NHS Grampian

The Physician Associates Handbook

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1. **Introduction**

The Faculty of Physician Associates at the Royal College of Physicians, London, describes Physicians Associates (PAs) as healthcare professionals with a generalist medical education who work alongside doctors, physicians, GPs and surgeons to provide medical care as an integral part of the multidisciplinary team. A PA is able to see a range of undifferentiated patients, and does not necessarily work to set protocols in the manner of an extended practitioner.

The Department of Health defined a PA in 2012 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”.

In the UK the Physician Associate has a first degree in appropriate sciences (e.g. biomedical sciences, anatomy etc) or clinical healthcare (e.g. physiology, pharmacy etc), and then undertakes a 2 year Physician Associate Programme at University. Aberdeen University’s PA training programme was one of the earliest in the UK, and is a well established course. As the profession has evolved, more roles and skills are being developed by PAs, and their roles within generalist and specialist teams continue to grow.

There is a commitment across Grampian to grow the PA Healthcare Profession as it is recognised that there is a requirement for this role within Healthcare to meet increased service delivery requirements and to support junior doctors’ training in the context of these service needs. NHS Grampian has also invested in an Intern year to ensure that newly graduated PAs are able to develop and are supported within their first year. This provides a platform to build their future careers, in anticipation that the PA workforce will remain working in the Grampian area.

2. Registration

Physician Associates do not currently have a recognised regulatory body analogous to the GMC, although active efforts are underway to establish statutory regulation for PAs. The Faculty of Physician Associates (FPA) was established in 2015 by the Royal College of Physicians along with other health education bodies, in conjunction with the UK Association of Physician Associates. The FPA is a UK-wide body, and oversees standards for professional activities, patient safety, fitness to practice, etc. These standards will be legally backed once a regulatory body is in place.

The FPA maintains a Managed Voluntary Register (MVR). NHS Scotland[1], and NHS Grampian, stipulate as part of the condition of employment, that PAs must be registered on the MVR. There is a currently a £200 annual fee to maintain registration and a requirement to undertake 50 hours Continuing Professional Development (CPD) each year. Employers are able to check PA registration at appointment and at yearly appraisals. The FPA notes that this will help to ensure that only those who have been properly trained are able to practise as PAs.

3. Governance Structure

(a) Training

Currently only PAs trained in the UK or USA are permitted to work in the UK. In the interests of public safety – and because of the lack of statutory regulation – the FPA will not accept a PA trained in any other country to work in the UK or to be on the PA MVR. There is currently no system for PAs from other countries to be able to demonstrate UK-equivalent standards of education and training.

To be appointed to a post, a PA must have successfully passed the final examinations of a recognised PA course in the UK or USA, and have successfully sat the UK PA national examination. Evidence of this must be provided and checked at interview. They must also be registered on the PA MVR, which will be checked prior to appointment, and reviewed each year at appraisal by the PA tutor or line manager. US-trained PAs are required to have, and maintain, their certification by the National Commission on Certification of Physician Assistants (NCCPA) in order to work in the UK.

Aberdeen University's PA course is one of the oldest in the UK, and has close links with NHS Grampian.

(b) Indemnity

In primary care, PAs must take out professional negligence insurance from one of the medical defence organisations: Medical Protection Society (MPS), Medical Defence Union (MDU) or Medical and Dental Defence Union of Scotland (MDDUS). Alternatively, they may be covered under a group arrangement in general practice.

For secondary care, the current practice of PAs is covered by the Department of Health 2012 Clinical Negligence Scheme for Trusts (CNST). Qualified PAs are

[1] DL (2016) 15

strongly recommended to have their own personal professional negligence insurance, which can be arranged through bodies such as MDDUS.

(c) Supervision

The PA is described as a dependent practitioner and will always work under the supervision of a designated doctor. Their detailed scope of practice in a given setting is limited by that of the supervising doctor, and the level of training the PA has received in that area. Supervision can take more than one form: it may be direct, with the supervising doctor physically present, or indirect, where the supervising doctor is not physically present, but they will always be readily available for consultation.

Like other healthcare professionals, the PA is responsible for their own practice, although the supervising doctor always maintains the ultimate responsibility for the patient's care.

The PA will be employed as a member of the medical team in primary or secondary care and will have a clinical supervisory relationship with a named doctor, who will provide clinical guidance when appropriate. It is expected that the supervisory relationship will mature over time, and while the doctor will remain in overall control of the clinical management of patients, the need for directive supervision of the PA will diminish. The PA will always act within a predetermined level of supervision and within agreed guidelines.

The identity of the supervising doctor should be specified within each department/GP practice. While there will be a named supervisor for each PA, although they may work under the supervision of a different consultant/GP on a given shift. Clear lines of delegation must be specified within every department or place of work, e.g., other medical staff in senior roles within the clinical area.

Qualified PAs may develop specialist expertise that reflects the specialty of their supervising doctor. This will be gained through experiential learning and CPD. However, a PA is expected to maintain their broad clinical knowledge base through regular testing of generalist knowledge and demonstrated maintenance of generalist clinical skills. PAs are required to demonstrate general competences through a National Recertification Assessment very 5 years. This will move to a GMC-mandated revalidation process once GMC regulation of PAs comes into force.

(d) Appraisal

All PAs should have an annual appraisal with their supervisor. In practice, a PA is likely to work with different consultants or members of the GP team. Therefore, feedback from the team should inform and support the annual appraisal.

All NHS Grampian staff members were moved in 2018 to the Turas Appraisal system for internal performance appraisal and development purposes. This is an online system, to support the Knowledge and Skills Framework, required for all Agenda for Change Staff. It has been developed by NHS Education for Scotland, but is now being adopted by wider parts of the NHS.

There are a number of forms available on the FPA website for PAs and employers to use to supplement the NHSG's appraisal support documentation, including forms for collecting patient and colleague feedback, evidence/case-based discussions and confirming direct observation of procedures. NHSG forms are available on the Intranet.

(e) Duty and Responsibility Framework

NHS Grampian requires a duty and responsibility framework document to be completed for each PA to allow both department and PA to understand what is expected of them. This document should indicate hours of work, required duties, competencies and opportunities for development. This document will be reviewed at least on an annual basis e.g. as part of the annual appraisal.

A model template is attached in appendix A.

In addition, departments and GP practices will find it greatly beneficial to provide documented learning objectives and a guide to opportunities and expected clinical activities. This will help identify the broader scope within which an individual PA's duty and responsibility document lies. Such a departmental guide will also inform the wider clinical structure of the department/GP practice. An example of such a guide, currently in use in Respiraory Medicine at ARI, is attached in Appendix B.

(f) Induction

Those PAs who are commencing employment with NHS Grampian are required to attend NHS Grampian Corporate Induction. All PAs appointed to a new specialty should undertake a local orientation/induction meeting to identify their learning needs, and determine how these will be addressed in the first year and beyond.

4. Competencies

(a) Primary Care

PAs in general practice can undertake a variety of jobs. They can assess, manage and treat patients of all ages with a variety of acute undifferentiated and chronic conditions. They can see patients presenting with acute/same-day problems, as well as offering rebooked appointments. PAs are able to triage patients, carry out telephone consultations, make referrals, and review and act on laboratory results. Many PAs also carry out home visits or visit nursing and residential homes.

If desired, PAs may offer specialised clinics following appropriate training. Some examples listed nationally include family planning, baby checks, COPD, asthma, diabetes and anticoagulation. PAs are also able to teach and supervise students. The level of competence at which the PA can work will depend on their skills and experience, and the skills and experience of their supervising GP.

All PAs must be aware of the level of their clinical competence, and to work within their limits accordingly. As PAs become more experienced, they can become involved in a wide range of activities including service design and development, becoming clinical placement leads for students, undertaking minor operations and becoming involved in practice-wide education and quality improvement projects.

Some PAs may run a minor surgery clinic if appropriately trained. However, the responsible GP with up-to-date skills must be available on-site. As a safety issue, the clinic should not run if the appropriate doctor is not in the building.

(b) Secondary Care

All PAs have a core set of skills that they will perform on a regular basis as part of their working role, regardless of the specialty in which they work. Core skills include being able to: take medical histories; conduct comprehensive physical examinations; request and interpret certain investigations; diagnose and treat illness/injuries; and counsel, or offer preventative healthcare.

Ward rounds will be a key activity for most PAs working in secondary care. A PA is able to perform most tasks that 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 in the clinical area, and the supervising doctor is happy that the required competencies are present for them to do so.

If considered appropriate within a department, PAs may be trained in a range of extended skills over a period of time. Examples of extended skills being undertaken by UK PAs are listed in Appendix C.

(c) Limitations

Due to the lack of statutory regulation at present, PAs cannot currently prescribe medications or request ionising radiation.

5. Professional Development

(a) Continuing Professional Development (CPD)

All PAs are expected to maintain their CPD, as required by the The Faculty of Physician Associates (FPA). NHSG expects that a PA will establish a formal educational needs plan with their supervisor, which will be reviewed on a regular basis.

The FPA has produced a CPD Diary for PAs to record activities undertaken. There is a requirement for 50 hours CPD to be undertaken annually for the PA to remain on the Managed Voluntary Register (MVR). Of these 50 hours at least 25 must be external and some examples of internal or personal, examples are listed in Appendix D.

(b) Study Budget and Leave

As NHS Grampian require PA's to be on the MVR. Supervisors must enable PA's to undertake 50 hours Continuing Professional Development (CPD) per year by providing support, access to a study budget and study leave.

Each PA should receive a study leave allowance of 10 days per annum to allow CPD as per national requirements, as well as CPD related to essential skills specific to their individual role. Of note, these two sets of requirements are likely to overlap to some degree. Attendance at routine in-house departmental CPD opportunities should also be encouraged, if possible.

NHS Grampian has agreed a study budget of £500 per annum for each PA, funded by the parent department.

(c) Recertification

Every 5 years, PA's are required to undertake an examination in order to recertify. They will have 3 attempts to pass this examination within the year. If they do not pass, they will need to undertake the full National Examination before they can continue to work as a Physician Associate.

The recertification examination costs £250 and covers all core areas of practice that a PA is required to maintain knowledge in regardless of which specialty they are working within.

The requirement for the recertification assessment will be replaced by a new GMC appraisal system once GMC regulation of PAs comes into force.

(d) General Development

As PAs acquire seniority and increase their skills in their area of work, they will become experienced members of their clinical teams. They would therefore have the potential to become valuable contributors to the NHS in areas other than direct clinical care.

In common with other NHS staff, senior PAs will be able to use development opportunities for themselves in various areas such as leadership, operational management, teaching and training, quality improvement, or research. Good liaison within teams will help interested PAs to identify their interests, and to facilitate the appropriate development opportunities.

Appendices

Appendix A – Template for the Duties & Responsibilities Framework

Physician Associate in NHS Grampian: Duties and Responsibilities

Name:

Department:

Place of Work:

Supervising Consultant:

In the absence of the supervising consultant, supervision will be provided by:

(e.g., duty consultant as per rota)

Operational Line Manager:

Date of Review of this Document:

Summary of Duties.

Physician Associates (PAs) provide assistance to the consultants, specialty doctors, and senior trainees in the provision of a high quality, patient centred service. PAs can participate in all appropriate aspects of the care pathway and will be expected to perform delegated duties with a high degree of clinical skill and knowledge.

PAs work alongside the medical team. They assess and examine patients, present them, initiate and interpret investigations, and recommend treatment. They liaise with other professionals and specialities as required and complete necessary documentation relating to their patients.

They will be supervised by a designated consultant and will also have individual mentors to overview their career development.

Physician Associates are involved in the activities of the Department, including coordinating patients on ambulatory pathways related to their speciality, review patients admitted to their ward/s and providing subsequent management of their case in conjunction with the medical team. The role is generally developed flexibly over time in accordance with the PA's clinical interests and in line with the needs of the service.

Physician Associates may represent the department at local and external meetings as appropriate.

Description of Duties.

A summary of regular work may be presented in a tabular form with descriptions as necessary:

Examples:

	Monday	Tuesday	Wednesday	Thursday	Friday
A.M.	Ambulatory clinic	Ward round	Assist in Theatre	OP clinic	Ward rounds
Mid-day session	Teaching	MDT		Grand Round	Safety & Quality meeting
P.M.	Ward work	Patient follow-up	Attend post-op rounds	Ward work	Admin/QI

- Details of duties specific to role/department...
- Core procedures:
    - Venepuncture
    - Cannulation
    - Arterial blood gases
    - Arterial line insertion
    - Injections
    - ECG
    - Urethral catheterisation
    - Nasogastric tube insertion
    - Lumbar puncture
    - Thoracentesis
- Department specific:
    - ?

Responsibilities of a PA:

- To have, develop and maintain specialist medical knowledge.
- To keep up to date with current guidelines and maintain best practice.
- To be accountable for the care given and to comply with the Fitness to Practice and Code of Conduct standard as established by the UK Physician Associate Register (the PA Managed Voluntary Register) and subsequently the appropriate statutory regulating body when in place.
- To work within the framework of the scope of professional practice.
- To work within the multidisciplinary team to ensure effective team working in the provision of acute medical care to patients on a day-to-day basis
- To support and contribute to timely discharge planning including completing discharge summaries and support optimising bed capacity.
- To abide by the Clinical & Corporate Governance policies of NHS Grampian.
- To take part in the administration of the department and the involvement in the management of resources.
- To fully document all aspects of patient care, and complete all required paperwork.

The Physician Associate's role will initially be developed in collaboration with the Clinical Lead of the relevant Department and the Chief of Medicine. The duties and responsibilities framework is subject to review in line with service developments.

Development.

Personal Development Plan.

Every PA must have an agreed PDP for each year. This must cover essential areas, including maintenance of clinical skills and CPD.

Development areas may be addressed under four categories:

- Clinical skills
- Teaching and skills as an educator
- Management skills
- Research, audit and quality improvement.

Appraisal.

Every PA will have an annual appraisal, carried out by their supervising consultant. This will cover all areas of work, including:

- Knowledge and skills
- Workload
- Teamworking
- Safety and Quality
- Feedback and complaints
- Health and Probity statements

Appendix B – Example of Departmental Guide to Clinical Activity and Learning Objectives

PHYSICIAN ASSOCIATES - RESPIRATORY

[redacted], Consultant. Version 2, August 2018.

This document describes the opportunities available during the clinical placement, training, and patient care activities of Physician Associates in Respiratory Medicine. This guide is designed to be used by supervising consultants and PAs jointly. Section (1) deals with PA Interns (i.e., in the first year after qualification, AfC Band 6), and Section (2) deals with permanent (Band 7) PAs.

(1). INTERN PLACEMENT (6 months) LEARNING OBJECTIVES AND OUTCOMES:

Learning will be achieved primarily by attachment to the ward and clinical team however a portion of the placement will be with the Bronchoscopy/Diagnostics service. Attendance at specialist MDTs, educational meetings and clinics during the attachment as well as formal teaching sessions will help to attain the learning outcomes outlined below. These have been developed based on the core clinical conditions listed by the FPARPC but are by no means exhaustive.

By the end of the 6 month placement on Respiratory the aim is that the PA intern has enhanced their basic clinical skills in line with the intern year aims and curriculum as well as gained experience with a broad range of relevant respiratory conditions both in terms of diagnosis and management. This will be planned and assessed by a designated supervisor. PA interns should have a broad mix of evidence in terms of WPBAs, reflective practice and attendance at teaching sessions contributing to their appraisal as applicable.

The table below divides the most common respiratory conditions according to the matrix as well as likely areas they can be achieved and suggestions on how to record this as evidence for appraisal. Again these are not prescriptive and it will be the responsibility of the PA and their supervisor to agree that these aims have been met. More common or core conditions are in bold and evidence collated should include all of these.

<u>Suggested evidence for 6 month placement:</u>

- 2 sessions in each of the specialist clinics – Sleep/ILD/CF/General
- 8-12 weeks on Bronchoscopy Service
- 3 Mini Cex
- 2 CbD
- DOPS for all skills
- Reflective practice
- Attendance at relevant teaching events
- QIM project

Respiratory Conditions:

1a: Able to investigate/diagnose and commence management for following conditions: (*is able to diagnose the following conditions in a patient who is*

presenting with the problem for the first time, and will normally be able to manage it without regular or routine referral.)

Condition	Detail/Notes	Suggested source	Evidence
Acute Bronchitis		Ward	MiniCex Reflective practice
Bacterial and Viral Pneumonia	Inc CURB scoring, complications and follow up, atypical infections	Ward	MiniCex Reflective practice
Influenza		Ward	MiniCex Reflective practice
COPD	outpatient diagnosis and acute exacerbation management inc discharge bundles/indications for NIV/referral to Pul Rehab	Ward Clinic ESD Teaching	MiniCex Reflective practice
Asthma	outpatient diagnosis and acute exacerbation inc discharge bundles and action plans	Ward Clinic	MiniCex Reflective practice

1b: Conditions identified as possible diagnosis but unable to confirm diagnosis without specialist clinician input. Aim to prevent harm while awaiting management.(*to identify the following conditions as possible diagnoses, may not have the knowledge or resources to confirm the diagnosis or to manage the condition safely, but can take measures to avoid immediate deterioration and refer appropriately.)*

Condition	Detail	Suggested source/evidence	Evidence
Acute Bronchiolitis		*Ward*	
Pertussis/Epiglottitis		*Teaching*	
Pleural conditions:	Including - Effusion inc empyema - Pneumothorax – primary and secondary	Ward Pleural clinic Teaching	MiniCex Reflective practice DOPS
PE		Ward	MiniCex Reflective practice

Cor Pulmonale		Ward Clinic	MiniCex Reflective practice
Bronchogenic carcinoma	Including diagnostic pathway and modalities, staging, management options and metastatic disease	Ward MDT Bronchoscopy service	MiniCex Reflective practice CbD

2a: N/A

2b: carry out management as directed by clinician *(to undertake the day-to-day management of the patient with one of the following conditions once the diagnosis and strategic management decisions have been made by another.)*

Condition	Detail	Suggested source	Evidence
Specialist pulmonary infection – HIV/fungal/TB		Teaching	MiniCex Reflective practice CbD
Bronchiectasis		Ward	MiniCex Reflective practice
CF	Acute issues and chronic disease management	Ward Specialist clinic	MiniCex Reflective practice CbD
Idiopathic pulmonary fibrosis	Cause, diagnosis, current management strategy and prognosis	Clinic Teaching MDT (ILD)	MiniCex Reflective practice CbD
Pneumoconiosis		Teaching ILD MDT	MiniCex Reflective practice
Sarcoidosis		Teaching Bronchoscopy Clinic ILD MDT	MiniCex Reflective practice CbD
Pulmonary Hypertension		Teaching Ward	MiniCex Reflective practice
Carcinoid		*Teaching* *Lung MDT* *Bronchoscopy*	MiniCex Reflective practice
Pulmonary nodules		Teaching Lung MDT	MiniCex Reflective practice

Skills/Experience: (in addition to generic clinical skills)

Skill	Source	Evidence
Inhaler technique - patient education	Ward pharmacy team ESD	DOPs
ABG interpretation	Ward Teaching	DOPs Mini Cex
Basic Spirometry performance (PEF) and interpretation	Ward	DOPS
Involvement in ward based QIM/clinical audit.	Ward QIM	QIM project report Reflective practice
Pleural Aspirate	Ward Pleural Clinic	DOPs Mini Cex

Teaching:

Suggested formal teaching topics

(1-2 hours delivered by registrars/consultant/specialist either as tutorial or bedside/clinical teaching. Doubles as teaching for trainees as well – often requested by previous cohorts. As the PAs across the hospital and region are required to sit an examination every 5 years to maintain competence there is scope to expand this in time)

- NIV
- Lung Cancer
- ILD
- Infections (specialist)
- Pulmonary Vascular Disease

Suggested timetable:

Ward based activity including attendance on ward round/ involvement in ward activities/review of new patients.

Attendance at formal teaching sessions like departmental Thursday meeting/MDTs

Attendance at specialist and general clinic (while on either Bronch/Ward placement depending on service requirement) Sleep/ILD/CF. To be arranged by PA intern in conjunction with consultant/registrar both for the ward and the proposed clinic.

Bronchoscopy service – 8 - 12 weeks

(integral part of the role of a PA on Chest although not necessarily entirely appropriate for generic competency and learning ie those not likely to take up a Chest PA post.)

2. PERMENANT PLACEMENT RESPIRATORY PHYSICIAN ASSOCIATE:

As a permanent member of the team more time can be dedicated to developing greater depth to core knowledge as well as Respiratory specific skills. This can be guided, to a degree by PA preference/interest.

Evidence of maintenance of basic competency (general) as well as regular up dates on core respiratory topics is required. Efforts to be made to ensure evidence is also accumulated to reflect less common (non bold) topics and areas not listed.

Time split between ward and diagnostic/bronchoscopy services – 3 month rotations dependant on intern availability/service requirement.

<u>Outcomes to work towards:</u>

Practical Skill:

- Pleural procedures including
  - pleural aspirate/thoracocentesis
  - Intercostal chest drain insertion – Seldinger only
- Thoracic ultrasound aiming towards Level 1 competency/independence
- NIV application – indication/establishment/trouble shooting
- Oxygen assessment for ward patients (support of Oxygen team)
- EBUS needle sampling
- Consent for procedures
- Midline insertion
- Gripper Insertion

Education:

- Medical student/PA teaching (including attendance on a relevant teaching skills course) and involvement in ward nurse education and new doctor induction.
- Attendance at IMPACT/ALS/relevant RCP course eg updates from RCPE/National meeting eg STS biannual meeting aiming for 25 hours minimum of Type 1 CPD each year (or 75 hours in 3 years)

<u>Desirable/Enhanced:</u>

- More detailed knowledge of physiology testing and indications – PFTs and Somnography.
- Collaboration or original research or publication
- Journal club presentation/involvement in departmental education

<u>Evidence: For annual appraisal:</u>

- Type 1 CPD - min 25 hours
- Type 2 CPD – 25 hours

- Evidence of maintenance of general competency.....
- Evidence of work towards higher skills/competency
- 3 sessions in each of the specialist clinics – Sleep/ILD/CF/General
- 8-12 weeks on Bronchoscopy Service
- 5 Mini Cex
- 3 CbD
- DOPS for essential and new skills
- Reflective practice
- Attendance at relevant teaching events
- QIM project

Appendix C – Additional Extended Competencies

As part of mutual agreement between a PA and their clinical supervisor, PAs may be trained in a range of extended skills over a period of time. Information on extended skills being undertaken by UK PAs is collected annually by the FPA in its annual census. These extended skills include:

ascitic drain insertion or tap

backslab application

lumbar puncture

fracture reduction

surgical first assisting

joint aspiration/injection

nerve blocks

pleural tap

incision and drainage of abscesses.

An employer wishing to train PAs in extended skills should expect the PA to acquire these extended skills in a manner that upholds a high standard of care, and to safeguard the patient, practitioner and employer. To be trained in extended skills, the PA should receive training from a qualified and competent practitioner in that skill, and then undergo a period of supervised practice. Both the initial training and supervised practice should be documented and form part of the PA's work-based yearly appraisal. Competence to continue practising the extended skills should also be reviewed during this appraisal.

PAs are able to obtain verbal consent for the extended skills listed above, providing that the verbal consent is documented in the medical notes. Please note that PAs are unable to obtain consent from patients for operative procedures which require anaesthesia.

Appendix D – CPD

All NHSG Staff are expected to maintain statutory and mandatory training requirements as part of employment. Additionally, PA CPD can include items from the following list:

- Work related MSc or equivalent activity (external)
- Unlisted external meetings (external)
- Faculty of Physician Associates examining activities (Maximum 12 External credits)
- Internal mandatory training (internal)
- Internal CPD meetings (internal)
- Participating in audit meetings or morbidity and mortality meetings (internal)
- Participating in seminars/workshops (internal)
- Participating in grand rounds or specialty clinical meetings (internal)
- Carrying our information searches (personal)
- Presenting at a conference (personal)
- Participating in Committees (personal)
- Reading journals/articles (personal)
- Refereeing articles (personal)
- Undertaking a research project (personal)
- Undertaking peer review (personal)
- Writing examination questions (personal)
- Writing articles (personal)

As each PA develops within their Career, undertaking new clinical skills, at least one Direct Observation of Procedural Skill form should be completed per procedure. NHS Grampian recommends that each PA completes at least one the following annually:

- Mini Clinical Evaluation
- Case Based Discussions
- Reflection on a Learning Event
- Reflection on a Clinical Event
- Colleague Multi Source Feedback Questionnaire

These forms are available on the Physician Associate Intranet Page (Intranet>Departments>M>Medical Workforce>Physician Associates)

An Employer's Guide to Physician Associates.
Faculty of Physician Associates, Royal College of Physicians. www.fparcp.co.uk

All Wales Physician Associate Governance Framework.
http://www.nwssp.wales.nhs.uk/document/306782