



# Integrating Physician Associates into Primary Care: Early findings from a service evaluation of a novel internship

Cottrell E<sup>1,2</sup>, Turner S<sup>3</sup>, Minshull L<sup>3</sup>, Strivens-Joyce A<sup>4</sup>, Aiello M<sup>5</sup>, Lawton SA<sup>1,2</sup>, Edwards JJ<sup>1,2</sup>

1. Keele University Academic Practice, Wolstanton Medical Centre, Wolstanton, ST5 8BN, UK; 2. Research Institute for Primary Care & Health Sciences, Keele University, Keele, Staffordshire, ST5 5BG, UK; 3. North Staffordshire GP Federation, 69-71 Stafford Street, Hanley, ST1 1LS, UK; 4. Keele University School of Medicine, Keele, Staffordshire, ST5 5BG, UK; 5. Health Education England, 32 Russell Square, London, WC1B 5DN, UK.

## Background:

- In the face of challenges relating to increasing patient demand and GP recruitment and retention, there has been a central policy drive to integrate Physician Associates (PAs) into the primary care workforce. However, the impact, effectiveness and potential return on investment of PAs in primary care are not fully understood.
- During training, all PAs have exposure to primary care. However, to date, approximately 80% of all graduate PAs take roles in secondary care.
- PAs are trained to assess, examine, present, initiate and interpret investigations and recommend and undertake management for patients. However, as unregulated professionals, PAs cannot prescribe, complete medical certificates or order tests involving ionising radiation.

*“The Physician Associate is an innovative new health professional, who works with the clinical team to provide quality health care across the NHS. They carry out defined duties under supervision to support but not replace doctors”*

(NHS Health Education England, July 2015)

## Evaluation Aim:

To understand how Physician Associate Interns may be integrated into primary care workforce. This includes workforce impact, service benefit and return-on-investment.

## Methods:

- The first two cohorts of the SPAI were evaluated and early findings presented.
- Data were collected through group (PA) and 1:1 (practice) discussions and questionnaires (PA, practice and patient).
- A conceptual framework (Lau et al, 2016) for implementing interventions in primary care underpinned data collection and analysis.
- Iterative thematic analysis of discussions and free text feedback and descriptive analyses of questionnaire feedback were undertaken.

## Staffordshire Physician Associate Internship (SPAI)

- Initially a one-year pilot, the SPAI programme was developed by the North Staffordshire GP Federation in partnership with five NHS trusts across Staffordshire, with South Staffordshire & Shropshire NHS Foundation Trust as host employer.
- PA interns work:
  - 5 sessions in primary care
  - 4 sessions in secondary care
  - 1 session in primary care-focussed teaching
- Funding was provided by NHS England (offsetting 50% of costs to), host practices, secondary care trusts and Health Education England.



Launch of the SPAI, Dr Sharon Turner and Alex Strivens-Joyce with the first cohort of PA Interns, October 2017

Start of second cohort of PA Interns, March 2018



## Results:

External context: why practices offered to host PA interns

Commonly, practices hosted PA interns to increase appointment capacity or to explore/better understand the role of PAs in primary care

Organisation: expected benefits and roles of PAs in primary care

Despite often lacking clarity of what the role of the PA is, practices and PAs have worked together to establish effective roles, tailored to individual practice needs, building in safeguards and boundaries

Professional: impact of PA on the wider practice

Often well accepted by patients and other primary care professionals, PAs required high levels of supervision in the early days. Integration of a PA Intern prompted some practices to review other staff roles and activities

Intervention: established mechanisms to aid integration

PAs and host practices lacked clarity about what PAs are allowed to do (e.g. flu jabs), permissible ways for demonstration of competence (e.g. minor surgery) and medicolegal implications of activities (e.g. home visits)

*PAs and practice teams more frequently described PAs in terms of what they are not, rather than what they are*

## Discussion:

- The PA Internship was viewed as a development pathway which is essential for preparing PAs to work in primary care and has the potential for being a primary care recruitment and retention strategy.
- Improved conceptualisations of PA roles within primary care, clarity about governance frameworks for certain activities and sharing of good practice and primary care service models that include PAs would support future development and integration of PA Internship roles.