

Clinical informatics & health outcomes research group

The deployment & role of physician assistants/associates in practice

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My practice & academic work

- GP in Guildford (35Km SW of London)
 - 11,500 patient practice
 - 6.5 Whole time equivalent GPs / 8 partners
 - Computerised since 1988 – EMIS brand since 1994
 - Involved in current health reforms
- Professor of Primary Care & Clinical Informatics
 - Chair in Healthcare Management & HoD
 - Health Care Management Masters Programme
 - Clinical Informatics & Health Outcomes Research Group:
 - How IT can be used to improve quality :*

(1) Impact of IT on the consultation - ALFA

(2) Using routinely collected data for QI

- Data linkage & pseudonymisation - Director RCGP RSC
- Chronic Kidney Disease (CKD) - Diabetes - Psychology

(3) Scholarship:

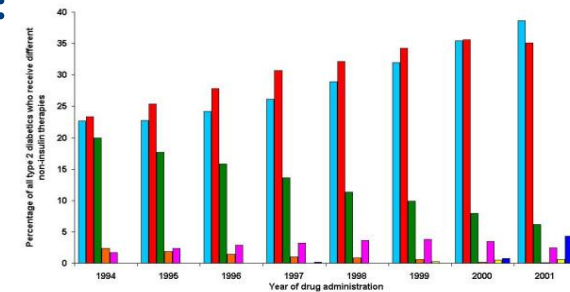
- Chair PCI Working group of European & International Informatics organisations (EFMI & IMIA) PCI
- Editor of Informatics in Primary Care



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- The deployment & role of physician assistants (also known as associates) in general practice
 - Physician assistant training & role
 - Role in acute & chronic disease management
 - PAs in the business of primary care

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Investigating the contribution of physician assistants to primary care in England: a mixed-methods study

HS&DR

Authors: Drennan V, Halter M, Brearley S, Carneiro W, Gabe J, Gage H, Grant R, Joly L, de Lusignan S.

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Important information	References	Appendices	Glossary	List of abbreviations

Abstract

Background

Primary health care is changing as it responds to demographic shifts, technological changes and fiscal constraints. This, and predicted pressures on medical and nursing workforces, raises questions about staffing configurations. Physician assistants (PAs) are mid-level practitioners, trained in a medical model over 2 years at postgraduate level to work under a supervising doctor. A small number of general practices in England have employed PAs.

Objective

To investigate the contribution of PAs to the delivery of patient care in primary care services in England.

PA report - Citation



Drennan V, Halter M, Brearley S, Carneiro W, Gabe J, Gage H, Grant R, Joly L, de Lusignan S.

Investigating the contribution of physician assistants to primary care in England: a mixed-methods study. Health Serv Deliv Res 2014;2(16)

- <http://www.journalslibrary.nihr.ac.uk/hsdr/volume-2/issue-16>

Funding: National Institute for Health, Health Services and Delivery Research programme (project number 09-1801-1066).

PART 1

Physician assistant (PA) training & role

PA training & role



- Mid-level practitioners
- Two-year medical model training
- Initial degree in a science
- Courses
 - University of Aberdeen
 - University of Birmingham
 - St George's Medical School at the University of London
 - University of Worcester (from September 2014)
 - University of Wolverhampton (from September 2014)
 - Plymouth University Peninsula School of Medicine (from January 2015).

Physician Associate - NHS Careers

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Physician associate

Physician associates support doctors in the diagnosis and management of patients. They are trained to perform a number of roles including:

- taking medical histories
- performing examinations
- diagnosing illnesses
- analysing test results
- developing management plans.

They work under the direct supervision of a [doctor](#).

Training

Physician associate training lasts two years, with students studying for 46-48 weeks each year.

Although it involves many aspects of an [undergraduate or post-graduate medical degree](#), it focuses principally on general adult medicine in hospital and [general practice](#), rather than specialty care.

Training will include significant theoretical learning in the key areas of medicine. There will also be 1,600 hours of clinical training, taking place in a range of settings, including 350 hours in general hospital medicine. You'll also typically spend 80 hours in mental health, surgery, obstetrics and gynaecology, and paediatrics.

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The UK Physician Assistant (PA)



The UK PA role has been defined :

“a new healthcare professional who, while not a doctor, works to the medical model, with the attitudes, skills and knowledge base to deliver holistic care and treatment within the general medical and/or general practice team under defined levels of supervision.”

[DH,RCGP, RCP The Competence and Curriculum Framework for the Physician Assistant. 2006]

Registration / Regulation

- Recommended registration on Physician Associate Managed Voluntary Register (PAMVR)
 - <http://pamvr.org.uk/>
- UK Physician Assistant Association (UKAPA) & the UK & Ireland Universities Board for PA Education (UKIUBPAE) suggest compulsory for employment

Physician Assistant Managed Voluntary Register

Welcome

If you are a Physician Assistant in the UK why not register today?



The PA MVR was jointly established in June 2010, by the UK Association of Physician Assistants (UKAPA) in conjunction with the UK and Ireland Universities Board for Physician Assistant Education (UKIUBPAE). The primary purpose of this joint venture towards statutory regulation of the PA profession is to provide public protection and safety, set standards for education and development and to protect the PA title. Prior to establishment of

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PART 2

Role in acute & chronic disease management

PA's workload:



PA's generally were used for acute problems

Also saw people with chronic disease – but generally less complex cases

Generally PA's made better “more appropriate” medical records

How the patients PAs see differ

(from our evaluation Slide 5):



- PAs see **younger patients** than the GPs ($p < 0.001$), with **higher deprivation** ($p < 0.001$)
- GPs were consulted by patients with **more co-morbidities**, who **attended the practice more often & a higher number of repeat prescriptions**
- PAs saw more patients with **'minor/symptoms'**
- GPs saw more patients classified as **'chronic' or 'acute'**
($p < 0.001$)

PART 3

PAAs in the business of primary care

Business issues:



- Patients were satisfied with PA consultations
 - However they wanted the choice
- The supervising GP has to sign the prescription
 - This involves interruptions
- Blinded to who whether GPs or PAs experienced GP tutors & trainers could not differentiate

Economic evaluation

(from our evaluation Slide 5)



- Mean consultation time for PAs >GPs
 - 16.79 vs. 11.23 minutes
- GP & PA consultations cost £3.08 and £1.67 per minute
- Taking consultation lengths of 11.7 minutes @ £36 and 15 minutes @ £25), consultation costs within this study of £34.36 (GP) and £28.14 (PA)
- Apparent cost advantage (£6.22) of PAs may be eroded
 - E.g. Interruptions to GPs for signing PA prescriptions

Workforce flexibility



- PAs are a flexible workforce
 - Cheap to train
 - Rapid to train
 - Cheap to employ
 - The physician assistant role is bands 6-7 on the NHS Agenda for Change pay scale. Salaries from £24,000 -£38,000.
 - Experienced physician assistants from the US working in the UK are currently earning around £40,000.
 - www.sgul.ac.uk/courses/postgraduate/.../physician.../faqs-for-website.pdf

Discussion

Discussion:

- PAs add a flexible dimension to the primary care workforce
- They see patients according to the medical model
 - generally more acute and minor problems
- PAs achieve high levels of patient satisfaction
- Issues:
 - Prescribing
 - Regulation
 - Who knows about them?
- PAs should be carefully considered as part of the skill-mix of primary health care teams

Thanks for listening

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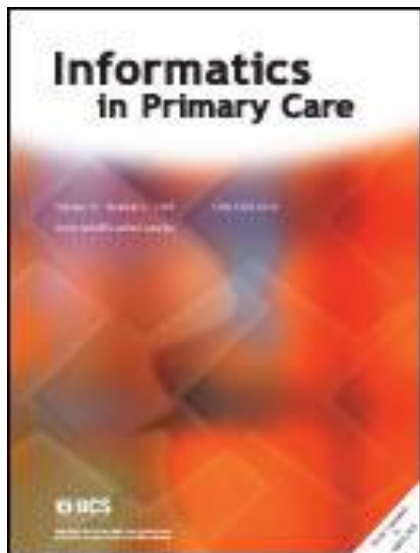
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The End!

Thanks for listening...

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*7-9 January 2015 Surrey WinteR Statistics School
(SWiSS)*

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