Royal College of Physicians | Faculty of Physician Associates

Physician associates:

the case for regulation

Introduction

Physician associates (PAs) were first introduced into the NHS in 2003. Since then, the profession has grown, with 3,142 qualified PAs currently on the Physician Associate Managed Voluntary Register (PAMVR).

PAs are not doctors and do not replace medical roles, but with their generalist medical education, they are able to undertake a range of tasks, including taking medical histories, carrying out physical examinations, and diagnosing and managing acute and chronic conditions. The generalist education of PAs means they can examine and treat any patient whatever their medical issue is – whether it is paediatric, geriatric, related to mental health or associated with a long-term condition. With a record 6.61 million people in England currently on waiting lists for treatment, PAs are a critical part of the NHS-wide drive to tackle the backlog in both primary and secondary care. Yet their full potential is limited because they are currently not regulated, which means they are unable to prescribe medicine or request imaging involving ionising radiation such as X-rays.

Delays to the timetable set out in the 2021 consultation *Regulating healthcare professionals, protecting the public* according to which legislation to bring PAs into regulation would come into force in spring 2022, have been frustrating and disappointing for the profession. That consultation recognised that not being able to prescribe was limiting the value of the PA role. The government must take every step possible to avoid further delay – and the recent update from the Department of Health and Social Care (DHSC) offers some hope.

To mitigate any further delays to PA regulation, the DHSC has made the decision to separate the legislation that will bring PAs into regulation from the legislation that will change the General Medical Council (GMC) regulatory framework for doctors. We hope this separation will have the effect intended and ensure that the new timetable for PAs to be regulated by the GMC by the second half of 2024 is met.

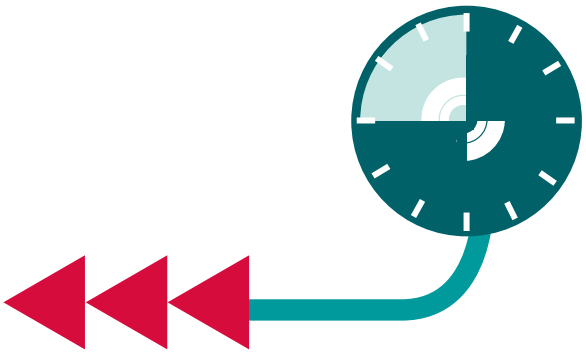
While 2024 is later than many PAs anticipated, it is crucial that government now delivers on this commitment. There cannot be any further delay to regulation. The NHS is facing a significant crisis with an extremely high demand for care and not enough people to provide it. Workforce is the limiting factor both in bringing down waiting lists and in delivering healthcare safely and sustainably in future. PAs are an innovative part of the solution to overcoming the workforce challenges faced by the NHS, but they continue to be held back by lack of regulation.

Regulating PAs and giving them prescribing rights will ease the pressure on doctors and increase the ability of multidisciplinary teams to move more efficiently through waiting lists; bring official recognition of everything PAs already contribute; and make the PA profession more attractive for applicants as they gain more autonomy in caring for patients.

Recommendations

The Faculty of Physician Associates (FPA) and the Royal College of Physicians (RCP), which hosts the FPA, are calling for:

- the government to keep to its timetable and consult by the end of 2022 on the draft order that will bring PAs to regulation
- the time period between regulation and gaining prescribing rights to be as short as possible
- an NHS campaign to help patients understand the different types of healthcare professional and why they are seeing a professional other than a GP, to give the public even more confidence in PAs
- PAs to be regulated by mid-2024 and have prescribing rights in 2025.

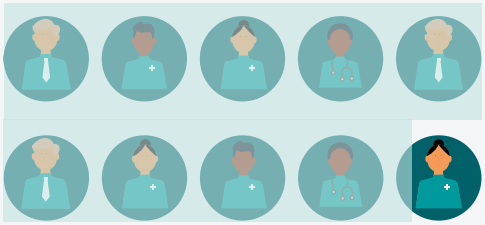


Regulating PAs will help to bring down waiting lists

The biggest challenge facing the NHS is bringing down waiting lists. Regulating PAs will help multidisciplinary teams (MDTs) see more patients and better maintain patient flow.

In June 2022 we surveyed PAs about the impact of not being able to prescribe on their careers and teams. 337 PAs responded to the survey in total, of whom 74% were qualified PAs and 26% were students. Over a third (36%) worked in general practice, 26% in inpatient hospital teams and 12% in A&E.

The overwhelming majority (92%) said not being regulated had a negative impact on their team's ability to move through caseloads.



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PAs are increasingly common members of the MDT, delivering care and treatment to undifferentiated patients, operating under a medical version of the 'cab-rank' rule. They are not trained to be doctors, but their skills and generalist education in the medical model means they play a distinct role that is complementary to teams in almost all NHS settings. They have the knowledge to prescribe, but not the licence, which means that currently they need to ask a doctor or another prescribing professional to do it for them.

> 'GPs are overloaded with my [prescribing] requests which means my surgery sees less patients. Being able to request my own X-rays and prescribe will help see more patients and free up GPs' time.'

Many respondents to the survey spoke about the additional workload created for GPs and other prescribing professionals by having to sign off prescriptions on behalf of PAs. A significant number of PAs said that their teams and colleagues were 'overwhelmed' and that not being able to prescribe interrupted patient flow and the ability to work through extremely high volumes of patient demand. The specific impact on junior doctors was a recurrent theme, with many PAs expressing concern that 'constantly bothering' or 'bombarding' trainees with prescription requests contributed to low morale. There was frustration that PAs cannot work as autonomously as they are trained to do, nor utilise the full range of their clinical skills.

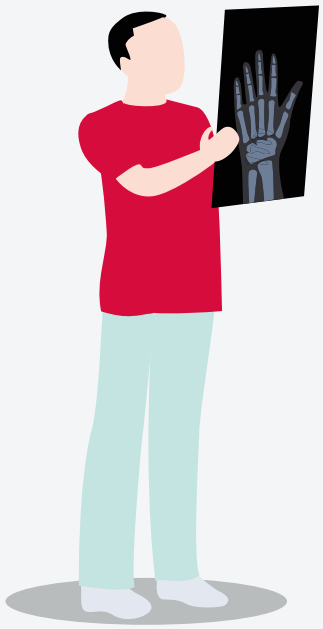
Regulation will enable the profession to begin consultation on prescribing rights. Prescribing rights will enhance the care that PAs can offer patients, as well as reducing the additional burden on the wider healthcare team.

'My colleagues are gracious in their support of me and the tasks that I cannot complete. It is another job for them though. They are already working to their limit and … asking them to prescribe and sign off forms for me feels as if I am asking them to do my admin. It doesn't convey how much I value them and their knowledge and consultation. We manage as a team, but I could ease their task load rather than add to it.'

In the context of staffing shortages, not being able to prescribe can in some circumstances have potentially serious consequences. One respondent spoke about seeing a patient on a ward who had acute exacerbation of asthma. Despite knowing what medication the patient needed in that moment, they were unable to prescribe it, and had to wait for a doctor to become available.

PAs in secondary care also spoke about the impact on discharge. PAs are able to prepare discharge paperwork, but not finalise the discharge prescription (TTO). PAs will be able to complete TTOs once they have been regulated and gain prescribing rights. But for the moment, many said they felt frustrated at doing 'half a job' and that discharges were delayed by 'hours if not days' as a result. Bed availability has a significant impact on patient flow through a hospital. Regulation of PAs will help to reduce the proportion of patients who are medically ready to go home but stay in hospital for longer than they need to.

Overall, PAs felt the lack of regulation and prescribing rights made them less useful to the team – which had a negative impact on their career satisfaction (98 % said this). Several said that the biggest difference being regulated would make is freeing up their colleagues' time, not only to see more complex cases but also to improve their work/life balance. Others said the biggest difference would be being able to help with additional weekend initiatives that would involve providing discharge prescriptions. PAs are a critical part of the NHS-wide drive to tackle the backlog in both primary and secondary care – yet until they are regulated, their full potential will remain limited and the pressure on the wider team that PAs could alleviate will continue.



Regulating PAs will help to ease the workforce crisis

The FPA has been running an annual census since 2014. It collects vital data about PAs in the NHS workforce. The most recent (2021) census, answered by 790 PAs, showed that:

PAs are becoming more embedded across the NHS: around two-thirds of respondents were working in secondary care, with 61 % with an NHS trust as their main employer. 38 % were employed by a general practice or primary care network.

The PA skillset is developing and broadening: in addition to the most well-known PA skills of performing physical examinations (undertaken by 97 %) and taking medical histories (97 %), many respondents reported carrying out activities such as managing chronic conditions (78 %), performing psychiatric assessments (49 %), undertaking medical activities such as taking bloods (83 %), cannulation (48 %) and arterial blood gas (ABG) (57 %), as well as supporting patient education. PAs also increasingly perform more advanced procedural skills including lumbar punctures, chest drains and ultrasound scanning in emergency settings.

The FPA also collects regular membership data. The latest data show regional variation in PA numbers. While there are 367 qualified PA FPA members in the West Midlands, there are just 139 in the East Midlands*. There is still a lot of potential to expand and even out coverage across the country so more teams can benefit.

*This covers East Midlands South (82) and East Midlands North (57).

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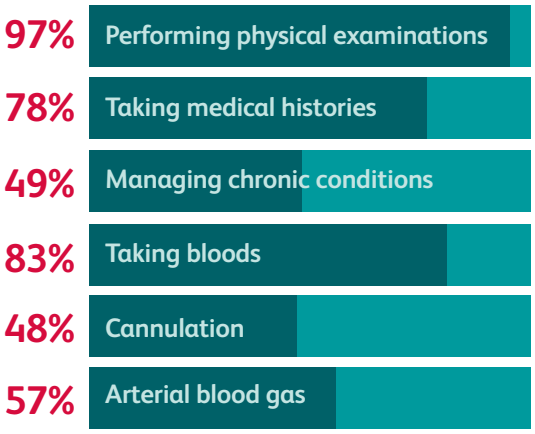

367 **139**

PAs bring additional people into the health and care system. The majority come from science and research backgrounds and others from different fields entirely. When asked why they had chosen to become a PA, many talked about the benefit of 'on-the-job' training, having long-term and continuous contact with patients over a number of years, and wanting to work in the NHS with wider medical teams without being a doctor.

> **'I made a career change from financial services and knew I wanted a healthcare role. Training and working as a PA suits my family life while still allowing me to perform the role of a practising clinician at a reasonable level.'**

There is no replacement for a doctor, but the delivery of health and care services is increasingly becoming a team endeavour. What matters is that patients are seen by the right professional for their needs. In many cases, this will be a PA. The FPA and RCP are calling for an NHS campaign to help patients understand the different types of healthcare professional and why they are seeing a professional other than a GP – and regulating PAs will give the public even more confidence in this growing profession.

PA numbers have increased more than 10-fold since 2015, and are growing year-on-year; 84% of those who responded to the FPA's survey had started practising within the last 5 years (2018–22) compared to 16% before 2018. It's expected that by the end of 2023, PA numbers could total around 6,000. With over 110,000 full-time equivalent vacancies in the NHS, the rapid and continued growth of the PA profession is welcome – but must be complemented by a wider focus on recruitment and retention across the entire healthcare workforce to ensure that PAs are not taken advantage of or deployed inappropriately.

The government must keep to the timetable it has set out for regulating PAs. Consulting by the end of 2022 on the draft order that will bring PAs into regulation will be a welcome first step on the journey to the profession being recognised for what it contributes now and for what it could contribute in the future. The legislation will bring PAs into regulation, protect the title of 'physician associate' and be the first step towards PAs gaining the rights to prescribe and request imaging involving ionising radiation. Once legislation is passed, the General Medical Council (GMC) must consult on how it will regulate PAs and AAs before the legislation comes into force. The GMC has committed to do this within 12 months, completing its processes by the second half of 2024. The time period between PAs becoming regulated and gaining prescribing rights must be kept to a minimum.

Expediting the regulation of PAs will only improve the ability of the NHS to treat more patients, increasing access and continuity of care. It will recognise all that PAs already do and wreduce the burden on doctors and GPs, freeing up their time to see more complex cases. It will improve the attractiveness of the PA role and continue to grow this part of the workforce. Further delay will be a setback to utilising the full capability of this set of healthcare professionals. PAs contribute a huge amount to the MDT and regulation is central to them achieving their full potential.

Recommendations

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Contact us

If you would like to discuss anything set out in this statement, please contact us via **policy@rcp.ac.uk**

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