

Physician Associates: NWL Guidance Document

This communication seeks to provide clarification and support regarding Physician Associates (PAs), following the Secretary of State for Health and Social Care's announcement of an independent review of PAs and anaesthesia associates (AAs), as well as the recent NHS England letter (December 2023), the BMA's document "Safe Scope of Medical Practice for Medical Associate Professions," the RCGPs "red lines" guidance for integrating PAs into primary care (March 2024), as well as the transition to GMC regulation from 13 December 2024.

These updates emphasise the importance of maintaining robust supervision, governance, and ongoing professional development to ensure PAs are effectively integrated into healthcare teams.

BACKGROUND:

PAs are trained healthcare professionals who deliver patient care as part of multidisciplinary teams. Qualified PAs complete a two-year postgraduate master's degree or PGDIP in Physician Associate studies, as well as holding an undergraduate degree in a science or healthcare related subject. Their training includes 1,600 hours of clinical placements across various specialties.

NHS England has highlighted that PAs are vital members of the NHS workforce but emphasises they are not replacements for doctors. Employers are expected to continue to support their PA workforce, adhere to existing guidance on the deployment of Medical Associate Professions (MAPs) and to ensure all PAs register with the GMC during the two-year transition period ending in December 2026.

We value the contribution PAs make to general practice by enhancing continuity of care and supporting GP workload.

REGULATION:

On 13th December 2024, the General Medical Council (GMC) became the statutory regulator for PAs. This will underpin continued safe and effective practice. There will be a two-year transition period to allow PAs to complete the necessary steps for registration while continuing to work.

As of December 2026, it will be a legal requirement for PAs to be registered with the GMC.

There is a requirement for all practices employing PAs to:

• Ensure their PAs are registered with the GMC or are on the Faculty of Physician Associate Managed Voluntary Register (PAMVR) if awaiting GMC registration.

SUPERVISION:

PAs are dependent practitioners who must work within their competencies and under the supervision of a qualified doctor. Effective supervision is essential for safe and high-quality care.

The following guidance for Practices and PCNs should be followed:



- **Named Clinical Supervisor:** Designate a senior GP as the named clinical supervisor, to oversee the PA's professional development and performance.
- **Day to day supervision:** Assign a qualified GP as the day-to-day supervisor to provide realtime consultation and decision-making support when required.

Clinical triage should be used to ensure that work delegated to the PA is appropriate for their skill set and competency level, in line with the GMC guidance on delegation: "when delegating care, you must be satisfied that the person to whom you delegate has the knowledge, skills and experience to provide the relevant care or treatment; or that the person will be adequately supervised. When you delegate care, you are still responsible for the overall management of the patient."

The unique aspect of general practice presentations is that they are often undifferentiated. PAs must recognise and act within their competence. If a delegate feels a task is beyond their skills, they are expected to notify their supervisor. PAs must not accept delegated tasks if they are not confident that they have the necessary knowledge, skills or training to carry it out safely. Patient safety must be prioritised and PAs should seek help when required.

- Appraisals and Reviews: Conduct regular reviews and annual appraisals to assess progress and support ongoing development.
- **Supervision Processes:** Establish local processes for supervising and deploying PAs, aligned with NHS England and GMC guidance. Ensure tasks delegated to PAs are appropriate for their training and competency, in line with GMC guidance on safe delegation.

RCGP Red Lines Guidance, Considerations for Practice:

The RCGP's guidance has highlighted "red lines" for integrating PAs in general practice. This has been reviewed locally and it is our suggestion that it should be implemented in the following way:

- 1. Supervision by Qualified GPs: PAs must always work under the supervision of qualified GPs.
 - Practices must ensure GPs supervising PAs have the capacity, training, and support to manage this responsibility effectively.
- 2. **PAs as Additional Team Members:** PAs must be considered additional members of the team, rather than substitutes for GPs.
 - PAs should complement the MDT and enhance team capacity, but GPs remain responsible for the leadership and clinical decision-making within the practice.
- 3. Addressing GP Shortages Separately: Employing PAs does not mitigate the need to urgently address GP shortages.
 - Workforce planning must prioritise GP recruitment and retention, with PAs integrated to alleviate workload pressures rather than replace GPs.
- 4. **Regulation of PAs:** PAs must be regulated promptly.
 - Practices must advocate for consistent standards by employing only GMC-registered PAs or those on the PAMVR until GMC registration is finalised.
- 5. Enhancing Public Awareness: Practices should improve patient understanding of PA roles.
 - PAs should clearly communicate their role to patients during consultations to avoid confusion.
- 6. **Training and Supervision Resources:** Training, induction, and supervision for PAs must be properly designed and resourced.
 - Practices must allocate sufficient time and resources for GPs to supervise PAs without compromising other responsibilities.
- 7. **Prioritising GP Development:** Resources, funding, and learning opportunities must prioritise GP training and retention.



- The integration of PAs should complement the professional development of GPs rather than compete for resources.
- 8. **Ensuring Supervision Capacity:** PAs should not be employed unless sufficient GP supervision is available.
 - GPs must be able to opt-in to supervising PAs and be supported with specific training and time allocation.

PRACTICE LIMITATIONS:

Practices must ensure the following limitations are clearly communicated and understood within their teams.

- **Prescribing:** PAs cannot independently prescribe but may propose prescriptions for review and signing by a registered independent prescriber, who retains accountability for the prescription. PAs can administer medicines using a Patient Specific Direction (PSD) with appropriate procedures in place.
- **Diagnostic Imaging:** PAs cannot <u>currently</u> request diagnostic imaging using ionising radiation (eg: X-rays or CT scans).

SUPPORT FROM NWL TRAINING HUB:

NWL training hub offers support to practices and PAs working within our boroughs, including:

- **Preceptorships:** NHS England provides a training grant to practices and PCNs employing PAs. This funding supports structured induction, supervised practice, and ongoing development. Please contact the NWL Training Hub for application guidance.
- Training Opportunities: A variety of training and development opportunities are available to
 PAs via the training hub website: <u>https://nwltraininghub.co.uk/</u>
 Tailored advise, resources, and support can also be provided to both BAs and supporties.

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- **PA Forum:** A bimonthly forum is open to all PAs working in primary care in NWL. This offers a space for PAs to build a peer support network and share challenges and best practice. Additionally, PAs in NWL can access teaching through a monthly primary care forum.
- **PA Ambassador:** A dedicated PA ambassador is employed by NWL training hub to provide direct support, guidance and advice to PAs and their employers across NWL.

POINTS OF CONTACT:

For queries related to PAs, including supervision, preceptorship funding and development support, please contact us:

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We remain committed to supporting practices and PAs in delivering safe, and effective, high-quality care. Guidance will be updated as new information becomes available.