



Code of Conduct for Physician Associates

A Physician Associate (PA) is defined as someone who is:

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. (DH 2006)

Physician Associate Role

The PA role provides a new way of working that will complement roles already developed in primary and secondary care and strengthen the multi-professional team. Like all other regulated healthcare professionals the Physician Associate is responsible for their own practice, although they will always work under the supervision of a designated senior medical practitioner, and the medical consultant or general practitioner will retain ultimate responsibility for the clinical management of the patient. Their detailed scope of practice in a given setting is circumscribed by that of the supervising doctor. Although there may be circumstances when the supervising doctor is not physically present, they will always be readily available for consultation.

The PA will be employed as a member of the medical team in either 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 over time the supervisory relationship will mature and that although the doctor will always remain in overall control of the clinical management of patients, supervision will lessen over time.

Currently in the UK there is no statutory regulation governing PA. The White paper, Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century (Secretary of State for Health, 2007), set down the principles to ensure due process that would allow for future health professions to achieve statutory regulation in the United Kingdom (UK).

Currently there is a Managed Voluntary Register for PAs (PAMVR held by the Faculty of Physician Associates (FPA) at the Royal College of Physicians); this was established in 2011 by the Board of Directors of UKAPA (United Kingdom Association of Physician Associates) and UKIUBPAE (United Kingdom and Ireland Board of Physician Associate Education). It also has a lead for professional standards who oversees the register and any fitness to practise issues that may arise. This mimics other UK Regulatory Bodies but has no force of law.



The Managed Voluntary Register has a Code of Conduct, Scope of Practice and a Fitness to Practise Procedure to ensure good standards of practice and public protection and safety. In conjunction with the PAMVR this document aims to set out the guiding ethical and moral principles and values that Physician Associates are expected to apply in their daily practice, until statutory regulation is achieved. PAs are responsible for familiarising themselves with this guidance and must use their best judgement in applying these principles in the various situations they may face. Failure to do so may bring their fitness to practise into question and endanger their right to practice. This document is based upon the GMC's Good Medical Practice (2013) and has been written in collaboration with the GMC.

PAs working in the UK are strongly encouraged to become a member of the FPA and to join the Managed Voluntary Register. Following statutory regulation these guidelines may be superseded by the regulator's requirements.

Professionalism in action

1 Patients need good physician associates (PA). Good physician associates make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues,* are honest and trustworthy, and act with integrity and within the law.

2 Good physician associates work in partnership with patients and respect their rights to privacy and dignity. They treat each patient as an individual. They do their best to make sure all patients receive good care and treatment that will support them to live as well as possible, whatever their illness or disability.

3 The Physician Associate Code of Conduct describes what is expected of all physician associates registered with the Faculty of Physician Associates (FPA). It is your responsibility to be familiar with The Physician Associate Code of Conduct and, and to follow the guidance it contains.

4 You must use your judgement in applying the principles to the various situations you will face as a PA, whatever field of medicine you work in, and whether or not you routinely see patients. You must be prepared to explain and justify your decisions and actions.

* Colleagues include anyone a PA works with, whether or not they are also PAs.



5 In this guidance, we use the terms 'you must' and 'you should' in the following ways.

'**You must**' is used for an overriding duty or principle.

'**You should**' is used when we are providing an explanation of how you will meet the overriding duty.

'**You should**' is also used where the duty or principle will not apply in all situations or circumstances, or where there are factors outside your control that affect whether or how you can follow the guidance.

6 To maintain your registration on the Managed Voluntary Register held by the Faculty of Physician Associates (FPA), you must demonstrate, through the recertification process, that you work in line with the principles and values set out in this guidance. Serious or persistent failure to follow this guidance will put your registration at risk.

Knowledge, skills and performance

Develop and maintain your professional performance

7 You must be competent in all aspects of your work, including management, research and teaching.^{1, 2, 3}

8 You must keep your professional knowledge and skills up to date.

9 You must regularly take part in activities that maintain and develop your competence and performance.⁴

10 You should be willing to find and take part in structured support opportunities offered by your employer or contracting body (for example, mentoring). You should do this when you join an organisation and whenever your role changes significantly throughout your career.

11 You must be familiar with guidelines and developments that affect your work.

12 You must keep up to date with, and follow, the law, our guidance and other regulations relevant to your work.

13 You must take steps to monitor and improve the quality of your work.

Apply knowledge and experience to practice

14 You must recognise and work within the limits of your competence.



14.1 You must have the necessary knowledge of the English language to provide a good standard of practice and care in the UK.*

15 You must provide a good standard of practice and care. If you assess, diagnose or treat patients, you must:

- a) adequately assess the patient's conditions, taking account of their history (including the symptoms and psychological, spiritual, social and cultural factors), their views and values; where necessary, examine the patient
- b) promptly provide or arrange suitable advice, investigations or treatment where necessary
- c) refer a patient to another practitioner when this serves the patient's needs.⁵

* This paragraph was added on 29 April 2014. Section 35C(2)(da) of the Medical Act 1983, inserted by the Medical Act 1983 (Amendment) (Knowledge of English) Order 2014.

16 In providing clinical care you must:

- a) Suggest drugs or treatment, including repeat prescriptions, only when you have adequate knowledge of the patient's health and are satisfied that the drugs or treatment serve the patient's needs⁶
- b) provide effective treatments based on the best available evidence
- c) take all possible steps to alleviate pain and distress whether or not a cure may be possible⁷
- d) consult your clinical supervisors and colleagues where appropriate
- e) respect the patient's right to seek a second opinion
- f) check that the care or treatment you provide for each patient is compatible with any other treatments the patient is receiving, including (where possible) self-prescribed over-the-counter medications
- g) wherever possible, avoid providing medical care to yourself or anyone with whom you have a close personal relationship.⁶

17 You must be satisfied that you have consent or other valid authority before you carry out any examination or investigation, provide treatment or involve patients or volunteers in teaching or research.^{2, 8, 9}

18 You must make good use of the resources available to you.¹

Record your work clearly, accurately and legibly

19 Documents you make (including clinical records) to formally record your work must be clear, accurate and legible. You should make records at the same time as the events you are recording or as soon as possible afterwards.



20 You must keep records that contain personal information about patients, colleagues or others securely, and in line with any data protection requirements.¹⁰

21 Clinical records should include:

- a) relevant clinical findings
- b) the decisions made and actions agreed, and who is making the decisions and agreeing the actions
- c) the information given to patients
- d) any drugs prescribed or other investigation or treatment
- e) who is making the record and when.

Safety and quality

Contribute to and comply with systems to protect patients

22 You must take part in systems of quality assurance and quality improvement to promote patient safety. This includes:

- a) taking part in regular reviews and audits of your work and that of your team, responding constructively to the outcomes, taking steps to address any problems and carrying out further training where necessary
- b) regularly reflecting on your standards of practice and the care you provide
- c) reviewing patient feedback where it is available.

23 To help keep patients safe you must:

- a) contribute to confidential inquiries
- b) contribute to adverse event recognition
- c) report adverse incidents involving medical devices that put or have the potential to put the safety of a patient, or another person, at risk
- d) report suspected adverse drug reactions
- e) respond to requests from organisations monitoring public health.

When providing information for these purposes you should still respect patients' confidentiality.¹⁰

Respond to risks to safety

24 You must promote and encourage a culture that allows all staff to raise concerns openly and safely.^{1, 11}

25 You must take prompt action if you think that patient safety, dignity or comfort is or may be seriously compromised.



- a) If a patient is not receiving basic care to meet their needs, you must immediately tell someone who is in a position to act straight away.
- b) If patients are at risk because of inadequate premises, equipment* or other resources, policies or systems, you should put the matter right if that is possible. You must raise your concern in line with GMC guidance¹¹ and your workplace policy. You should also make a record of the steps you have taken.
- c) If you have concerns that a colleague may not be fit to practise and may be putting patients at risk, you must ask for advice from a colleague, your defence body or the FPA. If you are still concerned you must report this, in line with our guidance and your workplace policy, and make a record of the steps you have taken.^{11, 12}

26 You must offer help if emergencies arise in clinical settings or in the community, taking account of your own safety, your competence and the availability of other options for care.

* Follow the guidance in paragraph 23c if the risk arises from an adverse incident involving a medical device.

27 Whether or not you have vulnerable* adults or children and young people as patients, you should consider their needs and welfare and offer them help if you think their rights have been abused or denied.^{13, 14}

Protect patients and colleagues from any risk posed by your health

28 If you know or suspect that you have a serious condition that you could pass on to patients, or if your judgement or performance could be affected by a condition or its treatment, you must consult a suitably qualified colleague. You must follow their advice about any changes to your practice they consider necessary. You must not rely on your own assessment of the risk to patients.

29 You should be immunised against common serious communicable diseases (unless otherwise contraindicated).

30 You should be registered with a general practitioner outside your family.

* Some patients are likely to be more vulnerable than others because of their illness, disability or frailty or because of their current circumstances, such as bereavement or redundancy. You should treat children and young people under 18 years as vulnerable.

Vulnerability can be temporary or permanent.



Communication, partnership and teamwork

Communicate effectively

31 You must listen to patients, take account of their views, and respond honestly to their questions.

32 You must give patients* the information they want or need to know in a way they can understand. You should make sure that arrangements are made, wherever possible, to meet patients' language and communication needs.¹⁵

33 You must be considerate to those close to the patient and be sensitive and responsive in giving them information and support.

34 When you are on duty you must be readily accessible to patients and colleagues seeking information, advice or support.

* Patients here includes those people with the legal authority to make healthcare decisions on a patient's behalf.

Work collaboratively with colleagues to maintain or improve patient care

35 You must work collaboratively with colleagues, respecting their skills and contributions.¹

36 You must treat colleagues fairly and with respect.

37 You must be aware of how your behaviour may influence others within and outside the team.

38 Patient safety may be affected if there is not enough medical cover. So you must take up any post you have formally accepted, and work your contractual notice period before leaving a job, unless the employer has reasonable time to make other arrangements.

Teaching, training, supporting and assessing

39 You should be prepared to contribute to teaching and training PAs and students.

40 You must make sure that all staff you manage have appropriate supervision.

41 You must be honest and objective when writing references, and when appraising or assessing the performance of colleagues, including locums and students.



References must include all information relevant to your colleagues' competence, performance and conduct.¹⁶

42 You should be willing to take on a mentoring role for more junior PAs and other healthcare professionals.¹

43 You must support colleagues who have problems with their performance or health. But you must put patient safety first at all times.¹

Continuity and coordination of care

44 You must contribute to the safe transfer of patients between healthcare providers and between health and social care providers. This means you must:

- a) share all relevant information with colleagues involved in your patients' care within and outside the team, including when you hand over care as you go off duty, and when you delegate care or refer patients to other health or social care providers^{5, 10}
- b) check, where practical, that a named clinician or team has taken over responsibility when your role in providing a patient's care has ended. This may be particularly important for patients with impaired capacity or who are vulnerable for other reasons.

45 When you do not provide your patients' care yourself, for example when you are off duty, or you delegate the care of a patient to a colleague, you must be satisfied that the person providing care has the appropriate qualifications, skills and experience to provide safe care for the patient.⁵

Establish and maintain partnerships with patients

46 You must be polite and considerate.

47 You must treat patients as individuals and respect their dignity and privacy.¹²

48 You must treat patients fairly and with respect whatever their life choices and beliefs.

49 You must work in partnership with patients, sharing with them the information they will need to make decisions about their care,¹⁵ including:

- a) their condition, its likely progression and the options for treatment, including associated risks and uncertainties
- b) the progress of their care, and your role and responsibilities in the team



- c) who is responsible for each aspect of patient care, and how information is shared within teams and among those who will be providing their care
- d) any other information patients need if they are asked to agree to be involved in teaching or research.⁹

50 You must treat information about patients as confidential. This includes after a patient has died.¹⁰

51 You must support patients in caring for themselves to empower them to improve and maintain their health. This may, for example, include:

- a) advising patients on the effects of their life choices and lifestyle on their health and well-being
- b) supporting patients to make lifestyle changes where appropriate.⁵² You must explain to patients if you have a conscientious objection to a particular procedure. You must tell them about their right to see another PA or healthcare professional and make sure they have enough information to exercise that right. In providing this information you must not imply or express disapproval of the patient's lifestyle, choices or beliefs.

Show respect for patients

53 You must not use your professional position to pursue a sexual or improper emotional relationship with a patient or someone close to them.¹²

54 You must not express your personal beliefs (including political, religious and moral beliefs) to patients in ways that exploit their vulnerability or are likely to cause them distress.¹⁷

55 You must be open and honest with patients if things go wrong. You should also seek advice from your supervising clinician. If a patient under your care has suffered harm or distress, you should:

- a) put matters right (if that is possible)
- b) offer an apology
- c) explain fully and promptly what has happened and the likely short-term and long-term effects.

Domain 4: Maintaining trust

Treat patients and colleagues fairly and without discrimination

56 You must give priority to patients on the basis of their clinical need if these decisions are within your power. If inadequate resources, policies or systems prevent you from doing this, and patient safety, dignity or comfort may be seriously compromised, you must follow the guidance in paragraph 25b.



57 The investigations or treatment you provide or arrange must be based on the assessment you and your patient make of their needs and priorities, and on your clinical judgement about the likely effectiveness of the treatment options. You must not refuse or delay treatment because you believe that a patient's actions or lifestyle have contributed to their condition.

58 You must not deny treatment to patients because their medical condition may put you at risk. If a patient poses a risk to your health or safety, you should take all available steps to minimise the risk before providing treatment or making other suitable alternative arrangements for providing treatment.

59 You must not unfairly discriminate against patients or colleagues by allowing your personal views* to affect your professional relationships or the treatment you provide or arrange. You should challenge colleagues if their behaviour does not comply with this guidance, and follow the guidance in paragraph 25c if the behaviour amounts to abuse or denial of a patient's or colleague's rights.

60 You must consider and respond to the needs of disabled patients and should make reasonable adjustments† to your practice so they can receive care to meet their needs.

61 You must respond promptly, fully and honestly to complaints and apologise when appropriate. You must not allow a patient's complaint to adversely affect the care or treatment you provide or arrange.

62 You should end a professional relationship with a patient only when the breakdown of trust between you and the patient means you cannot provide good clinical care to the patient.¹⁸

63 You must make sure you have adequate insurance or indemnity cover so that your patients will not be disadvantaged if they make a claim about the clinical care you have provided in the UK.

* This includes your views about a patient's or colleague's lifestyle, culture or their social or economic status, as well as the characteristics protected by legislation: age, disability, gender reassignment, race, marriage and civil partnership, pregnancy and maternity, religion or belief, sex and sexual orientation.

† 'Reasonable adjustments' does not only mean changes to the physical environment. It can include, for example, being flexible about appointment time or length, and making arrangements for those with communication difficulties such as



impaired hearing. For more information see the EHRC website (www.equalityhumanrights.com/advice-and-guidance).

64 If someone you have contact with in your professional role asks for your registered name and/or MVR reference number, you must give this information to them.

Act with honesty and integrity

Honesty

65 You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.

66 You must always be honest about your experience, qualifications and current role.

67 You must act with honesty and integrity when designing, organising or carrying out research, and follow national research governance guidelines and our guidance.²

Communicating information

68 You must be honest and trustworthy in all your communication with patients and colleagues. This means you must make clear the limits of your knowledge and make reasonable checks to make sure any information you give is accurate.

69 When communicating publicly, including speaking to or writing in the media, you must maintain patient confidentiality. You should remember when using social media that communications intended for friends or family may become more widely available.^{10, 19}

70 When advertising your services, you must make sure the information you publish is factual and can be checked, and does not exploit patients' vulnerability or lack of medical knowledge.

71 You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents.¹⁶ You must make sure that any documents you write or sign are not false or misleading.

- a) You must take reasonable steps to check the information is correct.
- b) You must not deliberately leave out relevant information.



Openness and legal or disciplinary proceedings

72 You must be honest and trustworthy when giving evidence to courts or tribunals.²⁰ You must make sure that any evidence you give or documents you write or sign are not false or misleading.

- a) You must take reasonable steps to check the information.
- b) You must not deliberately leave out relevant information.

73 You must cooperate with formal inquiries and complaints procedures and must offer all relevant information while following the guidance in confidentiality.

74 You must make clear the limits of your competence and knowledge when giving evidence or acting as a witness.²⁰

75 You must self-declare without delay if, anywhere in the world:

- a) you have accepted a caution from the police or been criticised by an official inquiry
- b) you have been charged with or found guilty of a criminal offence
- c) another professional body has made a finding against your registration as a result of fitness to practise procedures.²¹

76 If you are suspended by an organisation from a PA post, or have restrictions placed on your practice, you must, without delay, inform any other organisations you carry out medical work for.

Honesty in financial dealings

77 You must be honest in financial and commercial dealings with patients, employers, insurers and other organisations or individuals.²²

78 You must not allow any interests you have to affect the way you treat, refer or commission services for patients.

79 If you are faced with a conflict of interest, you must be open about the conflict, declaring your interest formally, and you should be prepared to exclude yourself from decision making.

80 You must not ask for or accept – from patients, colleagues or others – any inducement, gift or hospitality that may affect or be seen to affect the way you prescribe for, treat or refer patients or commission services for patients. You must not offer these inducements.



Royal College
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Statement of Values of the Physician Associate Profession

A PA should:

- hold as their primary responsibility the health, safety, welfare, and dignity of all human beings
- uphold the tenets of patient autonomy, beneficence, non-maleficence and justice.
- recognize and promote the value of diversity
- treat equally all persons who seek their care
- hold in confidence the information shared in the course of practicing medicine
- assess their personal capabilities and limitations, striving always to improve their medical practice
- actively seek to expand their knowledge and skills, keeping abreast of advances in medicine
- work with other members of the health care team to provide compassionate and effective care of patients
- use their knowledge and experience to contribute to an improved community.
- respect their professional relationship with physicians
- share and expand knowledge within the profession.

Statement of Professional standards

Professional Behaviour and Probity

PAs should:

- consistently behave with integrity and sensitivity
- behave as an ambassador for the role of physician associate, acting professionally and behaving considerately towards other professionals and patients
- recognise and work within their limitations of professional competence and scope of professional practice
- maintain effective relationships with colleagues from other health and social care professions
- inform patients, carers and others of the nature of their clinical role
- contribute to the effectiveness of a clinical learning environment.
- be a good role model
- be aware that their conduct outside their practice in daily life, if illegal or unbecoming of their profession, may impact on their professional working life. This would include explicit discussion of professional issues inappropriately on social networking sites.



The Patient Relationship

PAAs should:

- communicate effectively and appropriately with patients and carers even when communication is difficult
- make sure, wherever practical, that arrangements are made to meet patients' language and communication needs
- demonstrate the ability to utilise the clinician–patient encounter therapeutically
- perform a flexible and holistic assessment in order to make an appropriate management plan
- facilitate patient involvement in management, planning and control of their health and illness
- appropriately and sensitively identify and utilise opportunities for patient and carer education
- be polite, considerate and honest
- treat patients with dignity
- treat each patient as an individual
- respect patients' privacy and right to confidentiality.

Common core skills and knowledge when working with children, young people and families

PAAs should:

- demonstrate effective communication and engagement with children, young people and families
- demonstrate effective observation and judgement in children's and young people's development
- recognise when to take appropriate action in safeguarding and promoting the welfare of the child
- intervene appropriately when supporting transitions between stages of development and/or services
- demonstrate effective multi-agency working through awareness of roles and responsibilities within other services
- identify when to share information in a timely and accurate manner while respecting legislation on the control and confidentiality of information.

Documentation and information management

PAAs should:

- initiate and maintain accurate, timely and relevant medical records



- contribute to multi-professional records where appropriate
- keep information in the patient's medical records confidential
- only release patient's medical information as per laws and local protocols that facilitate patient access to this information
- disclose information if you believe someone may be at risk of significant harm, in line with the law of the country¹⁰
- make sure that patients are informed about how information is shared within teams and among those who will be providing their care.

Risk management

PA's should:

- recognise potential clinical risk situations and take appropriate action
- recognise risks to yourself, the team, patients and others and take appropriate action to eliminate or minimise danger
- value the importance of clinical governance and participate as directed.

Teamwork

PA's should:

- value the roles fulfilled by other members of the health and social care team and communicate with them effectively
- effectively manage patients at the interface of different specialties and agencies, including primary/secondary care, imaging and laboratory specialties
- effectively and efficiently hand over responsibility to other health and social care professionals
- support colleagues who have problems with performance, conduct or health
- if a PA has concerns that a colleague may not be fit to practice, must take appropriate steps without delay so that the concerns are investigated and patients protected where necessary.

Time/resource management

PA's should:

- prioritise workload by using time and resources effectively
- recognise the economic constraints on the NHS and seek to minimise waste.



Maintaining good practice

PAAs should:

- critically evaluate their own practice to identify learning/developmental needs and identify and utilise learning opportunities
- use evidence, guidelines and audit (including significant event analysis) to benefit patient care and improve professional practice.

Ethical and legal issues

PAAs should:

Identify and address ethical and legal issues that may impact on patient care, carers and society. Such issues will include:

- Ensuring that patients' rights are protected (e.g. that 'Gillick competence' applies in the case of children);
 - Maintaining confidentiality;
 - Obtaining informed consent;
 - Providing appropriate care for vulnerable patients (including vulnerable adults, children and families in need); and
 - Responding to complaints.
- avoiding providing medical care to anyone with whom the pa has a close personal relationship except when this is unavoidable
 - refusing to accept gifts, trips or hospitality
 - avoiding developing personal relationships with patients.

Equality and diversity

PAAs should:

- Recognise the importance of people's rights in accordance with legislation, policies and procedures
- Act in a way that:
 - acknowledges and recognises people's expressed beliefs, preferences and choices;
 - respects diversity;
 - values people as individuals
 - incorporate an understanding of professionals' behaviours and their effect on others.



- Identify and take action when your own or others' behaviour undermines equality and diversity.

Current developments and guiding principles in the NHS

PAAs should be aware of:

- patient-centred care
- systems of quality assurance, such as clinical governance, national clinical guidelines and clinical audit
- the significance of health and safety issues in the healthcare setting
- risk assessment and management strategies for healthcare professionals
- the importance of working as part of a team within a multi-professional environment
- broader government policy impacting on health.

Public health

PAAs should:

Address issues and demonstrate techniques involved in studying the effect of diseases on communities and individuals, including:

- assessment of community needs in relation to how services are provided
- recognition of genetic, environmental and social causes of, and influences on, the prevention of illness and disease
- application of the principles of promoting health and preventing disease.

Indemnity Insurance

All Physician Associates are strongly advised to ensure they are covered by professional indemnity insurance either held personally or provided by their employer. This is in the interest of clients, patients and registrants in the event of claims of professional negligence. These guiding principles aim to ensure that all UK PA graduates and other PAs working in the UK will be:

- Safe practitioners working in a wide variety of clinical settings within their scope of practice and under agreed supervision
- Expert communicators who are empathic in a manner appropriate to a healthcare profession



- Aware of health inequalities and the challenges of working in a multicultural environment, with patients from diverse social and ethnic backgrounds
- Aware of the limits of their competence and determined to act within those limits
- Comfortable working in the context of multi-professional working in a team environment
- Adept in the use of communication and information technology (C&IT) skills for healthcare
- Capable and motivated lifelong learners who are continually engaged in active professional development
- Understanding of the need to maintain and promote health, as well as to cure or palliate disease, and aware of their obligations to the wider community as well as to individuals
- Trained to integrate theoretical and clinical learning.

This guidance cannot cover every situation and is by no means exhaustive. PAs may seek appropriate guidance from other sources for example, legal counsel, supervising physician or other trusted colleagues.

Scope of Practice

PAs are educated in the medical model and work as members of the healthcare and more specifically the medical team. The boundaries of each PAs scope of practice are determined by four parameters.

Education and Experience

PAs will complete a degree-level academic programme of no less than 90 weeks, preferably followed by a set period, initially requiring closer supervision for a newly qualified PA, in an appropriate clinical setting. This foundation will enable PAs to practise as part of the clinical team, within a range of primary and secondary healthcare settings.

A PA can;

- Formulate and document a detailed differential diagnosis, having taken a history and completed a physical examination
- Develop a comprehensive patient management plan in light of the individual characteristics, background and circumstances of the patient; maintain and deliver the clinical management of the patient on behalf of the supervising physician while the patient travels through a complete episode of care
- Perform diagnostic and therapeutic procedures and prescribe medications (subject to the necessary legislation)
- Request and interpret diagnostic studies and undertake patient education, counselling and health promotion.



It is essential to the medical model, to which the PA works, that their consultations and interventions are responsive to the individual patient and their situation, rather than mechanistic – that is, they should apply their knowledge and skills in a patient-centred way rather than sticking closely to predetermined protocols.

Continuing Professional Development and Recertification

As with any profession, the PA will need to undertake CPD to maintain and update their professional competence and to fit it to the professional role they are required to undertake. A PA is required to maintain their breadth of competence and broad clinical knowledge base throughout their professional career. While many PAs may work in specialist areas the additional expertise that they may acquire in particular fields through experience or further training, is in addition to this general competence and not a substitute for it.

For the PA working in a specialist field, or taking special interest in particular aspects of a generalist role, the purpose of CPD is two-fold and must involve both a generalist and specialist component.

CPD taken as a whole is likely to be assessed by a rigorous approach to regular appraisal with consistency of application, as recommended by the Department of Health (2006) in the published review of regulatory arrangements for non-medical healthcare professions,

Healthcare Professional Regulation: public consultation on proposals for change.

Such an approach will enable the PA to demonstrate that they have undertaken sufficient learning to support their practice (e.g. by the compilation of a portfolio of evidence). There will be a requirement for a certain quantity of learning to have been undertaken during any period of professional practice, but the focus of that learning will normally be determined by the PA, with or without input from their supervising doctor.

Although it is not currently applied to any healthcare profession the regular and compulsory periodic assessment of knowledge through testing has been introduced to ensure the underpinning principles of demonstrating public safety and maintaining generalist function. PAs are required to sit a National Recertification Examination every six years will be a condition of continuing use of the title. Currently this is not compulsory for those not on the PA MVR. However if a PA wishes to join the PA MVR after 6 years of qualification of becoming a PA they will be required to undertake the PA National Recertification Examination prior to admission to the register. The first compulsory test will be available within six years of the protected title being established so that it may be tested.

This revalidation system will be both formative (an aid to development) and summative (a check that a required standard is met) and will demonstrate that a person remains safe to



practise for the purpose of protecting the interest and safety of the patient, meeting the employer's (or commissioner's) needs and (when appropriate) the regulator's requirements.

Legislation

Currently in the UK there is no legislation governing the PA profession or the work that they do. At present PAs do not have prescribing rights and cannot request ionising radiation. However they are required to practice within the laws of the country. Until such times as regulation occurs, PAs will work to the guidelines laid down by the temporary Code of Conduct and Scope of Practice based on the Competence and Curriculum Framework DH (2006, revised 2012), the American Association of Physician Assistants Scope of Practice (2008) and the GMC's Good Medical Practice Guide (2007). PAs working in the UK will be expected to be on the PA Managed Voluntary Register and encouraged to join the FPA. Following statutory regulation these guidelines may be superseded by the regulator's requirements.

Organisational Policy

PAs will be expected to work within the policies and guidelines of their employing organisation and will be accountable to that organisation if they practice outside of those policies and guidelines.

Physician Delegation

As registered professionals, PAs will be accountable for their own practice and subject to the requirements of the regulator. It is envisaged that supervising doctors will be accountable overall for the work of the PA in a similar manner to their responsibilities for trainee doctors, non-consultant career grade doctors, GP assistants and salaried doctors, and staff grade and associate specialist grade doctors. Individual PAs will still be accountable for their own practice, within the boundaries of supervision and defined scope of practice. Supervising clinicians must accept overall responsibility for any duties that are undertaken by a PA in training or a qualified PA. On this basis, doctors will determine the scope of duties and responsibilities of the PA on the basis of known competence, experience and expertise within the relevant area of practice.

Qualified PAs may develop specialist expertise that reflects the specialty of their supervising doctor. This will be gained through experiential learning and CPD.



References

- 1 General Medical Council (2012) Leadership and management for all doctors, GMC
 - 2 General Medical Council (2010) Good practice in research, GMC
 - 3 General Medical Council (2011) Developing teachers and trainers in undergraduate medical education, GMC
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 - 5 General Medical Council (2013) Delegation and referral, GMC
 - 6 General Medical Council (2013) Good practice in prescribing and managing medicines and devices, GMC
 - 7 General Medical Council (2010) Treatment and care towards the end of life: good practice in decision making, GMC
 - 8 General Medical Council (2011) Making and using visual and audio recordings of patients, GMC
 - 9 General Medical Council (2010) Consent to research, GMC
 - 10 General Medical Council (2017) Confidentiality, GMC
 - 11 General Medical Council (2012) Raising and acting on concerns about patient safety, GMC
 - 12 General Medical Council (2013) Maintaining boundaries, GMC. Intimate examinations and chaperones (paragraphs 47, 25c)
Maintaining a professional boundary between you and your patient (paragraph 53)
Sexual behaviour and your duty to report (paragraphs 53, 25c)
 - 13 General Medical Council (2007) 0–18 years: guidance for all doctors, GMC
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 - 16 General Medical Council (2012) Writing references, GMC
 - 17 General Medical Council (2013) Personal beliefs and medical practice, GMC
 - 18 General Medical Council (2013) Ending your professional relationship with a patient, GMC
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 - 21 General Medical Council (2013) Reporting criminal and regulatory proceedings within and outside the UK, GMC
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