

**MEDICAL  
ASSOCIATE  
PROFESSIONS**

# Physician Associates

The Royal Free London  
NHS Foundation Trust

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## The organisation

The Royal Free London NHS Foundation Trust (RFL) offers a wide range of acute medical services. It is one of the largest postgraduate training institutions in the country with over 650 postgraduate trainees.

This case study reflects how the recruitment of physician associates has helped to reduce the workload intensity of junior doctors allowing them to focus on training and development.

## The challenge

The General Medical Council (GMC) is responsible for the quality assurance of medical education and sets standards for education and training. Every year, it surveys all junior doctors on their training, which is benchmarked nationally.

In 2014, the Royal Free NHS Foundation Trust merged with Barnet and Chase Farm hospitals, which centralised the urology services to the Royal Free site. This resulted in an increase in which had a significant impact on the work intensity of the junior doctors. Subsequently, the department received a red outlier in the 2016 GMC national training survey for workload intensity.

Following this warning, Health Education England (HEE) instigated a quality review of foundation surgery at the Royal Free which was held in February 2017. Feedback from the junior doctors highlighted two things: firstly, the increased workload was impacting negatively on both their training opportunities and their ability to deliver safe patient care. Secondly, the doctors in training said that a number of their duties could be undertaken by physician associates (PAs). In its report to the trust board, the review panel recommended that the trust look at ways to recruit physician associates to mitigate the risk to junior doctors and patients, and give juniors more time for training opportunities.

## What the trust did

### Development of a business case

The trust established a physician associates working group to develop a business plan for the recruitment of PAs in areas where junior doctors were experiencing high workload intensity. Members of the group included:

- the deputy director of education
- service managers
- clinical directors
- physician associate
- education leads.

The head of quality for postgraduate medical education was also invited to contribute to the discussion around the recruitment and integration of physician associates and their impact on the education and training of junior doctors and other staff groups.

The group received sign off from the trust board to commence a values-based selection process to recruit a number of PAs, which resulted in the urology department appointing two physician associates.

## Integration

While acknowledged that they were not a replacement for junior doctors, the new PAs were invited to attend a local induction into the urology department in the same way as junior doctors, to welcome them into a supportive environment. This enabled them to meet the junior doctors they would be working with and to build working relationships and cooperation from the start.

The trust also invited the PAs to attend the local weekly teaching programmes for junior doctors to both support their continued professional development and engage with colleagues. Because of this, the PAs successfully integrated into the urology team on both a professional and social basis.

## Achievements

### Continuity of care

Consultants and registrars change on a weekly basis, whereas PAs work Monday to Friday 9am to 5pm, and therefore have the greatest long-term recollection of emergency and post-operative patients and their follow up plans. This has helped to improve the handover processes and continuity of care and management plans for patients. The PAs have also had the opportunity to become involved in audits and service improvements within the urology department.

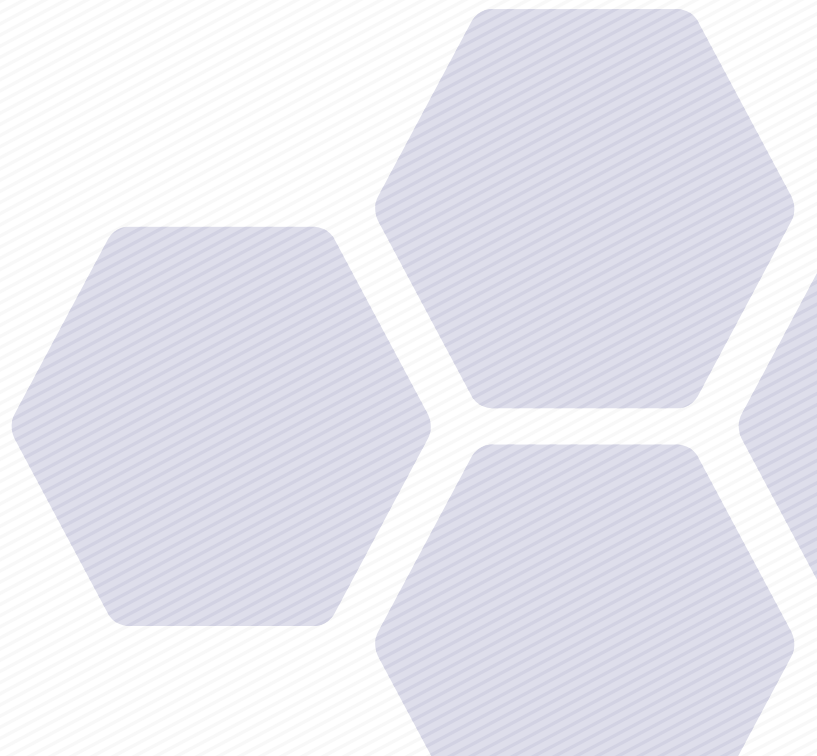
## Workload intensity

The PAs work as part of the multidisciplinary team to provide care to patients in urology. They undertake a variety of duties generated from ward rounds which include clinical procedures, facilitating discharge of patients, organising investigations, and diagnosis and management of unwell patients. They also spend time in theatres for emergency/elective surgical cases to further develop their knowledge of urological procedures performed.

By undertaking these duties, they have helped to reduce the work intensity of the junior doctors and increased the amount of time they spend in out-patients and theatres. This has enabled the junior doctors to gain more curriculum coverage and experience from their rotational placements in urology.

## Education and training

The PAs have received support to further develop within their roles. One PA is now providing training and facilitating weekly teaching sessions for medical students.



## Learning points

### Scope of practice

The trust uses the supervision model for juniors to provide clinical supervision to their PAs. This ensures they receive the same opportunities to receive regular feedback from their clinical supervisor around their performance, and the support to develop within their roles.

The PAs have been in post for almost a year, and the trust is planning to discuss opportunities to further extend their scope of practice, which may include involvement in flexible cystoscopy clinics and prostate biopsies under supervision

Going forwards, the trust will collect information around what the PAs want to gain from the post at the point of recruitment. This will enable them to assess the in-house opportunities available for teaching and training in management and procedural skills.

### Prescribing

PAs are currently unable to prescribe medication. At present this is not a problem as they can ask a junior doctor to sign a discharge note to enable them to continue their work. However, this may become more challenging when a PA is involved in clinics and must obtain a signature for a prescription for antibiotics. The trust is keen to receive further information around any changes to statutory regulations for this group of staff.

## Next steps

### Local faculty groups

The trust has established local faculty groups across all its divisions. These groups are responsible for using the data from the education performance indicators to monitor the quality of education provided to junior doctors and being responsive to issues. Members include:

- clinical and educational supervisors
- training representative (junior doctor in training)
- education lead
- postgraduate director of medical education representative
- departmental manager (operations team).

The trust plans to develop a local faculty group for medical associate professionals to enable them to monitor the quality of development and support provided and respond to any issues they raise.

It would enable the group to develop policies and programmes to support PAs in terms of recruitment, support, and continuous professional development such as mentoring and leadership, quality improvement and simulation.