

Cornerstones to progressing the physician associate profession: post-qualification training and development

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There is increasing recognition of what the physician associate (PA) role has to offer the NHS workforce. This has been paralleled by the growing number of working PAs across both primary and secondary care.¹ While there have recently been a number of positive steps forward in supporting the PA profession, there are key challenges ahead if these valued members of the healthcare team are to be maintained in the workforce.

Development in the context of the wider team

Regulation of the PA profession by the General Medical Council (GMC) is set to happen in the summer of 2023.² This long-awaited milestone is already acting as a springboard for essential discussions around moving forward with prescribing rights for PAs and the ability to request ionising radiation. These forums will have an impact on how PAs are trained as discussed by Guest *et al*, as well as their own clinical practice and working relationship with those who supervise them.³

Recognition and understanding of the PA role from immediate team members, as well as the wider governance structure locally and nationally, invariably brings a sense of belonging. This recognition takes the form of acknowledging an individual's current skills and their ability to apply them, together with the future skills they are ready to develop. However, there remains notable disparities in the provision of study leave and funding for continuing professional development (CPD) courses across both primary and secondary care for PAs, preventing the full potential of some PAs to be realised. In addition, workforce leadership must ensure PAs have the ability to enrol in existing educational programmes currently available to other healthcare professionals, for example, the clinical endoscopist training programme developed by Health Education England (HEE).

Engendering a sense of professional identity begins at the start of training. Therefore, professional bodies such as the PA Schools Council (PASC), which represents PA programmes across the UK, are vital for the profession. It provides the higher education institutes (HEIs) with a powerful collective voice to advocate for PA students, develop educators and maintain training standards.

Furthermore, full-time employment of experienced PAs, working directly for organisations such as HEE, would ensure the PA role is fully understood, represented, supported and developed in high-level workforce planning and decision making.

Personal professional development

To continue growing as a profession, PAs will need more opportunities for education and training. This includes on-the-job clinical learning and formalised training in specific skills for their area of clinical practice. PAs are also looking to explore and develop proficiencies outside of direct patient care. It is recognised that the support of mentors and educational supervisors in creating and allowing such opportunities is fundamental to the success of a chosen endeavor.⁴ Currently there are varying models and levels of mentorship for PAs and it rarely exists outside of the first year of employment. Professional development needs to be well organised and accessible to PAs throughout their careers with meaningful and actionable appraisal to allow PAs to develop their skills.

Since 2015, the Faculty of Physician Associates (FPA) has been the professional membership body for PAs, providing professional support in education, training and career development. With increasing clinical experience PAs are looking to progress and diversify skills in their career. Formal teaching roles, positions in quality improvement or operations, and supervising more junior PAs are opportunities becoming increasingly available. Access to appropriate training resources and well-equipped mentors to develop these skills and roles is essential. In recognition of this, the FPA created a PA specific 'Excellence in leadership' programme in 2019–2020 offering 20 fully funded places. More courses, such as this, are coming and very welcomed if we are to ensure retaining and expanding a highly skilled PA workforce.

The PA community is evolving. In response to the increased need for resources, regional networks where PAs, students and their employers collaborate are growing. The HEE Thames Valley and Wessex School of Physician Associates, the London Affiliation of Physician Associates (LAPA), and the Kent, Surrey and Sussex (KSS) School of PAs are just some examples of professional PA networks that have emerged.^{5–7} There are similar efforts underway outside of England, including the Society of PAs in Wales. In addition, the physician associate ambassador role is well established in helping PAs integrate into the workforce by creating employment opportunities and advising on supervision, training and induction. These types of organisations and initiatives are essential in allowing PAs to connect and participate in shaping the future of their own profession.

Creating opportunities for professional growth is associated with job satisfaction and retention. As Roberts *et al* discuss, PAs in the UK are proving to be a stable workforce, similar to PAs in the USA, with many PAs staying in the same position when they feel well supported by their supervising consultants / general practitioners and have adequate learning opportunities.⁸ It is essential that PA supervisors have an open dialogue with employed PAs about career development, where they can help identify relevant clinical courses and plan out short-term and long-term career goals. It is equally important for employers to provide protected time for professional development and a study budget to make these objectives attainable.

While there are a growing number of opportunities for PAs within clinical roles, there is a need for clarifying career trajectories. The 2021 London PA Workforce Survey demonstrated that a PA lead existed in the majority (85%) of trusts.⁹ However, self-proclaimed titles such as 'senior PA', 'chief PA' and 'lead PA' are used in both primary and secondary care without any clearly standardised, defined level of experience for a given title. While the use of these titles highlights the desire for greater ease of recognition regarding a PA's experience, their current use is doing the opposite. This can lead to confusion for other healthcare professionals when encountering PAs with the same title across different departments but who have varying levels of experience and skill.

We support PAs progressing in their career and being acknowledged for their skills and knowledge; however, it is

necessary for the role and responsibilities of a senior PA to have some degree of standardisation. In the USA, a chief or senior PA typically has at least 5–10 years of relevant clinical experience and performs supervisory, operational and educational duties in addition to clinical activity.

HEE are working in collaboration with stakeholders including royal colleges, professional leadership bodies, the British Medical Association (BMA) and patients to help the GMC publish a 'career framework' for all medical associate professions (MAPs) including PAs.¹⁰ This project is due for completion in spring 2022. The aim of the career framework is to provide a transparent pathway that supports progression across all areas of clinical practice. We are of the understanding that the framework will acknowledge the flexible nature of the PA career, that there are several different entry points and progression is not 'automatic' or over a given timeline. The impact this will have on the use of titles to highlight seniority is yet to be seen.

When a PA is embedded in a team, they bring additional assets: sharing their clinical and institutional knowledge with newer members of the multidisciplinary team (MDT), including junior doctors. PAs do and will continue to have a symbiotic relationship with the whole MDT. They have already shown the aptitude to conduct their own outpatient clinics with the appropriate training, experience and assigned supervision. We envision that a clinically experienced PA workforce, while remaining dependent practitioners, will have more autonomy and help train new junior doctors. A system designed to allow and encourage efficient skill transfer throughout the MDT promotes a synergistic and efficient team.

Currently, 80% of PAs are practising clinically, 12% identified as having a role in PA education, 8% in research and 1% as PA ambassadors.¹ However, as the profession continues to organise and expand, we foresee an abundance of PAs diversifying their roles into education, quality improvement, operations, research, clinical leadership and advocacy that will all have an increasingly positive impact on future healthcare delivery. This professional growth must be accompanied by an appropriate level of support and training. As pathways and regulations are defined for the PA profession, it is essential that PAs are included in these decisions. ■

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