**REPORT TO:** Health Policy & Performance Board

**DATE:** 19<sup>th</sup> September 2017

**REPORTING OFFICER:** Strategic Director, People

PORTFOLIO: Health and Wellbeing

SUBJECT: Physician Associates

WARD(S) Borough-wide

## 1.0 PURPOSE OF THE REPORT

1.1 That the Board receive a presentation from Simon Constable, Medical Director, Warrington & Halton Hospitals NHS Foundation Trust, regarding the background to the development and use of Physician Associates within the Health Service.

# 2.0 **RECOMMENDATION: That the Board:**

i) Note the contents of the report and associated presentation

#### 3.0 **SUPPORTING INFORMATION**

3.1 Physician Associates (PAs), or sometimes referred to as "Assistants", are typically life science graduates (with a pre-clinical degree) who go on and do a two year postgraduate diploma (clinical) course and take a national examination. This is undertaken over a five year period. Most basic medical qualifications (MB BS/MB ChB) take five years (formerly, two years pre-clinical and three years clinical) to complete.

To address the needs of the changing health service, not just the numbers of doctors, but also skill mix, working hours and 7-day service provision, there has been a national increase in the number of universities offering PA courses and most recently this has included the Universities of Manchester (in conjunction with Edge Hill) and Liverpool.

The Faculty of Physicians Associates (FPA) and the Royal College of Physicians (RCP) aim to ensure that the expansion of a new clinical workforce is done as safely as possible pending formal regulation, which requires a change in the law. The RCP wants to support high national standards of physician associate training, and to campaign for effective regulation. The RCP Council made this decision as it was seen as important to support, shape and understand the needs of the profession, in a manner that is complementary to the needs of physicians.

It also aligned with the RCP's aim to support the future clinical workforce as set out in the Future Hospital Commission report, published in 2013:

The roles of advanced nurse practitioner and physician's associate should be evaluated, developed and incorporated into the future clinical team in a role and at a level of responsibility appropriate to their competencies.

3.2 PAs are neither doctors nor autonomous medical practitioners in their own right; they are however trained in the medical model along the same lines as doctors. They work under the direct supervision of qualified doctors in virtually any clinical speciality and undoubtedly have a role to play in a truly multi-professional team that will see new and extended roles emerge in the coming years.

A feature of PAs which is unlike other roles is that generally this is a cohort of lifescience graduates that would otherwise potentially be lost to the clinical workforce in the NHS, either through management training or through roles in industry. This is unlike the situation with nurses (or other allied health professionals) that move into extended clinical roles from another post that then typically creates a clinical vacancy that needs to be recruited to.

3.3 There is an outstanding issue of professional registration which means that currently PAs cannot prescribe or order ionising radiation, but this is likely to be addressed in the not-to-distant future and is being looked at by the Department of Health.

The Royal College of Physicians has a Faculty of Physician Associates and this is a source of further information if required.

https://www.rcplondon.ac.uk/news/faculty-physician-associates#2

At present there is a Physician Associate Managed Voluntary Register (PAMVR) housed at the Faculty of Physician Associates (FPA) which keeps details of physician associates who meet all the required standards. The Faculty of Physician Associates at the RCP, Health Education England and the higher education institutes involved in training physician associates continue to work towards regulation of the profession and the establishment of a statutory register.

- 4.0 **POLICY IMPLICATIONS**
- 4.1 None associated with this report.
- 5.0 OTHER/FINANCIAL IMPLICATIONS
- 5.1 None associated with this report.
- 6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES
- 6.1 Children & Young People in Halton

None identified.

6.2 **Employment, Learning & Skills in Halton** 

None identified.

# 6.3 **A Healthy Halton**

All issues outlined in this report sand its associated presentation focuses directly on this priority.

#### 6.4 A Safer Halton

None identified.

### 6.5 Halton's Urban Renewal

None identified.

#### 7.0 **RISK ANALYSIS**

7.1 At present there is a Physician Associate Managed Voluntary Register (PAMVR) housed at the FPA which keeps details of physician associates who meet all the required standards. The PAMVR does not currently have force of law, so is 'voluntary' as its name suggests. However, the FPA strongly encourages all qualified physician associates to join the register, and all trusts and practices to ensure that the physician associates they employ are registered. To mitigate this risk all Employers are advised to check this at appointment and at yearly appraisals. This will help ensure that only those properly trained are able to practise as physician associates. While work towards statutory regulation is underway, the overall decision regarding the eventual registering body for physician associates will be made by the government. All UK-based physician associates are therefore strongly encouraged to join the PAMVR as it will form the initial list of physician associates to enter a statutory register when established.

## 8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None associated with this report.

# 9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

9.1 None under the meaning of the Act.