

# Physician Associates in Geriatric Medicine

Sophie Jeffs

Physician Associate

# What is a PA



- Faculty of Physician Associates at the Royal College of Physicians (FPA-RCP):  
“Physician associates are medically trained, generalist healthcare professionals, who work alongside doctors and provide medical care as an integral part of the multidisciplinary team. Physician associates are dependent practitioners working with a dedicated medical supervisor, but are able to work autonomously with appropriate support”
- Previously known as Physician Assistants
- Managed Voluntary Register (PAMVR)

# What training do they have?

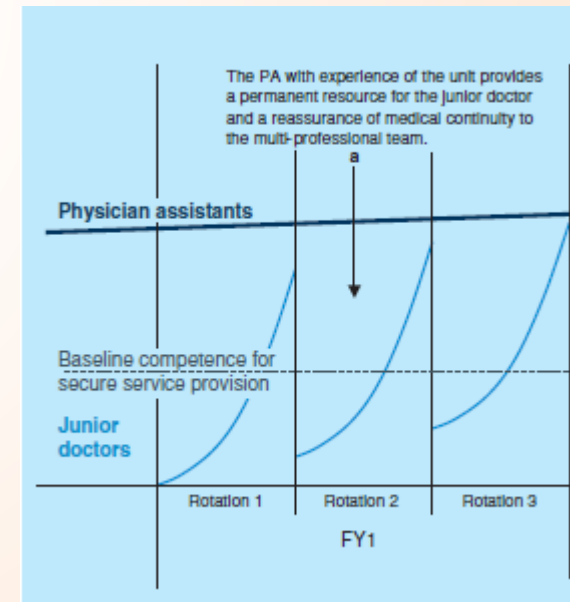
- Postgraduate Diploma
  - Science-based undergraduate degree + experience of working in healthcare
- 2 year full-time course
- University exams- OSCE and MCQ
- National exam- OSCE and MCQ
  - Recertify every 6 years
- Some courses also offer Masters qualifications

COURSE CONTENT:  
50% Theoretical  
50% Practical

General medicine,  
Community medicine,  
Obs and gynae,  
Paediatrics,  
Mental health,  
Surgery,  
Acute medicine

# What can they do?

- Clerking patients, examination, management plan, ordering/interpreting investigations, procedures
- 'Additional procedures as taught by someone competent in the role' – e.g DEXA scans, ultrasound, minor surgery, arterial line insertion, colonoscopy,
- Continuity and support as they tend not to rotate
- Supporting medical team- Redistribution of medical workload



# What can't they do?

- Prescribe
- Request ionising radiation (eg chest x-ray or CT scan).

**Watch this space...**

- Currently in consultation to get regulation to enable these



# Few and far between??

- 31 university courses (inc. Sheffield, Birmingham, De-Montford)
- Sept 2018- 770 qualified, 1200 training



# How does this fit into geriatric medicine?

- On the wards
  - Take own bay
  - Procedures
  - TTOs
- In ED
  - Frailty Unit
    - Clerking patients
    - Requesting investigations
    - Formulating management plans
    - Liaising with GP/ Family/ Carers etc
- In GP
  - Appointments as per seeing regular GP
  - Patient clinics





- Failed medics
- Stealing jobs
- Can't prescribe so there is no point in having them
- They can't work in specialties because they are generalists
- They are secretaries



Any questions??