>. On completion of postgraduate training PA's must also pass the Physician Associate National Certification Examination set by the Royal College of Physicians Faculty of Physician Associates (FPA)<sup>2</sup>.

There are currently 2,079 qualified Physician Associates on the Physician Associate Managed Voluntary Register (PAMVR) working across the UK (as of December 2020) - 25.3% working in primary care<sup>6</sup>. The Primary Care Model for Wales advocates for the development of a multi-skilled workforce and there has been considerable investment in expanding the role of the PA in Wales. Qualitative studies in Primary Care have found PAs to compliment the work of General Practitioners as well as being competent, safe and efficient<sup>3,5</sup>.

The Curriculum of Core Clinical Competencies (the PA matrix) contains a list of clinical conditions across all areas of medicine which are categorised according to the level of competence expected of a qualified PA<sup>6</sup>. The matrix states that PAs on qualification should be able to "demonstrate evidence of clinical experience in all conditions in category 1A, 1B and 2A and at a minimum a familiarity and a theoretical understanding of all conditions in category 2B" (see Fig 1).

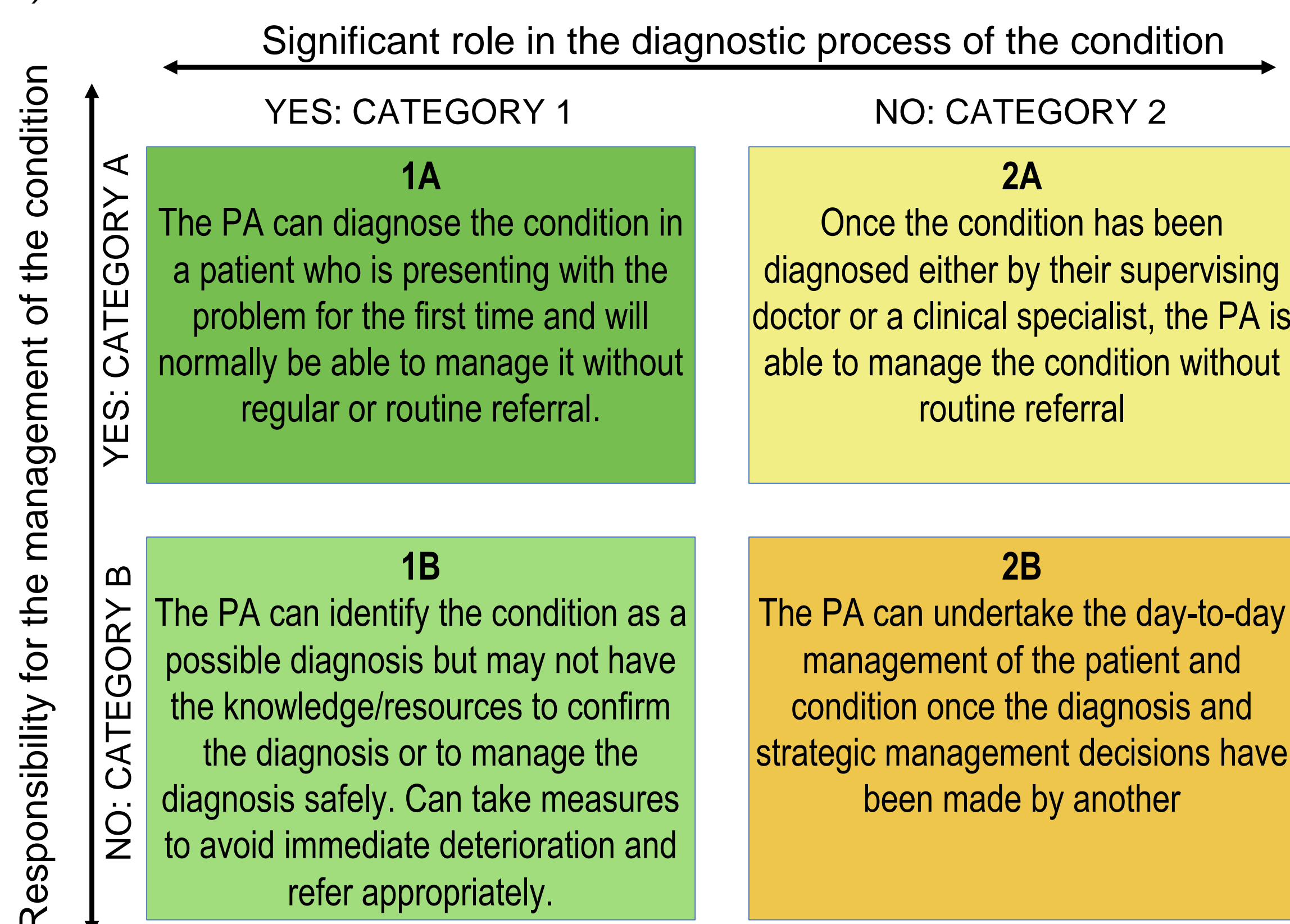


Fig 1. Diagram adapted from the Curriculum of Core Clinical Competencies Matrix for PA's, outlining the level of responsibility for a condition required for a newly qualified PA in terms of role and responsibility in the diagnosis and management of medical conditions ([bfwh.nhs.uk](http://bfwh.nhs.uk))

## Results

Average age of patients presenting on the day of the clinical audit was similar across all 4 GP Practices (average age overall 53.5 years). According to the PA matrix classification 78% (312 out of 400) of acute appointments which were seen by a GP or ANP could have been seen by a PA (1A, 1B & 2A conditions). A further 5.3% of appointments could have potentially been managed by a PA once the condition had been formally diagnosed and a management plan was in place (2B conditions). See Table 1.

236 (59%) of appointments were classified as 1A where the Physician Associate could play a significant role in both the diagnosis and management of the presenting condition. Additionally, there were 72 (18%) appointments classified as 1B where a PA could play a significant role in the diagnosis but would not take significant responsibility in management and therefore these conditions may require GP input or a referral for further care.

196 (49%) appointments required a prescription and 3% of appointments required requests for ionising radiation (IR). Figure 2 gives a breakdown of consultations by type of medical condition according to their categorisation within the PA matrix.

Appointments categorised as N/A were conditions not identified or categorised within the matrix.

Table 1: Summary of audit results.

Location	Avg age	1A	2A	1B	2B	N/A	Total	Prescription	IR
Practice 1	52.6	65	2	18	8	7	100	39	3
Practice 2	53.9	61	0	23	5	11	100	51	5
Practice 3	54.3	59	0	12	4	25	100	57	1
Practice 4	53.2	51	2	19	4	24	100	49	3
Total	-	236	4	72	21	67	400	196	12
%	-	59%	1%	18%	5.3%	16.8%	100%	49%	3%

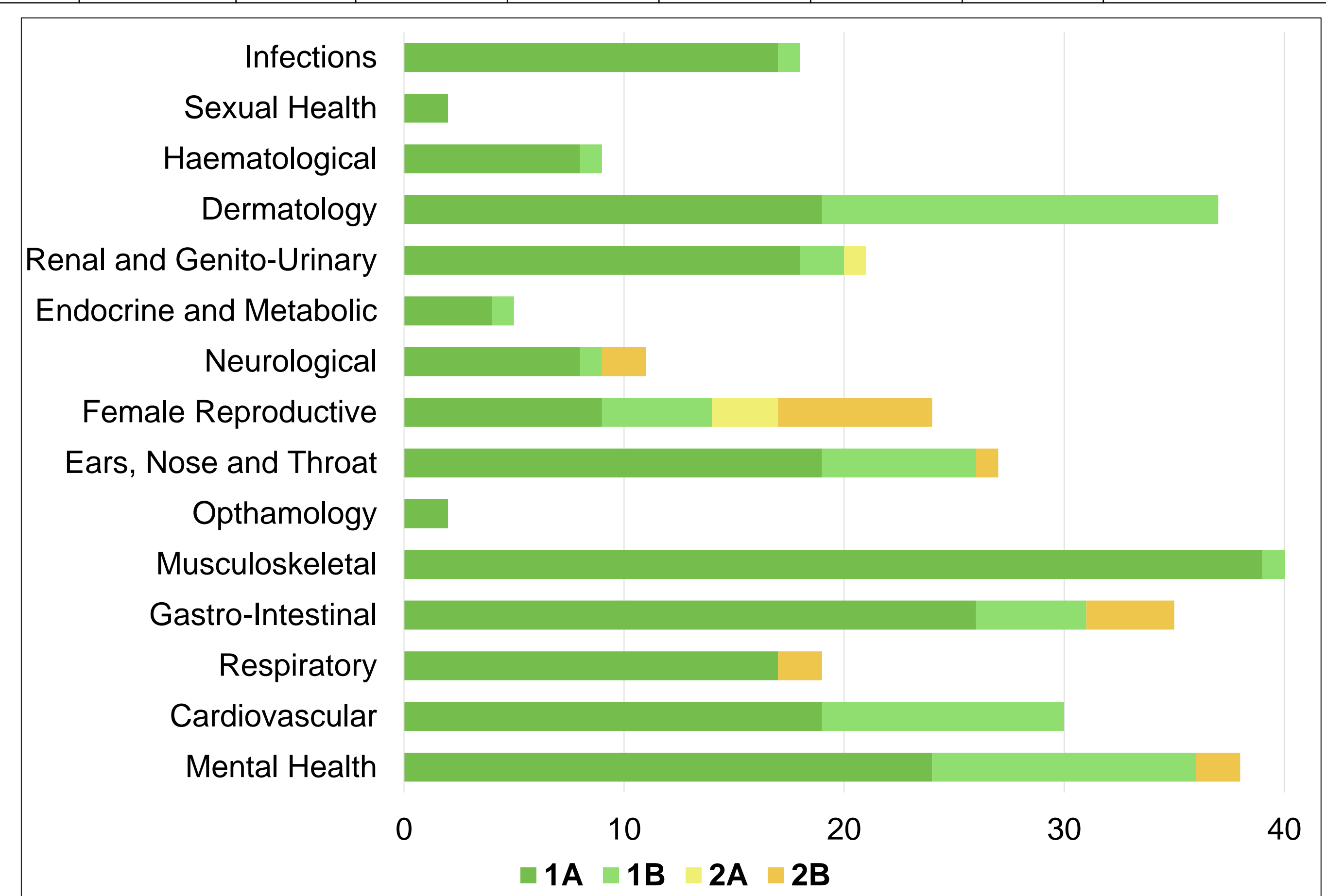


Fig 2. Breakdown of consultation by type of medical condition (system organ class)

## Objective/Study Aims

As part of a Primary Care internship, PA's across four diverse General Practices in North Wales conducted an audit to assess the efficiency of newly qualified PA's. The aim was to conduct a quantitative audit of the number of acute consultations in primary care which could be seen by a newly qualified PA, based on a theoretical model. In turn, to demonstrate the potential impact a PA could have within the multidisciplinary team (MDT) on workload and patient flow.

## Methods

- 400 consultations were reviewed (100 acute/on-the-day appointments which had been assigned to either a GP or ANP across four Practices).
- Data collection was initiated on the same date until the total number of appointments needed had been completed.
- Data was collected from each appointment regarding the age of the patient, who the patient was assigned to (GP, trainee doctor or ANP), the presenting complaint (noted on booking), the 'problem/diagnosis' noted as part of the consultation.
- Additional information was gathered: if a prescription or ionizing radiation (i.e. x-ray) was required as part of the consultation.
- Consultations were then categorised against the curriculum to identify which appointments could have theoretically been assigned to a newly qualified PA.
- Exclusion criteria - medication reviews, follow-up appointments and ongoing clinical management/care.

## Discussion/Limitations

- Data suggests that over 80% of acute clinical presentations in Primary Care could potentially be dealt with by a qualified Physician Associate with a varying level of responsibility for diagnosis and management – nearly 60% of which could be both fully diagnosed and managed effectively. Forty nine percent of appointments required issue of a prescription, therefore adequate systems would need to be in place within the MDT to ensure this could be delivered safely and in a timely manner, and should always be conducted within clinical competency as defined by the matrix and clinical supervisors.
- Given the general pressures on service provision, as well as the extra workload ensuing as a result of the current COVID-19 pandemic, the results of this audit supports the potential role for PAs within Primary Care. There is a service requirement to prompt the remodelling and restructuring of the primary care workforce, including the development of an enhanced multi-disciplinary team practical approach and PAs could provide a valuable contribute to this new model of working<sup>5</sup>.
- It should be noted that some PAs may be more familiar with some conditions than their definition in the matrix based on individual clinical exposure and experience. PAs are not limited to the curriculum as they develop and progress in their career, therefore may increase their level of competence of a condition(s) over time. However, they must remain generalists, aiming to maintain their level of competence throughout their career due to the requirement to re-certify the National Examination every 6 years. Primary Care provides the ideal environment to achieve both development of expertise and generalist medical knowledge.
- The PA matrix itself is a simplified classification model and should only be used as a guide in clinical practice. A review of the matrix conditions may be necessary as the role of the PA, particularly within General Practice, develops over time.

## References

For additional information on employing PA's in primary care see : [Faculty of Physician Associates - quality health care across the NHS \(fparcp.co.uk\)](http://Faculty of Physician Associates - quality health care across the NHS (fparcp.co.uk))

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