East Sussex Healthcare
NHS Trust

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FOI REF: 24/080

22nd February 2024

FREEDOM OF INFORMATION ACT

I am responding to your request for information under the Freedom of Information Act. The answers to your specific questions are as follows:

1) How many Physician Associates are currently employed by your organisation?

As of 31st December 2023, we had 6 Physicians Associates in the Trust (5.8 whole time equivalents).

2) Please provide copies of any policies regarding Physician Associates in your organisation. For example, policies regarding the scope of practice, clinical procedures, governance, supervision and appraisal processes for Physician Associates.

Please see attached East Sussex Healthcare NHS Trust's 'An Organisation-wide policy for the role of Physician Associates' and note that we follow the prescribed scope of practice for PAs.

3) Please provide details of any patient safety incidents (reported via Datix or other internal patient safety reporting systems) where the clinician involved was a Physician Associate. Where possible, please include a breakdown of these incidents by year, severity and categorisation (e.g., department, nature of the incident, patient harm, outcome, organisational response etc).

We have not raised any Serious Incidents that meet the criteria above.

If I can be of any further assistance, please do not hesitate to contact me.

Should you be dissatisfied with the Trust's response to your request, you have the right to request an internal review. Please write to the Freedom of Information Department (esh-tr.foi@nhs.net), quoting the above reference, within 40 working days. The Trust is not obliged to accept an internal review after this date.

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Should you still be dissatisfied with your FOI request, you have the right of complaint to the Information Commissioner at the following address:

The Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire SK9 5AF

Telephone: 0303 123 1113

Yours faithfully

Freedom of Information Department
esh-tr.foi@nhs.net

East Sussex Healthcare NHS Trust

An organisation-wide policy for the role of Physician Associates

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Version:	V2
Ratified by:	Clinical Documentation and Policy Ratification Group
Date ratified:	08 August 2023
Name of author and title:	[redacted], Lead Physician Associate, East Sussex Healthcare NHS Trust [redacted], Consultant Respiratory Physician and Physician Associate Tutor, East Sussex Healthcare NHS Trust
Date originally written:	October 2021
Date current version was completed	August 2023
Name of responsible committee/individual:	Medicine Governance group
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Target audience:	Physician Associates, Physician Associate Line Managers, Physician Associate Tutor, Physician Associate Clinical Supervisors, Medical Division Managers, Human Resources
Compliance with CQC Fundamental Standard	CQC Regulation 17 (Good Governance) Regulation 18 (Staffing) Regulation 19 (Fit and proper persons) Key lines of enquiry (KLOEs). In particular: S2 Managing Risk S3 Safe care and treatment E3 Staff skills and knowledge WL3 Culture of the organisation WL4 Governance and management
Compliance with any other external requirements (e.g. Information Governance)	CQC GMC RCP FPA
Associated Documents:	Employers Guide to Physician Associates https://fparcp.co.uk/employers/guidance https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-82-physician-associates-general-practice

Did you print this yourself?
Please be advised the Trust discourages retention of hard copies of the procedural document and can only guarantee that the procedural document on the Trust website is the most up to date version

Version Control Table

Version number and issue number	Date	Author	Reason for Change	Description of Changes Made
V1.0	October 2021	[redacted]	New Document	New Document
V2.0	August 2023	[redacted]	Amendment needed	Medicines optimisation group and medicine governance group recommendations

Consultation Table

Name of Individual or group	Title	Date
Medicine Division Governance Group		August 2022
Medical HR	[redacted]	January 2023
Medicine Optimisation Group		July 2023
Chief Medical Officer	Simon Merritt	May 2023

Information may be made available in alternative languages and formats, such as large print, upon request. Please contact the document author to discuss.

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1. Introduction

The Physician Associate (PA) role is an innovative new health professional who works with the clinical team to provide quality health care across the NHS.

The Department of Health's Competence and Curriculum Framework for the Physician Associate defines the PA as:

"…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."

The scope of practice of a PA is set out within the Department of Health's Competence and Curriculum Framework but the limitations to practice can vary dependent on the role and experience of the individual PA and his/her supervisor [1].

Currently the profession in the UK is not regulated although UK PAs must be members of the Physician Associate Managed Voluntary Register (PAMVR) which was jointly established in June 2010 by the UK Association of Physician Associates (UKAPA) and the UK and Ireland Universities Board for Physician Associate Education (UKIUBPAE). The primary purpose of this joint venture is to work towards statutory regulation of the PA profession and in the meantime, set standards for post graduate education and development and ultimately to provide public protection and safety. It also aims to provide information regarding the PA profession to the general public, PAs themselves, other healthcare professionals and employers, as well as to provide access to the PA register, policies and procedures. Prior to establishment of the PAMVR, a temporary list of UK-based PAs was held by UKAPA. The PAMVR is now held at the Faculty of Physician Associates at the RCP (FPARCP).

Physician Associates who are registered on the PAMVR may add to their name 'PA-R' to demonstrate that they are currently on the voluntary register and have signed up to maintaining high standards of practice.

As a new role in the UK, PAs still seek statutory registration therefore the title 'Physician Associate' is not yet protected. This has enabled other, often less medically trained staff, to sometimes be employed under the job title of Physician Associate or Physician Assistant. This can be confusing for all concerned: other clinical staff, administrative functions and the general public. For this reason, the FPARCP along with UKIUBPAE continue to work toward regulation of the profession.

[1] The Department of Health's Competence and Curriculum Framework for the Physician Associate 2012 – see http://www.fparcp.co.uk/professional-documents/

2. Purpose of policy

This policy aims to define how PAs will be employed within East Sussex Healthcare NHS Trust. It provides a framework of standards to which the Trust and PAs working within the Trust should adhere and includes supervision arrangements and information regarding appraisal and professional development.

2.1. Scope of policy

The policy applies to:

- All PAs working within the Trust regardless of specialty and seniority
- All clinical and educational supervisors of PAs
- PA line managers
- The PA Tutor
- Those working alongside PAs within the multi-disciplinary team

This policy should be read by:
- All of the above
- Human Resources
- Workforce Development Team
- Training and Development Teams

3. Definitions

Acronym/Abbreviation/Term	Meaning
AAPA	American Association of Physician Assistants
ALERT	Acute Life-threatening Events—Recognition and Treatment
ALS	Advanced Life Support
CBD	Case-based Discussion
CPD	Continuous Professional Development
CNST	Clinical Negligence Scheme for Trusts
DEXA	Dual energy X-ray absorptiometry
DofH	Department of Health
DNAR	Do Not Attempt Resuscitation
DOPS	Directly Observed Procedural Assessments
ECG	Electrocardiogram
FAST	Focused Assessment with Sonography in Trauma
FPARCP	Faculty of Physician Associates at the Royal College of Physicians
HR	Human Resources
ILS	Immediate Life Support
IRMER	Ionising Radiation (Medical Exposure) Regulations
IUD	Intrauterine Device of coil
MDDUS	Medical and Dental Defence Union of Scotland
MDU	Medical Defence Union
miniCEX	Mini Clinical Evaluation Exercise
MPS	Medical Protection Society
MRI	Magnetic Resonance Imaging
MSF/360°	Multi-Source Feedback/360° appraisals
NCCPA	National Commissions on Certification of Physician Associates
NG	Nasogastric
NOF	Neck of Femur
OGD	Oesophago-gastro-duodenoscopy (endoscopy/gastroscopy)
PA	Physician Associate
PAMVR	Physician Associate Managed Voluntary Register
PDP	Professional Development Plan

RCGP	Royal College of General Practitioners
RCP	Royal College of Physicians
PG Diploma	Post Graduate Diploma
SAM	Society for Acute Medicine
SASH	Surrey and Sussex Healthcare NHS Trust
SGUL	St George's University of London
UKAPA	UK Association of Physician Associates
UKIUBPAE	UK and Ireland Universities Board of Physician Associate Education

4. Accountabilities and Responsibilities

4.1 Physician Associate Tutor

- Develop PA education and training across the Trust.
- Support the Lead Physician Associate with escalation of any needs.
- External facing work within remit of the Health Education Kent Surrey and Sussex PA Programme.
- Chair the PA Governance Group to ensure rigorous governance arrangements with regard to practice of PAs within the Trust.
- Liaise with the university placement coordinator regarding practice concerns of PA students.
- Ensure job plans match the requirements of the post and are within the general competencies of the PA role.
- Take part in interview and in recruitment process of PAs.
- Consider additional extended skills for PAs for inclusion within this policy after discussion at the PA Governance Group Meetings.
- Ensure access to continued professional development opportunities.
- Conduct appraisals.
- Ensure where areas of development or need are identified that the PA and the clinical supervisors are supported.
- Raise fitness to practice issues.
- Assist in producing student placement handbooks for supervising consultants.
- Consider requests from new specialties to take PA students and assist in developing suitable placements.

4.2 Lead Physician Associate

- Support the PA Tutor with professional appraisals.
- Represent PAs at the local faculty group meetings.
- Represent PAs at the Medicine governance group.
- Support the PA tutor in mentoring new appointed Physician Associates and students.
- Work with other professionals in health and social care to develop the roles and responsibilities of the physician associate. Develop effective communication with the Medical Director, Associate Medical Directors, Divisional Directors, General Managers, Clinical Directors and Supervising Consultants to ensure that both the standard of training provided for Student Physician Associates, newly qualified and established Physician Associates meet organisational and national standards and requirements.
- Champion, represent and develop the Physician Associate role within the Trust.
- Undertake some line management responsibilities for all Physician Associates working within the Medical Division, including recruitment, CPD and MAST compliance and performance management.
- Advise on the development of job plans for Physician Associates to ensure they reflect both service need and the Physician Associate's competencies and skills.
- Aid the recruitment and retention of Physician Associates.

- Develop Physician Associate student placements and Physician Associate employment opportunities at the Trust.
- Working with the medical Education team and local universities to support quality student placements. Coordinate the student placements, allocation of supervision and placement opportunities and liaise with HEI leads to ensure structured and well-governed placements.
- Oversee the governance of the role of the Physician Associate within the Trust including quality and safety, local management of Physician Associate development and workforce development. This would include the preparation for medical governance meetings and updates to the current Physician Associate governance policy.
- Raise and support the management of fitness to practice issues and any other concerns. Respond to incidents, risks and complaints relating to the practice or conduct of PAs within the medical division.
- Support supervisors of Physician Associate in terms of development and day-to-day working of the PA team.
- Coordinate Physician Associate work experience placements.
- Work with the Education Transformation Programme Manager for Health Education England (HEE) South East, to increase recruitment of Physician Associates at ESHT.

4.3 Physician Associate Governance Group (meets bi-annually)

The PA Governance Group is made up of:

- Listed PA clinical supervisors.
- Director of Medical Education.
- PA Tutor (chair).
- Lead PA for ESHT.
- PA representative.

The responsibilities of this group are:

- Discuss funding for PA Study budget.
- Discuss individual PAs practice and development.
- Support for specialties taking PA students.
- Reporting back to the Local Academic Board and Local Faculty Groups.

4.4 Summary of Clinical Supervisor Responsibilities

- Establish the experience of the PA and any deficits in experience that might limit practice.
- Ensure that the PA works within their scope of practice.
- Offer guidance and support for their professional development.
- Ensure the PA is completing on-going work place based assessments.
- Report back to the PA governance group/PA Tutor any concerns about practice of a PA who can then report directly back to the PAMVR.
- Provide a clinical supervisors report for appraisal purposes.
- Support the PA in their professional development plan.
- Ensure the commencement of employment meeting and regular review meetings take place and documentation is completed and sent to the PA Tutor.
- Support a PA in difficulty.
- Ensure the rest of the MDT are aware of the PA role and that any queries are addressed.

4.5 Summary of PA Responsibilities

- Work within the scope of practice as set out in this policy, within their level of competency.
- Highlight to their supervisor any areas of practice that they are concerned about
- Identify CPD opportunities and undertake 50 hours CPD/year.
- Hold and maintain a personal development portfolio that demonstrates continued professional development since the last appraisal and records all work place based assessments and examples of clinical cases and case discussions.
- Ensure they have completed the required number of Work Place Based Assessments eg. DOPS and Achievement Review paperwork prior to appraisal or review.
- Take out personal professional negligence insurance.
- Take first opportunity to recertify.

- Undertake one session/week clerking acute patients or new presentations.
- Participate in teaching of nursing/medical/PA students on placement in their clinical area.

5. Employment of Physician Associates

5.1 Pre employment

Qualifications and Professional Registration
To be appointed by the Trust, PAs must have successfully passed the final examinations of a recognised UK or US PA course and have successfully sat the UK PA National Examination. Evidence of this must be provided and checked by HR at interview. They must also be registered on the PAMVR, which will be checked prior to appointment and reviewed each year at appraisal by the PA Tutor or line manager. American trained Physician Associates would be required to have and maintain their National Commissions on Certification of Physician Associates (NCCPA) to work in the UK.

Indemnity Arrangements
Although current practice of PAs is covered by the Department of Health 2012 Clinical Negligence Scheme for Trusts (CNST)[2], qualified PAs are strongly encouraged to have their own personal professional negligence insurance from one of the medical defence organisations: Medical Protection Society (MPS), Medical Defense Union (MDU) and Medical and Dental Defence Union of Scotland (MDDUS).

Job Plans
Specialties that seek to employ PAs within their departments should liaise with the PA Tutor and Lead PA to ensure that job plans match the requirements of the post and are within the general competencies of the PA role. The job plans should also allow for ongoing professional development.

Salary
All newly qualified PAs appointed to the Trust are appointed at Agenda for Change
Band 7. The Lead Physician Associate for the trust is appointed at Agenda for Change Band 8a.

Interviewing
It is recommended that the PA tutor, the Lead PA within the Trust, a consultant from the specialty the PA will be appointed to, and an HR representative should be present on the interview panel.

Background to PA Training
UK trained PAs have undertaken post-graduate training in Physician Associate Studies. Spread over a period of at least 90 weeks, this is an intensive two-year course including over 1400 hours of training in clinical practice in both primary and secondary care.

Students enrolling on a Physician Associates diploma will hold a first degree, usually in a life science field and will usually have some prior health or social care experience.

The DofH Curriculum Framework1 was developed to follow the DofH Matrix of Core Clinical Conditions[3] which specifies categories and complexities of conditions which PAs should be able to recognise, treat and/or refer.

[2] Department of Health 2012 Guidance for use of the Clinical Negligence Scheme for Trusts (CNST) www.gov.uk/government/publications/guidance-for-use-of-the-clinical-negligence-scheme-for-trusts-cnst

[3] Department of Health and Matrix specification of Core Clinical Conditions for the Physician Associate 2006 www.fparcp.co.uk/professional-documents

5.2 Considerations during first year of employment
Immediately following qualification, it is suggested that PAs require a period of one year to consolidate their core knowledge and skills and demonstrate their competence in practice. Some Trusts refer to this as a period of “internship” or preceptorship. During this period, they should have

regular meetings with the designated supervisor, formal reviews at 3 and 6 months as well as an annual appraisal. They should also have experiential learning in the clinical area in which they are working and should maintain a portfolio of cases and case discussions with clinicians, which are also reviewed with their clinical supervisor.

All Agenda for Change staff undergo a period of six months' probation. The designated line manager must ensure a review prior to completion of the probation period. If the PA has failed to achieve the required levels which are satisfactory to undertake the PA role then that would be a reason to call a probationary hearing to potentially dismiss the person for failing their probationary period, following usual Trust protocol. Alternatively, the probationary period may be extended if there are extenuating circumstances.

The UKAPA Employers' Handbook [4] has additional information about supporting the newly qualified PA during their first year following qualification. If these recommendations change in line with FPARCP recommendations, then this section of the policy will need to be amended to reflect these changes.

[4] Employer's handbook and review material www.fparcp.co.uk/employment

5.3 Core skills

All PAs have a core skill set that they will perform on a regular basis and as part of their role within the Trust regardless of the specialty in which they work.

Core skills include being able to:

- Take medical histories
- Conduct comprehensive physical exams
- Request and interpret certain investigations
- Diagnose and treat illnesses and injuries
- Counsel on preventive health care

The supervising clinician (Consultant or Registrar) must ensure that the PA is assigned to see a patient that does not exceed their competence or confidence. PAs should not be restricted to one category of acuity however and should be encouraged to see a variety of acute and chronic disease including resuscitation patients and those acutely deteriorating, providing both supervisor and PA are confident, and the PA is competent, to do so.

Core Procedural Skills

PAs have trained and been assessed as competent to perform a number of core procedural skills at qualification. Some of these include:

- Venepuncture and blood culture sampling
- Cannulation
- Arterial gas sampling
- Catheterisation (male and female)
- Peak flow examination
- Urine dip stick

PAs are expected to use pre-filled and sealed saline flushes when inserting cannulas.

5.4 Ward rounds

Ward rounds will be a key activity for most of the PAs working within the Trust. They are able to perform most tasks a junior doctor would perform on a ward round and can lead the clinical review without direct supervision providing a qualified and registered doctor is also working within the same clinical area and the supervising doctor is happy for them to do so. This is to ensure that there is not a delay in investigations and prescription of medication given the current limitations on practice of a PA.

5.5 Consent

The 2019 Trust Policy Consent to Treatment, Examination and Care Policy and Procedure states:

General Principles
The health professional carrying out the procedure is ultimately responsible for ensuring that the patient is genuinely consenting to the proposed procedure or intervention. It is they who will be held responsible in law if this is challenged later.

Delegation of Written Consent (Completing Consent Forms)
It is appropriate, in some circumstances, for the healthcare professional to delegate consent to another multi-disciplinary team member. Any health professional being delegated the task of obtaining written consent must be competent to do so either because they themselves carry out the procedure, or they have been trained and assessed as competent to take delegated consent for that procedure. In order to undertake delegated consent, the health care professional must complete training and assessment and a record of this should be held by the employing specialty/division.

PAs are unable to consent patients for operative procedures that require general anaesthesia.

5.6 Ordering investigations

PAs are able to use electronic ordering to request most common and standard blood tests but also specialist blood tests under instruction by a senior doctor.

PAs are able to request specific ultrasound examinations providing that the request is justified and directly sanctioned by a supervising clinician who takes overall responsibility for reviewing and acting upon the results of that investigation.

PAs lack statutory regulation so are unable to make requests for ionising radiation (ie. x-rays).

PAs are not able to request Magnetic Resonance Imaging (MRI) due to resource constraints and MRI requests requiring sanction by the responsible Consultant.

5.7 Referrals

PAs are able to make both written and verbal referrals to other specialties and healthcare facilities. This would be under the direction of the supervising clinician.

5.8 Prescribing

PAs are not legally permitted to prescribe medications in the UK. However, all UK trained PAs have had training in the drug management of common conditions using applied pharmacology. PAs are expected to have a good understanding of the appropriate medications and doses to be given for a range of conditions across a range of specialties. They should, therefore, be able to adequately discuss a patient with a colleague and come to agreement on the medication requirements of that patient based on their training, review of the patient and guidance from the supervising clinician.

Transcribing Medication

There is no current national guidance around transcribing and prescribing on behalf of a PA but the UKAPA Employers Handbook[4] states:

"*Close work and supervising physicians and arrangements developed individually allow for flexible ways of working and continuation and expansion of quality of care" and "In the hospital setting, PAs are able to write drug charts which require countersignature from a doctor, or propose medications on an electronic prescribing system"*

[4] Employer's handbook and review material www.fparcp.co.uk/employment

At the Trust this is implemented as follows: for electronic prescribing, PAs must undertake the appropriate ePMA training before requesting read-only access to the software. PAs must be assessed to be competent to safely transcribe before they are able to transcribe from an earlier

inpatient drug chart to a new drug chart. All transcribing must be countersigned by a qualified and registered doctor before the medicine can be administered. The responsibility of prescribing for the patient stays with the Consultants team, but the PA is accountable for their own actions. PAs are unable to transcribe cytotoxic medications or controlled drugs. Verbal requests for medication must not be made by the PA to other healthcare professionals.

When a PA is seeing an acute admission, the PA will be responsible for ensuring that time critical medications/treatments are not delayed by seeking an appropriate prescriber. Initiation of new medication or changes to prescriptions must be made and written by a qualified and registered doctor, they cannot be countersigned by a non-medical prescriber.

5.9 Discharge medication and discharge letters

PAs are able to transcribe medicines from the drug chart onto electronic discharge summaries, providing it is clear that they are the author and that the supervising clinician is satisfied that it meets Trust standards. Discharge medications must be signed for by a qualified and registered doctor and submitted to pharmacy by a registered prescriber. New medicines which are not on the current drug chart must be added by a registered doctor. PAs must ensure that the countersigning doctor is happy to do so and that all clinical detail has been entered correctly. PAs must not make changes or additions to the discharge medications, nor add items not prescribed on the drug chart.

5.10 Certification of death

PAs are unable to verify death or complete the Medical Certificate of Cause of Death or make referrals to HM Coroner.

5.11 End of life care and Do Not Attempt Resuscitation decisions

PAs, if asked to do so by the Registrar or Consultant they are working with, and provided they are confident to do so, may be involved in discussions with patients and relatives around end of life care and resuscitation but are not authorised to make decisions regarding resuscitation. They can complete a DNAR order providing it is to be immediately countersigned by the responsible senior clinician (Consultant or Registrar). The overall responsibility for the content of the form and ensuring communication of that order remains with the countersigning senior clinician. The PA is responsible for clearly documenting the discussion in the clinical notes.

5.12 Gaining extended skills

The extended skill-set that a PA can develop over time following qualification will depend on the clinical specialty in which they have been employed. A list of Trust-agreed extended skills is included in the table below. Before new extended skills are introduced into a department, the skill and the required educational framework should be agreed between the Trust PA Tutor and the Lead Clinician for the department.

Training Pathway for Extended Skills

The Trust expects PAs to acquire these extended skills in a manner that upholds a high standard of care, and to safeguard the patient, practitioner and the Trust.

Firstly, the PA should receive training from a qualified and competent practitioner in that skill, then subsequently a period of supervised practice should be undertaken. Appropriate training would mean attending an accredited course in procedural skills. Given the need to ensure that the trainer is qualified and competent, all PAs wishing to learn extended skills must seek permission from the PA tutor. They must be taught and supervised by a Registrar or Consultant who is proficient in the procedure.

Both the initial training and supervised practice should be documented and form part of the PA's work-based yearly appraisal. Competency to continue practicing the extended skills should be reviewed at this yearly appraisal. Extended skills specific to the specialty (for example nerve blocks for Fractured neck of Femur) must be taught and competency assessed as noted above by a Registrar or Consultant who is proficient in these procedures.

The format of the initial training may vary per procedure, however it is expected that the same Directly Observed Procedural Assessment (DOPS) record be used for the supervised practice element. The number of DOPS required will depend on the procedure and the competency demonstrated by the PA.

DOPS should be assessed in terms of level of competency 1-4 as follows:

1. Unable to perform procedure
2. Competent to perform procedure under direct supervision
3. Competent to perform procedure with minimal supervision
4. Competent to perform unsupervised and able to deal with possible complications

Levels of Competency and Supervision Required

The following table lists the current extended skills agreed by the PA Tutor for PA practice. Once the number of required DOPS at level 3 is achieved then the PA should be observed by a consultant prior to being deemed level 4 competent.

With current restrictions imposed by lack of regulation, PAs must have a competent practitioner in attendance *even if* the PA is level 4 competent in that particular procedure.

Some procedures will require administration of local anaesthetic; training for which should form part of the DOPS for each procedure required. The PAs can administer a medication under a Patient Specific Direction. A Patient Specific Direction (PSD) is the traditional written instruction, signed by a doctor, dentist, or non-medical prescriber (hereafter referred to as “the prescriber” unless stated otherwise) for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis. The PSD is a prescription by a qualified and fully registered doctor on an appropriate ESHT Trust approved prescription chart or EPMA.

If formal training to recognise and manage complications of the procedure has been undertaken, for example diagnostic ultrasound, and also the supervising Consultant deems the PA competent to perform extended skills with remote supervision (i.e. the Consultant is not in the room but is aware of the time and location that the procedure is taking place and is available via bleep or telephone) then the PA may be allowed to perform extended scope procedures under remote supervision.

Table of agreed Extended Skills – based on current procedures carried out by UK PAs

Procedure	Currently Practiced	Number of level 3 DOPS required
Ascitic drain insertion	Yes	5
Ascitic tap	Yes	5
Backslab application	Yes	5
Casting/Splinting	Yes	5
Chest drain	Yes	5
Fascia-iliaca blocks with ongoing infusions (#NOF)	Intended	5
Incision and drainage of abscesses	Intended	5
Joint aspiration	Intended	5
Lumbar puncture (diagnostic/therapeutic)	Yes	5
Nerve Blocks	Yes	5
NG placement	Yes	3
Pleural tap (diagnostic/therapeutic)	Yes	5
Pulmonary Lung Function Tests	Yes	3
Relocation of joints	Yes	5
Ring blocks	Intended	5
Suturing	Yes	5

Once the number of required DOPS at level 3 is achieved then the PA should be observed by a Consultant prior to being deemed level 4 competent.

Intended skills are ones that the Trust intends to support the development and training of PAs within specific specialties. Extended skills and the competencies of the Physician Associates performing them will be reviewed at yearly appraisals and should be documented in their portfolio. The Trust requires that any additional extended skills not included in the table above be raised with the PA Tutor for consideration. They will be discussed at the internal PA governance group meetings.

All PAs undertaking any of these extended practical skills must take out personal professional negligence insurance with one of the medical defence organisations.

5.13 Excluded skills

Although the following appear as frequently practiced in the Physician Associate Census[6], the Trust does not anticipate that its PAs will perform these procedures or skills at this time:

- Arterial line insertion
- Bier Blocks
- Central line insertion
- Cervical Smear
- Contraceptive implant placement and removal
- Fitting of diaphragm
- Intubation
- IUD insertion and removal
- Port placement
- Skin lesion removal
- Antenatal ultrasound
- DEXA scanning
- General new-born examination
- OGD
- Psychiatric Assessment

[6] Fifth Annual UK Physician Associate Census. London, England, United Kingdom, 2015, Ritsema TS

Current regulations from the faculty of Physicians Associates dictate that IM, IV and O2 therapy procedures must not be performed even if performed as students under direct supervision of a qualified competent medical or healthcare professional.

5.14 Clinical supervision

PAs will require a certain amount of supervision in their medical practice. This will vary from individual to individual and is dependent on a number of factors including, but not limited to, their past health care experience and years of experience as a PA. A new graduate, or those moving from primary to secondary care, will require more intensive supervision compared to an experienced PA.

<u>Accountability of Supervising Consultant</u>

PAs are able to practice in the UK as a result of a clause within the British General Medical Council's Guidance on Good Medical Practice[6]. Delegation must be from a qualified Medical Doctor only.

[6] British General Medical Council's guidance on Good Medical Practice 2013 www.gmc-uk.org/guidance/good_medical_practice.asp

Delegation involves asking a colleague to provide care or treatment on your behalf. When delegating care you must be satisfied that the person to whom you delegate has the knowledge, skills and experience to provide the relevant care or treatment; or that the person will be adequately supervised.

When you delegate care you are still responsible for the overall management of the patient.

Although individual PAs are accountable for their work practice within the boundaries of supervision and defined scope of practice, their supervising consultants are accountable for their overall work and must accept responsibility for any duties undertaken by a PA in training or a qualified PA. On this basis doctors must determine the scope of duties and responsibilities of the PA on the basis of known competence within the relevant area of practice and demonstrated competence for practical procedures (see above for Gaining Extended Skills).

Supervision Arrangements for PAs/Review Meetings
On appointment each PA will be given a named Clinical Supervisor. This will be a Consultant in the specialty they are working in. The Clinical Supervisor and PA must ensure that a Commencement of Employment meeting takes place during the induction period and that regular reviews are scheduled.

During meetings an educational plan should be drawn up/maintained with the supervisor and agreement made over allocation of dedicated CPD hours.

Frequency of review meetings will depend on the experience of the PA and whether any areas are identified where the PA requires additional support.

The UKAPA Employers Handbook[4] contains standard recording proformas to be used for the Commencement of Employment Meeting and for the regular review meetings. It also recommends a timetable for regular reviews and appraisals as follows. Any deviation from this recommendation should be documented during the meetings. The handbook is currently being revised by the FPARCP; this policy will be amended accordingly.

Timing	Number of CBD/MiniCEX
Year one ‘Internship’ or upon entering new specialty	
Commencement meeting	N/A
3 months	3 x CBD, 3 x MiniCEX
6 months	A further 3 x CBD, 3 x MiniCEX
1 year	An overall total of 8 x CBD, 8 x MiniCEX

Supervising consultants will also be invited to a bi-annual PA Governance Group to feedback and discuss individual PA practice and development in the Trust.

5.15 Recertification

Although PAs will acquire specialist knowledge relevant to their field of practice, they are expected to maintain the same level of general competence across the whole scope of PA practice as tested by the National Assessment and Recertification Examination.

In line with the Competence and Curriculum Framework1, and as a condition to remain on the PAMVR, PAs must recertify every 6 years. Their first opportunity for re-certification may be taken at the beginning of their 5th year of practice.

PAs are given 3 attempts to sit and pass the recertification examination. They should take the first opportunity to recertify that is available to them. If they fail to do so then their “first sit” will be classed as a fail and they will only have 2 more opportunities to take the recertification exam. If they fail to take the next opportunity available, then this too will be classed as a fail and they will only have one more opportunity to take the exam.

If any PA fails the recertification exam on 3 occasions, they will be removed from the PAMVR and their employer will be notified. They will then have to re-take the National Assessment (or whatever

the statutory regulator stipulates that they need to do in order to obtain statutory regulation when the time comes) and re-apply to register.

Registration on the PAMVR is a requirement of employment contract for a PA and therefore, should this no longer be possible, a dismissal hearing may be called following usual Trust protocol under SOSR (Some Other Substantial Reason).

The Trust, the PA Tutor and the PAs themselves all have responsibility to ensure access to continued professional development opportunities that allow specialist skills and knowledge to be developed and the generalist knowledge and skills (required across the whole scope of PA practice) to be maintained.

Please note that if rules and regulations surrounding the recertification exam are amended by the FPARCP then this section of the policy will be updated in line with the changes.

Acute Admissions Experience
In order to maintain competencies in assessment and clerking unselected acutely presenting illnesses, all PAs must have the opportunity to see acute admissions regardless of which specialty employs them (except if employed in the Emergency Department where core activities are acute admissions).

5.16 Continuous professional development requirements

PAs are required to undertake a minimum of 50 hours per year. In order to maintain their registration on the PAMVR, PAs must be able to demonstrate that they meet this requirement. The CPD activities should meet the needs of the PA's individual Professional Development Plan (PDP) and also meet the ratio 50:50 between Type 1 and Type 2 activities.

CPD Type 1 example activities:

- Standardised courses – eg. Advanced Life Support (ALS), Immediate Life Support (ILS), ALERT,
- FPARCP conferences
- Courses approved by other organisations eg. Royal College of General Practitioners (RCGP), Royal College of Physicians (RCP), Society for Acute Medicine (SAM)
- Conferences and CPD events approved by FPARCP for Type 1 CPD Credit

CPD Type 2 example activities:

- Teaching students
- Reading journal articles and writing a reflective log
- Undertaking clinical audits
- Reflective case studies
- Lobbying activities on behalf of the PA profession
- Mandatory and Statutory Training (MAST)

Dedicated Curriculum Mapped Teaching Programme
This is provided by the Kent, Surrey and Sussex School of Physician Associates. Clinical Supervisors must be aware that PAs are expected to attend these sessions.

Study Budget for CPD
The trust offers each employed PA a study budget of £500 per year.

The financial support to provide this study budget is not able to be guaranteed over time as the number of PAs working within the Trust increases. On-going financial support will need to be discussed in PA Governance Group meetings and this policy will be amended accordingly. PAs are encouraged to make use of the available funds and ensure they book and claim for their CPD.

In the year of their recertification exam the PA may apply for extra study budget in order to cover the cost of the exam. This will be considered on a year-by-year basis and will be reimbursed where financially possible.

Claims for reimbursement of study leave must be made within 90 days (3 months) of the course being attended. Failure to do so may mean the claim cannot be made and must be discussed with the PA Tutor.

All claims for the period immediately before the end of the financial year in March must be made as soon as possible after the event and advance notification of the intention to attend a course must be submitted to the PA Tutor.

The ability to provide qualified PAs with a £500 study budget will be reviewed on an annual basis as it may not always be possible.

Study Leave for CPD
At present PAs are entitled to seven days of study leave per year in order to attend external courses. Study leave to attend internal courses and MAST training will be in addition to these seven days but will be at the discretion of their clinical supervisor. In the year of their recertification exam the PA may apply for extra study leave. This must be approved by both the clinical supervisor and the PA tutor. PAs wishing to take part in additional activities to aid their profession such as examinations and question writing may be granted professional leave at the discretion of their immediate supervisor or line manager. Alternatively, if the activity attracts type 2 CPD, study leave can be applied for.

Study leave is subject to approval by the rota coordinator for the clinical area that the PA works in.

5.17 Appraisal

The Trust Appraisal, which is the pay progression appraisal, should be performed by the PA's clinical supervisor as a delegated role with final sign off by the PA's service manager.

In compliance with PA Revalidation requirements, a Physician Associate professional appraisal will be conducted by the PA Tutor and may also involve the Lead PA. Each PA will be expected to have prepared for the appraisal by completing the Trust's Physician Associate Appraisal Document, which reviews the years training and development, clinical and non-clinical activities. It reviews miniCexs and CBDs (from their first year in post), DOPs and MSF/360 documentation.

The Trust expects each PA to develop a portfolio of evidence throughout the year. The RCP CPD diary can be used as appropriate and a printout of this generated for the appraisal.

The Trust expects each PA to develop a portfolio of evidence throughout the year. The RCP CPD diary can be used as appropriate and a printout of this generated for the appraisal.

Evidence to be collected prior to appraisal includes:
- Current job plan
- Review meeting documentation copies (filed in the PA's portfolio)
- Certificates of completion of Mandatory and Statutory training
- Personal development plan (review of previous and for the next year)
- MSF/360 – recommended every three years
- Work Place Based Assessments and DOPS

Suggested additional documentation for portfolio:
- Evidence of experience in audit, research and teaching
- Patient and/or staff feedback results. Feedback can be obtained from a variety of Trust resources including Patient Opinion and Your Care Matters providing the PA is named
- Lessons learnt from involvement in a complaint
- At least one reflective piece of writing

The appraisal provides an opportunity to review development and objectives over the year and set new achievable goals and identify areas for further development. The PA is matched to Trust core values and their overall performance is discussed.

Copies of the appraisal document will be sent to Human Resources and also the PA Governance Group chaired by the PA Tutor. It is the responsibility of the PA Tutor to ensure where areas of development or need are identified that the PA and the clinical supervisors are supported in achieving the aims of the PA.

PAs are not required to complete the Knowledge, Skills Framework model of appraisal.

- The purpose of the appraisal is to:
- Support the PA in their personal development
- Review the PDP objectives
- Identify any areas for performance development
- Ensure all contractual elements of practice are up to date including; mandatory and statutory training and status of registration on the PAMVR

The PA Tutor will also inform Workforce Development (Education and Training) so that the PAs Electronic Staff Record can be updated.

Please note that if FPARCP alter recommendations for appraisal or appraisal documentation then this section of the policy will be updated in line with the changes.

5.18 Fitness to practice

Fitness to practice10 issues should be raised with the PA Tutor who will, in turn, report concerns to the PAMVR. The PAMVR ensures that no PA is placed on the register or remains on the register without demonstrating fitness to practice.

PAs also work to a code of conduct[7] which brings together all sources, e.g. Competence and Curriculum Framework1, the American Association of Physician

[7] www.fparcp.co.uk/guidelines

5.19 Physician Associate students

The Trust currently supervises PA student placements from Brighton and Sussex Medical School MSc course. The students are learning in various specialties.

Whilst on placement, PA students will be supervised by a named Consultant within each specialty and where possible paired with a working PA to provide mentorship and support, even if that PA does not work within the specialty of the placement. Students from the different universities will have specific and differing learning objectives. The supervising consultants will be provided with student placement handbooks by the universities prior to the student arriving which should provide all the necessary details. Concerns about the progress of students should be raised with the university faculty team in the first instance but the PA tutor can offer advice and support around this process.

Whilst on placement, PA students should work under the scope of practice set out within this policy and within the scope of practice set out by the training universities. Student PAs are not permitted to perform any of the extended skills listed in 6.12.

Specialties seeking to take PA students where they do not currently employ PAs are asked to request this via the PA Tutor to ensure that the placements meet the requirements of the students and university standards for placement and to ensure that the supervising consultants receive support in providing the placement.

Student Indemnity
Indemnity for the work of the PA student is provided by standard NHS Indemnity. We would expect them to be in contact with patients either as an observer only or in a directly supervised role with the supervising doctor retaining responsibility for any patient contact and treatment. PA students are able to see patients without a doctor being present at the time, however. We would not expect students to make independent decisions about the diagnosis or management of patients or to provide specific clinical advice to patients (unless in the presence of the supervising doctor).

Supervising doctors or nurses working alongside student PAs have ethical and legal duties of care to their patients and retain professional responsibility for their patients when they are supervising the involvement of a student. If a patient were to be harmed as a result of a PA student's involvement in their care, it is most likely that any claim brought would name the supervising doctor.

6. References and associated documents

References

Organisation	Author	Date of Publication	Title of Document
Department of Health	DofH	2012	Competence and Curriculum Framework for the Physician Associate
Department of Health	DofH	2012	Guidance for use of the Clinical Negligence Scheme for Trusts (CNST)
Department of Health	DofH	2006	Matrix specification of Core Clinical Conditions for the Physician Assistant
FPARCP	UKAPA		Employer's handbook and review material
FPARCP	UKAPA	n/a	Yearly Appraisal Document
ESHT	Simon Walton	2019	Consent to Treatment, Examination and Care Policy and Procedure
Department of Health	DofH	2012	Ionising Radiation (Medical Exposure) Regulations 2000 and amendments made in 2006
FPARCP	Ritsema TS	2015	Fifth Annual UK Physician Associate Census.
General Medical Council	GMC	2013	Good Medical Practice
Department of Health	DofH	2014	Knowledge and Skills Framework
FPARCP	UKAPA	2009	Code of Conduct
AAPA	AAPA	2013	Guidelines for Ethical Conduct for the Physician Assistant profession
General Medical Council	Richard Marchant, Assistant Director, Regulation Policy, Strategy and Communication	Council meeting, 30 September 2015	The scope of medical regulation: physician associates

Associated documents

Organisation	Author	Date of Publication	Title of Document
ESHT		2013	Procedural Documents Policy and Procedure

7. Monitoring policy implementation

This policy and the employment of PAs across all specialties will be monitored by the PA Tutor in order to ensure consistency and compliance. Any issues identified will be addressed via the appropriate specialty manager with support from Human Resources.

This policy will be reviewed annually. The PA tutor is responsible for updating the document as change occurs or as directed by any change in practice by the FPARCP.

7.1 Monitoring approval, amendments and document control

The Trust process for amendment of policies will be conducted as specified in Organisation-Wide Policy for Procedural Documents Template, available on the Extranet.
This includes:

- Approval, ratification and review checklist
- Minor changes audit proforma
- Review cycle

It also includes:

- Posting on the dedicated policies webpage on the Trust Intranet.
- Inclusion of key information regarding scope of practice in induction packs for new PAs and doctors in training.
- Notification to all staff of the policy on the next email bulletin.
- Specific training for specialty managers when requesting PA resource.

7.2 Document Monitoring Table

Element to be Monitored	Lead	Tool for Monitoring	Frequency	Responsible Individual/Group/ Committee for review of results/report	Responsible individual/ group/ committee for acting on recommendations/action plan	Responsible individual/group/ committee for ensuring action plan/lessons learnt are Implemented
Compliance with Policy	[redacted]	Audit tool	Annually	Specialty Governance Group	Division Governance Group	Division Governance Group

8. Equality and Human Rights Statement

Equality statement

This document demonstrates commitment to create a positive culture of respect for all individuals, including staff, patients, their families and carers as well as community partners**.** The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief**,** and marriage and civil partnership. It is also intended to use the Human Rights Act 1998 to promote positive practice and value the diversity of all individuals and communities. This document is available in different languages and formats upon request to the Trust Procedural Documents Coordinator and the Equality and Diversity Lead.

Appendix A: EIA

Equality Impact Assessment Form

1. Cover Sheet

Please refer to the accompanying guidance document when completing this form.

Strategy, policy or service name	An organisation-wide policy for the role of Physician Associates
Date of completion	16/08/2023
Name of the person(s) completing this form	[redacted]
Brief description of the aims of the Strategy/ Policy/ Service	To provide governance for the role of Physician Associate at East Sussex Healthcare Trust
Which Department owns the strategy/ policy/ function	Medicine
Version number	V2
Pre Equality analysis considerations	All recruitment processes have been impact assessed
Who will be affected by this work? **E.g. staff, patients, service users, partner organisations etc.**	Physician Associates employed by East Sussex Healthcare Trust, patients, staff
Review date	August 2026
If negative impacts have been identified that you need support mitigating please escalate to the appropriate leader in your directorate and contact the EDHR team for further discussion.	Not applicable
Have you sent the final copy to the EDHR Team?	Yes

2. EIA Analysis

<table>
<tr><td></td><td>☺ 😐 ☹</td><td>Evidence:</td></tr>
<tr><td>Will the proposal impact the safety of patients', carers' visitors and/or staff?

Safe: Protected from abuse and avoidable harm.</td><td>Positive</td><td>Increased staffing levels will improve patient safety</td></tr>
<tr><td>Equality Consideration
Highlight the protected characteristic impact or social economic impact (e.g. homelessness, poverty, income or education)</td><td></td><td>
<table>
<tr><td>Race</td><td>Gender</td><td>Sexual orientation</td><td>Age</td><td>Disability & carers</td></tr>
<tr><td>☒</td><td>☒</td><td>☒</td><td>☒</td><td>☒</td></tr>
<tr><td>Gender reassignment</td><td>Marriage & Civil Partnership</td><td>Religion and faith</td><td>Maternity & Pregnancy</td><td>Social economic</td></tr>
<tr><td>☒</td><td>☒</td><td>☒</td><td>☒</td><td>☒</td></tr>
</table>
</td></tr>
<tr><td>Is the proposal of change effective?

Effective: Peoples care, treatment and support achieves good outcomes, That staff are enabled to work in an inclusive environment. That the changes are made on the best available evidence for all involved with due regards across all 9 protected Characteristics</td><td>Positive</td><td>Increased staffing levels will improve patient safety

Increased safety with clearly defined scope of practice</td></tr>
<tr><td>Equality Consideration
Highlight the protected characteristic impact or social economic impact (e.g. homelessness, poverty, income or education)</td><td></td><td>
<table>
<tr><td>Race</td><td>Gender</td><td>Sexual orientation</td><td>Age</td><td>Disability & carers</td></tr>
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<tr><td>☒</td><td>☒</td><td>☒</td><td>☒</td><td>☒</td></tr>
</table>
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</table>

<table>
<tr><td>What impact will this have on people receiving a positive experience of care?</td><td>Positive</td><td>As above</td></tr>
<tr><td>Equality Consideration
Highlight the protected characteristic impact or social economic impact (e.g. homelessness, poverty, income or education)</td><td></td><td>
<table>
<tr><td>Race</td><td>Gender</td><td>Sexual orientation</td><td>Age</td><td>Disability & carers</td></tr>
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<tr><td>☒</td><td>☒</td><td>☒</td><td>☒</td><td>☒</td></tr>
</table>
</td></tr>
<tr><td>Does the proposal impact on the responsiveness to people's needs?</td><td>Positive</td><td>Increased staffing levels and additional skill mix to meet population needs more quickly</td></tr>
<tr><td>Equality Consideration
Highlight the protected characteristic impact or social economic impact (e.g. homelessness, poverty, income or education)</td><td></td><td>
<table>
<tr><td>Race</td><td>Gender</td><td>Sexual orientation</td><td>Age</td><td>Disability & carers</td></tr>
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</td></tr>
<tr><td>What considerations have been put in place to consider the organisations approach on improving equality and diversity in the workforce and leadership?</td><td>Positive</td><td>Additional allied health professional role to contribute to skills mix. All recruitment processes have been impact assessed</td></tr>
<tr><td>Equality Consideration
Highlight the protected characteristic impact or social economic impact (e.g. homelessness, poverty, income or education)</td><td></td><td>
<table>
<tr><td>Race</td><td>Gender</td><td>Sexual orientation</td><td>Age</td><td>Disability & carers</td></tr>
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</td></tr>
<tr><td colspan="3">Access
Could the proposal impact positively or negatively on any of the following:</td></tr>
<tr><td>• Patient Choice</td><td>Positive</td><td></td></tr>
<tr><td>• Access</td><td>Positive</td><td></td></tr>
<tr><td>• Integration</td><td>Neutral</td><td></td></tr>
</table>

Equality Consideration *Highlight the protected characteristic impact or social economic impact (e.g. homelessness, poverty, income or education)*		<table><tr><td>**Race**</td><td>**Gender**</td><td>**Sexual orientation**</td><td>**Age**</td><td>**Disability & carers**</td></tr><tr><td>☒</td><td>☒</td><td>☒</td><td>☒</td><td>☒</td></tr><tr><td>**Gender reassignment**</td><td>**Marriage & Civil Partnership**</td><td>**Religion and faith**</td><td>**Maternity & Pregnancy**</td><td>**Social economic**</td></tr><tr><td>☒</td><td>☒</td><td>☒</td><td>☒</td><td>☒</td></tr></table>
Engagement and Involvement How have you made sure that the views of stakeholders, including people likely to face exclusion have been influential in the development of the strategy / policy / service:	Positive	Medical governance team. Policy to be reviewed yearly
Equality Consideration *Highlight the protected characteristic impact or social economic impact (e.g. homelessness, poverty, income or education)*		<table><tr><td>**Race**</td><td>**Gender**</td><td>**Sexual orientation**</td><td>**Age**</td><td>**Disability & carers**</td></tr><tr><td>☒</td><td>☒</td><td>☒</td><td>☒</td><td>☒</td></tr><tr><td>**Gender reassignment**</td><td>**Marriage & Civil Partnership**</td><td>**Religion and faith**</td><td>**Maternity & Pregnancy**</td><td>**Social economic**</td></tr><tr><td>☒</td><td>☒</td><td>☒</td><td>☒</td><td>☒</td></tr></table>
Duty of Equality Use the space below to provide more detail where you have identified how your proposal of change will impact.	Neutral	

Characteristic	**Rating** ☺ ☹ 😐	**Description**
Race	☺	
Age	☺	
Disability and Carers	☺	
Religion or belief	☺	
Sex	☺	
Sexual orientation	☺	
Gender re-assignment	☺	
Pregnancy and maternity	☺	

Marriage and civil partnership	☺	

Human Rights

Please look at the table below to consider if your proposal of change may potentially conflict with the Human Right Act 1998

Articles		Y/N
A2	Right to life	**N**
A3	Prohibition of torture, inhuman or degrading treatment	**N**
A4	Prohibition of slavery and forced labour	**N**
A5	Right to liberty and security	**N**
A6 &7	Rights to a fair trial; and no punishment without law	**N**
A8	Right to respect for private and family life, home and correspondence	**N**
A9	Freedom of thought, conscience and religion	**N**
A10	Freedom of expression	**N**
A11	Freedom of assembly and association	**N**
A12	Right to marry and found a family	**N**
Protocols		
P1.A1	Protection of property	**N**
P1.A2	Right to education	**N**
P1.A3	Right to free elections	**N**