For further information

Visit the Faculty of Physician Associates [www.rcplondon.ac.uk/physician-associates](http://www.rcplondon.ac.uk/physician-associates)

#### Why PAs? Can’t you train more practice nurses instead?

We know there are **not enough practice nurses or advanced nurse practitioners working in general practice.** As an additional role, physician associates can supplement and complement the skill set of GPs, nursing and other clinical staff.

It means that *more* clinicians are being trained, rather than ‘poaching’ from other professions – such as nursing that also have a shortage.

Over recent years there has been a steady increase in the number of large partnerships resulting in the consolidation and growth of a number of GP patient lists. In turn, the traditional staff roles have expanded and developed to meet the needs of the practice.

In addition to being supervised by and working with GPs, PAs may work alongside other professions including:

* General practice nurses including advanced nurse practitioners
* Healthcare assistants
* Clinical pharmacists
* Paramedics
* Mental health therapists
* Physiotherapists
* Practice managers
* Reception and clerical staff

**Is this the governments way of trying to get GPs trained on the cheap?**

When new roles are introduced there is bound to be an amount of speculation and misunderstanding until the benefits of the role are better understood and established.

It’s worth remembering that the PA role **DOES NOT REPLACE A GP**.

There is significant evidence that PAs are safe clinicians. They are trained in the medical model to consult, examine, understand the patient’s problems and plan care. They have to complete a rigorous, academically demanding programme to qualify.

**What exactly can a Physicians Associate work on in general Practice?**

The PA role in primary care varies and tends to develop according to the**needs of each practice**. Trained in the medical model, PAs are qualified to see the range of patients from infants to elderly people. PAs may effectively free up a GPs’ time.

In short they can take medical histories, perform examinations, develop differential diagnoses, analyse test results, develop management plans and refer patients as required.

Some examples of their activities could include:

* Patient consultations - same day acute illness and booked routine appointment
* Telephone triage
* Residential, nursing and home visits
* Managing chronic conditions lists (such as COPD or diabetes patients)
* Running clinics (sexual health, family planning or minor surgery for example)
* Reviewing, analysing and actioning diagnostic test results
* Support to meet clinical targets
* Providing health/disease promotion and prevention advice for patients
* Co-ordinating research activity