



Physician Associates and prescribing in general practice

This information is given as a guide to highlight what you may need to consider and help provide some ideas and practical tips for how you might implement safe prescribing for a physician associate (PA) working in your practice.

We are all aware that safe prescribing and handling of medicines are of great importance and form an essential and integral part of good clinical governance in any healthcare setting, which is why this topic is often raised.

Physician associates are not currently regulated, so they carry out their scope of work under the 'delegation clause'. In 2018 the government announced their intention to introduce prescribing rights for PAs as part of legislation to regulate the role. Until that process is complete, it means that any practice employing a PA must have clear arrangements in place to allow safe and timely issuing of prescriptions as required.

PAs can work autonomously making independent decisions. They are trained to work within the limits of their clinical competence, under the supervision of a dedicated medical supervisor with appropriate support. In practice this means you'll need to provide access to an authorised prescriber to either generate or sign off a prepared prescription. These can be manual or electronic accompanied with the required information for the signatory to assume responsibility and be able to sign. You may already have arrangements for any other qualified or experienced non-prescribers, a practice nurse or reception staff that take in requests for repeat prescriptions for example. (PTO for case studies) This process needn't be cumbersome, but it may take a bit of thinking about to see what is likely to be least disruptive and will suit your team best.

As part of clinical governance, all PA related prescribing for significant events must be documented and discussed as part of your periodical review, together with any other untoward incidents.

It is important that time is taken to design a written protocol that is understood in advance by the PA and prescribers. It can be updated as there are changes or developments within the practice and in time with the regulation of PAs.

GP Partner West Malling Kent, example

We run a busy 3 site GMS Surgery, 21,000 patients with a range of core and enhanced services. At the heart of our operation sits a duty system triaging and signposting patients and their carers. We use Vision3 system.

We've had a physician associate for nearly 2 years and have only ever received compliments and praise for her. She is compassionate and diligent and we wouldn't want

to be without her or the role of PA again. All the staff are very impressed and even the naturally more critical partners have embraced the PAs contribution to the surgery. Our PA regularly takes part in the duty rota and has been able to demonstrate her good clinical knowledge consistently. She has her own clinics and carries out a number of reviews including cancer care, to a high standard.

Any patient prescription requests are handled through the duty doctor. If the PA decides a patient needs a script, they're usually handled electronically. Paper scripts are only used with unregistered patients and would be signed by the duty GP after a quick presentation of patient history, big ticket items and diagnosis. Normal electronic script requests are inserted to the task list of the day book of duty doc. If the patient is waiting, this may be followed with a quick door knock to sign off.

The electronic sign off usually only takes a few minutes. Patients can either wait for their script in the waiting room, return later to collect from reception, or more commonly now told that it will be emailed to their nominated pharmacy.,

We would normally expect our non-prescribing colleagues to present the following information to the duty GP - age/gender/past history big ticket items (if any)/ history of presenting complaint/ PA to display consideration of bigger picture/ are they on any other meds/allergies and contra-indications. If necessary and usually only in more complex cases the duty doc may stick their head around the PA's consulting room to have a look at the patient or to clarify further detail with the PA/patient.

Our PAs also attend home visits and nursing home rounds. On a home visit, where a patient requires a script, on return to the practice the PA will raise an electronic script at the surgery and then leave out for later collection by a friend/relative or send onto the pharmacy (printed or electronic). Our PAs use a hand-held tablet with clinical system used and script raised when they're on their nursing home rounds. These are forwarded to GP buddy/duty GP in much the same way.

The legal bits

Although we can offer this information to help demonstrate how practices are able to work with their PAs - until the regulation and prescribing process is complete, it is important to outline what the law actually states.

“Prescribing is a high-risk activity which should only be carried out by individuals operating in a regulated context.”

Legislation

Under UK law a regulated healthcare professional can supply or administer medicines to patients in a number of ways:

Exemptions: Some professions are allowed under medicines regulations to supply particular medicines directly to patients as clinically required. This mechanism is known as “exemption” and is usually for immediate treatment.

Patient Group Directions (PGDs): allow particular healthcare professionals to be trained to assess a patient within stated parameters. A separate direction is needed for each different medicine to be supplied. The PGD is a set of instructions which directs the healthcare professional in their assessment of the patient and working through the protocol produces a clear indication of whether the patient should or should not receive the medicine concerned.

Only "appropriate practitioners" can prescribe medicine. An appropriate practitioner is described as:

- a. an independent prescriber: someone able to prescribe medicines under their own initiative. They include, amongst others, doctors, dentists and nurse independent prescribers who can issue Patient Specific Directions;
- b. **a supplementary prescriber:** someone able to prescribe medicines in accordance with a pre-agreed care plan that has been drawn up between a doctor and their patient. Supplementary prescribers include, amongst others, nurses, midwives and pharmacists .

Registrants from these professions need to complete an approved post-registration training programme to become independent or supplementary prescribers.

Patient specific direction

Physician Associates do not fall into any of the above categories as they are an unregulated profession and can therefore only administer medicines under a Patient Specific Direction (PSD).

A PSD is the traditional written instruction, signed by a doctor, dentist, or non-medical prescriber (hereafter referred to as "the prescriber" unless stated otherwise) for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis.

In General Practice this means the prescriber has a duty of care and is professionally and legally accountable for the care he/she provides, including tasks delegated to others.

The prescriber must be satisfied that the PA to whom practice is delegated has the qualifications, experience, knowledge and skills to provide the care or treatment involved.

Clinical governance arrangements

The employing practice also has a duty of care to both the patient and to the staff and is responsible for ensuring that the staff it employs are properly trained and undertake only those responsibilities specified in agreed job descriptions. If it is expecting non-regulated staff to administer medicines, those delegating the duty must ensure that the non-regulated staff are competent to do so safely.

PSDs may need to be supported by a locally approved procedure or guideline to support safe administration of the medicine by an appropriately trained and competent healthcare professional

Prescribers and anyone administering or supplying medicines must ensure that they adhere to clinical governance policies and procedures and associated arrangement