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PRIMARY COLOUR

Helen Salisbury: Ensuring the safety of physician associates' practice

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Since 2015 the Royal College of Physicians (RCP) has hosted the Faculty of Physician Associates. On 13 March the RCP held an extraordinary general meeting at the request of fellows of the college. The main reason for this was concern about the role of physician associates (PAs) in the NHS, and there was general agreement on four of the five motions presented. However, the college resisted a call by some of the fellows for caution in the pace and scale of the rollout of PA roles.[1] The original motion called for a pause, rather than merely caution, and this was regarded as not feasible and was watered down—but even this new version is being opposed. Fellows have until 20 March to vote, with results expected on the 25th.

The meeting was a masterclass in how not to engage with your membership. The college's presentation of the results of a survey of members' experience of, and attitudes towards, PAs was widely perceived to be biased in favour of the college leadership's position.[2] This was followed by questions submitted online and from the floor. The main impetus for the meeting—and the burning question on most doctors' lips—was quite simply, "How can we ensure that this new group of staff is being used safely?" But answer came there none. To quote my colleague in this journal, our country's medical leadership now comes across as "domineering, overly conservative, reactive, and out of touch."[3]

What does this have to do with general practice? From the meeting you wouldn't have gathered that most PAs working in England are in general practice (about 1700 of a total of 3200).[4] This means that decisions taken in the ivory tower of the RCP about the training, scope, supervision, and expansion of this category of healthcare staff will have substantial effects on GPs on the ground. There's no shortage of reassurances that PAs aren't intended to replace doctors[1 5 6]; yet the overwhelming evidence is that they're doing just that on hospital doctor rotas up and down the country.[7] It's harder to prove this replacement in general practice, but the growing presence of PAs in GP surgeries, and the testimony of salaried doctors who have recently been made redundant, strongly indicates that this is happening.[8]

The recent "red lines" statement from the Royal College of General Practitioners recognises the need for anyone supervising PAs to be given the time and skills for this work—and, crucially, the opportunity to decline this responsibility.[6] However, the gulf between this guidance and what's happening in the real world is huge and growing. Doctors shouldn't be being replaced, but they are. PAs should be closely supervised, but clearly in many places this isn't happening. It's inevitable that mistakes will be made, and patients will come to harm. When this happens it won't be the fault of PAs themselves but of a system that gives them responsibilities that aren't commensurate with their skills and training.

It's salutary to note the case of the doctor whose licence to practise was suspended by the Medical Practitioners Tribunal Service for (among other things) failing to take a collateral history and re-examine a patient who had been presented to him by a physician associate.[9] All doctors now need to ask themselves: "Could that be me?"

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