Physician Associates and Advanced Clinical Practitioners Review Outcome Report, June 2018

Local office name: Yorkshire and the Humber

Organisation: Health Education England

Placements reviewed: Physician Associates (PA) - learners
Physician Associates - employees
Advanced Care Practitioners (ACP) - Learners
Advanced Care Practitioners - employees
Foundation trainee buddies

Date of Review: 27 June 2018

Review context

Background

Duration of review:	1 day
Intelligence sources seen prior to review:	PA Preceptorship Guidance, Multi-professional Framework for ACP in England, Royal College of Physicians First Year Post-Qualification Guidance for PA and PA Employers, and PA Yorkshire & Humber Evidence Paper from Sam Roberts and Sarah Howarth

Panel Chairs/members

Name	Job title
David Eadington	Deputy Postgraduate Dean, HEE (Lead Facilitator)
Kevin Moore	Regional Head of Workforce Transformation, HEE (Lead Facilitator)
David Wilkinson	Postgraduate Dean (attended to network during the lunch break)
Julie Platts	Quality Programme Manager, HEE
Andrew Lockey	Associate Dean, Calderdale and Huddersfield NHS Foundation Trust
Trish Walker	Undergraduate Partnerships & Placements Manager, Leeds Institute of Medical Education
Helen Best	Deputy Dean, Faculty Health & Wellbeing, Sheffield Hallam University
Helen Millott	Programme Lead for PA Studies at LIME, Postgraduate Diploma Physician Associate Studies
Andrew Gibson	Deputy Medical Director, Sheffield Teaching Hospitals NHS Foundation Trust
Simon Clark	Clinical Lead, Hospital Care, South Yorkshire and Bassetlaw (South Yorkshire and Bassetlaw) Faculty for Advanced Clinical Practice
Amanda Fisher	Programme Director - Excellence Centre, ACP and PA Growth Humber, Coast and Vale
Jon Cooper	Director of Medical Education, Leeds Teaching Hospitals Trust
Julia Perrin	Advanced Clinical Practitioner Faculty, South Yorkshire
Sam Roberts	Leadership Fellow Physician Associates
Laura Fileccia	Leadership Fellow Advanced Clinical Practitioners
Kieron Conlon	Lay Representative
Linda Garner	Quality Manager, HEE
Joanne Seddon	Quality Manager, HEE
Emma Diggle	Quality Coordinator, HEE

Executive Summary

The Review of Advanced Care Practitioners (ACP) and Physician Associates (PA) across Yorkshire and Humber (YH) was held on 27 June 2018. This was the first review of PAs and ACPs in the workforce.

The HEE Quality Team, Higher Education Institutions (HEIs) and NHS Provider Trusts worked together successfully to organise the event. The learners attending the review were keen to provide feedback on their experiences and there was good engagement with educators who also input successfully into this review. The team of panel chairs and panel members who attended the event were enthusiastic and unanimous in their support of the initiative.

There was much to celebrate from very good learner experiences who were enthusiastic and motivated to succeed and committed educators. There were many good practice highlights along with several areas of development which will be outlined in the report.

It should be noted that learners and educators did not attend from every Trust or HEI, and involvement was limited from primary care. A list of participants is included as Appendix 1.

Summary of Findings

Introduction

The aim of the review was to evaluate the quality of the programmes, to understand the role of PAs and ACPs in the multi-professional NHS workforce, and consider how the development of the PAs and ACPs can help to improve services.

The engagement was excellent with one hundred and four participants; forty-three ACP learners, twenty-two ACP educators, twenty PA learners, and five PA educators, plus fourteen panel members and chairs. The multi-professional panels consisted of Directors of Medical Education, South Yorkshire and Bassetlaw ACP faculty, HEI and Medical School representatives, lay and learner representatives from across the Yorkshire and Humber region. The high level of engagement from the faculty team during the organisation of the review was welcome and appreciated. It was noted that many Trusts in the region are seeking further funding to employ more PAs and ACPs. This reflects the positive contribution that both PAs and ACPs can make to help support the wider workforce. The following areas of good practice were highlighted:

- It was noted that since inception the ACP programme has seen a notable increase in healthcare professionals training to become ACPs, which reflects the positive perception of the ACP role as a stepping stone to career development.

- PAs at Calderdale and Huddersfield NHS Foundation Trust (CHFT) reported that they feel supported to undertake graduate self-teaching, that they receive valuable feedback, and feel that the structured supervision in place has been beneficial to their learning and development. Additionally, PA educators at CHFT felt that the two-year rotation training programme and protected teaching time made the training experience enjoyable overall.

- Some Trusts have introduced a senior PA role to support junior PAs in the workplace to provide a career pathway. ACPs working within the Emergency Department at Leeds Teaching Hospitals NHS Trust (LTHT) reported that they felt, 'fortunate to have lots of qualified AHPs who they met with once a week for one hour along with clinical supervisors to discuss training development and projects, and that the higher number of ACPs in the department was helpful'.

- Secondment opportunities within Trusts have been beneficial to ACP students to prepare them for their course and post. One ACP student mentioned, 'I undertook a secondment within an acute medicine team prior to starting the full-time training post and found that being on the unit prior to placement was beneficial to understanding how the ward works. Furthermore, being on secondment where you are working with the team gives you the opportunity to learn on the job without the pressure and with the support from the team'.

Advanced Clinical Practitioners

Key Findings

1) Recruitment process

There are a variety of recruitment approaches by Trusts and HEIs with some jointly appointing but others conducting separate interview panels. The majority HEIs recruit well in advance but only issue an unconditional offer once funding from HEE has been approved. However, some learners expressed concerns that the delay between HEI's closing applications and HEE approving funding meant that they are in an indeterminate state between handing in their notice to embark on an ACP training course and receiving formal confirmation from the HEI.

2) Training experience

Overall the training experience is good with particularly positive learner feedback from learners at Calderdale, Sheffield, Leeds and Harrogate. Currently there are two educational e-portfolios provided by the Royal Colleges that are developed for national standards. However, most Trusts have developed their own e-portfolio that some ACPs complete, however others do not have an online portfolio. Learners and educators recognise that the ACP role will be better integrated into the multi-professional workforce if development and recognition of competencies is clarified consistently.

The Royal College of Emergency Medicine standard setting process is recognised as particularly useful. However, there is a need for more structure in the ACP qualification standards/framework for example the Emergency Medicine ACP programme at Northern Lincolnshire and Goole NHS Foundation Trust (NLAG) does not match to the Royal College Standards. This discrepancy can make matching ACP applicants to specialised recruitment positions difficult to achieve.

The clinical portfolio at Leeds Beckett University is in place and signed off by a senior medic or consultant. The educators mentioned that clinical Objective Structured Clinical Examination (OSCE) must be completed in year one to progress. The panel noted the percentage threshold at which students pass OSCE's is 70%, usually pass thresholds are 40% or 50% indicating a robust assessment process.

3) Supervision

Educators are highly valued by learners and there were examples provided of outstanding support. However, Educators felt they did not have enough structured time in their job plan to train and support ACP learners effectively. Educators felt that the lack of consistency in educator support and training affected retention in the profession and that structured guidance and support may help. The educators' motivation and skills for their roles are variable and development is needed. Consistency of supervision in primary care was perceived as variable, however, primary care representation was low at the review. Educator feedback highlighted that engagement and enthusiasm for workforce development is generally strong. Good training relationships are often driven by the passion of individual educators and balancing training time for learners in the presence of operational pressures can be problematic.

4) Funding

The funding provided by HEE for ACPs in the North is perceived by learners and educators positively, however they also asked for confirmation that the ACP programme will continue to be funded in the future and training grants will still be available. Consideration will also need to be given on the use of the employer's apprenticeship levy for the funding of ACP training.

It was noted that greater collaboration is needed between HEI's, Trusts and HEE regarding securing HEI training places and confirmation of funding posts for ACP trainee posts. Educators mentioned that HEIs are waiting until they receive funding confirmation from HEE before confirming the number of ACP posts available and this has led to delays in learners finding out where they will be based until late in the process. Learners corroborated that the transition to be an ACP is complex; some expressed feeling anxious as they have had to leave their old job prior to being appointed in their ACP role and they have no pre-agreed or signed contract from the Trust in place to guarantee their placement.

5) ACP Role/ Preceptorship

Learners felt that there is a lack of understanding about the role of ACPs in the workplace. Some are expected to undertake their previous job whilst being a trainee ACP, and whilst this does enable them to keep up their competences it does create pressure. In one instance, an ACP reported that they were expected to do two jobs - covering her previous role as a Ward sister as well as undertaking the ACP trainee role, which was overwhelming. Some learners mentioned that there was little autonomy and the transition back to the role of a trainee was challenging especially as they had moved from a role where they knew their job extremely well.

Many learners viewed the ACP role as a positive next step in their career progression, which is also reflected in the increasing number of healthcare professionals training to become ACPs year on year. However, some educators reported that the attrition rate is high, with some learners citing the pressure of training whilst undertaking their current job leading them to exit the training programme, and that some healthcare professionals train to be an ACP later in their career, retiring shortly after completion of the training, so there is a continuous shortage of qualified ACPs. Quoting one member of staff, 'this is a leaky bucket in the system'.

The majority of ACPs reported that they felt supported and valued once they are established in the workforce. However, they felt improved promotion of the ACP role nationally would be beneficial. Educators concurred that ACPs are a valuable addition to the workforce, and although there was some initial scepticism, most would now find it difficult not having an ACP on shift with them especially on busier areas such as the Emergency Medicine department. Furthermore, all ACP learners at the review would recommend the ACP role to a friend.

Some of the difficulty for educators has been the line management of ACPs as learners as they have a range of training requirements. Learners and Educators agree that standardisation and clear guidance is needed for the line management of ACPs. The

learners made the following suggestions which may help to improve working relationships:

1. Induction so there is better cohesion between existing qualified ACPs already working on wards and new ACPs.
2. Clear and identifiable reporting lines, for example new ACPs could report to senior qualified ACPs.
3. ACP uniform so they can be identified by staff and the public.

Learners also discussed that they had been asked to obtain additional personal indemnity insurance through defence unions which is around £3,000 a year. UNISON have advised that most ACPs have Crown indemnity through their Trusts.

There is a discrepancy with some ACPs working at Agenda for Change band 7 and others at band 8a, an example was given at Barnsley General Hospital where they trained fifteen ACPs at band 7, however attrition reduced this group to five staff, with others seeking roles at nearby Trusts and primary care practices who offer Band 8a roles.

Recommendations

- Confirmation and communication from HEE on the ACP recruitment process requires improvement.
- HEIs and Trusts to be encouraged to develop a one interview panel approach to streamline the process and provide consistency.
- Develop one educational portfolio or competency workbook for all ACP roles/ programmes.
- Utilise national ACP clinical competencies where these exist to structure clinical training and where none exist develop and agree these locally.
- Review how HEE can extend educational support and clinical assessment for all ACP learners.
- Join up academic and clinical OSCE to improve its effectiveness
- The implementation of a primary care support programme to be investigated
- Teaching time to be included into ES job plans – ES's felt they needed double the amount of time to supervise ACPs effectively as they have such a diverse range of skills and competencies to achieve
- Guidance on the supervision and support of ACPs would be beneficial.
- Confirmation that funding will continue to be provided to enable better planning and recruitment.
- Budget and commissions – Kevin Moore is working with funding providers and Local Working Action Boards (LWABs) to secure funding to support ACPs in the region. Infrastructure is being put in place and there will be a National ACP Academy.
- Instigate a regular ACP conference to share best practice and to build the profile and reputation of ACPs.
- Promotion of the ACP role nationally.
- Develop a preceptorship year to provide learners with the opportunity to make the transition into the ACP workforce.
- Line management should be from an ACP employee or someone who understands the role (a lead ACP role should/could be created).

3. Career Structure

All agree that regulation of Physician Associates is needed. In some trusts, there is currently a one-year PA contract in place, however it is unclear what happens after the contract ends. Learners at LTHT raised significant concerns about a lack of job opportunities in the Y&H region and that few have been taken on after one year. Some PAs questioned remaining in secondary care once they had completed their training due to concerns about rotas and potentially working long unsociable hours. In contrast, learners at Calderdale mentioned that the Trust offered a good training and workplace experience. Some learners felt that primary care offered better opportunities for development and are proactively creating jobs for their students in the workforce.

Learners suggested that they would like to have opportunities to accelerate in their role possibly through being able to prescribe or supervise junior PAs and that within some trusts a senior PA role has been introduced to support junior PAs in the workplace and provide experienced PAs with a career pathway. It was also noted that Kent, Surrey and Sussex School of PAs are developing a framework for post-qualification training. It was recommended that a similar structured preceptorship which is standardised across the country for the first two years after completing the PA training programme should be pushed out regionally and nationally to provide a clear pathway.

4. Education/ Training

The training at Sheffield Hallam University was highlighted as very good and informative. The simulation training and clinical skills training at HYMS was also noted as excellent. Some PAs undergo a one-year post qualification rotation programme in the workplace and all re-certify after six years to maintain generalist skills as well as specialist skill set. Work-based PA training varies depending on where they are working, for example some learners at LTHT reported a 'hierarchy of training' with PAs at the bottom. Learners reported that the due to PAs being a new role, some colleagues are unsure about the limitations of the PA. This can lead to some PAs being overly cautious and feeling that they need unnecessary levels of supervision to maintain patient safety. At the opposite end of the spectrum some feel that they are not utilised or challenged enough in their role. Learners felt that clear guidance on the role of the PA would be beneficial to colleagues to ensure staff and PAs know their remit.
They also felt that greater learning and development opportunities such as rotating around acute wards and specialities, interprofessional learning, having the ability to become a PA trainer in the workplace, as well as a self-measurement scale to establish where they are in their learning and development would give them a richer experience and help prepare them for employment.

Recommendations

- HEE, HEIs and Trusts should work closer together so that the wider workforce understands what is expected of PAs.
- Physician Associate guidance which outlines the role of Physician Associates in the workplace to be circulated.
- Promotion of PAs in the workplace and the development of case studies where PAs have made a positive contribution to the workforce.

- Suggested recruitment timeline to be circulated/made available by HEE to all providers based on the HEI cycle to ensure timely recruitment and avoid attrition of locally qualified learners.
- Future funding for Physician Associates preceptorships to be clarified and confirmed by LWABs with a view to standardisation across YH.
- The changes to the funding model may lead to a reduction in the number of PAs in training. HEI intakes to be monitored and the issue raised with HEE North SMT.
- Implementation of a clear career preceptorship and framework for PAs beyond the 12month contract.
- PAs should be involved in discussions about the future workforce.
- PAs to have support towards re-certification – need to maintain generalist skills as well as specialist skill set.
- Greater supervision and knowledge sharing to help support and develop PAs on placement.

Sign off and next steps
Report sign off

Outcome report completed by *(name)*:	Emma Diggle
Chair's signature:	David Eadington and Kevin Moore
Date signed:	
Date submitted to organisations:	
Date published on HEE website:	

Organisation staff to whom report is to be sent

Job titles
Trusts in Yorkshire and Humber
Higher Education Institutions providing training for ACPs and PAs
Yorkshire and Humber faculty

Appendix 1: Trust/ HEI attendees

Trusts	HEIs	Clinical Commissioning Groups
Airedale NHS Foundation Trust	The University of Huddersfield	NHS Sheffield CCG
Bradford Teaching Hospitals NHS Foundation Trust	Hull York Medical School	
Calderdale and Huddersfield NHS Foundation Trust	Leeds Beckett University	
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	Sheffield Hallam University	
Harrogate and District NHS Foundation Trust	The University of Leeds	
Hull and East Yorkshire NHS Trust	The University of York	
Leeds Teaching Hospitals NHS Trust		
Mid Yorkshire Hospitals NHS Trust		
Northern Lincolnshire and Goole NHS Foundation Trust		
Sheffield Children's Hospital NHS Foundation Trust		
Sheffield Teaching Hospitals NHS Foundation Trust		
The Rotherham NHS Foundation Trust		

Appendix 2: HEE Quality Framework Domains & Standards

Domain 1 - Learning environment and culture

1.1. Learners are in an environment that delivers safe, effective, compassionate care that provides a positive experience for service users.

1.2. The learning environment is one in which education and training is valued and learners are treated fairly, with dignity and respect, and are not subject to negative attitudes or behaviours.

1.3. There are opportunities for learners to be involved in activities that facilitate quality improvement (QI), evidence based practice (EBP) and research and innovation (R&I).

1.4. There are opportunities for learners to engage in reflective practice with service users, applying learning from both positive and negative experiences and outcomes.

1.5. The learning environment provides suitable educational facilities for both learners and educators, including space, IT facilities and access to quality assured library and knowledge services.

1.6. The learning environment maximises inter-professional learning opportunities.

Domain 2 – Educational governance and leadership

2.1 The educational governance arrangements measure performance against the quality standards and actively respond's when standards are not being met.

2.2 The educational leadership uses the educational governance arrangements to continuously improve the quality of education and training.

2.3 The educational leadership promotes team-working and a multi-professional approach to education and training, where appropriate.

2.4 Education and training opportunities are based on principles of equality and diversity.

2.5 There are processes in place to inform the appropriate stakeholders when performance issues with learners are identified or learners are involved in patient safety incidents.

Domain 3 – Supporting and empowering learners

3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required.

3.2 Learners are supported to complete appropriate summative and formative assessments to evidence that they are meeting their curriculum, professional standards and / or learning outcomes.

3.3 Learners feel they are valued members of the healthcare team within which they are placed.

3.4 Learners receive an appropriate and timely induction into the learning environment.

3.5 Learners understand their role and the context of their placement in relation to care pathways and patient journeys.

Domain 4 – Supporting and empowering educators

4.1 Those undertaking formal education and training roles are appropriately trained as defined by the relevant regulator or professional body.

4.2 Educators are familiar with the curricula of the learners they are educating.

4.3 Educator performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for role development and progression.

4.4 Formally recognised educators are appropriately supported to undertake their roles.

4.5 Educators are supported to undertake formative and summative assessments of learners as required

Domain 5 – Developing and implementing curricula and assessments

5.1 The planning and delivery of curricula, assessments and programmes enable learners to meet the learning outcomes required by their curriculum or required professional standards.

5.2 Placement providers shape the delivery of curricula, assessments and programmes to ensure the content is responsive to changes in treatments, technologies and care delivery models.

Providers proactively engage patients, service users and learners in the development and delivery of education and training to embed the ethos of patient partnership within the learning environment.

Domain 6 – Developing a sustainable workforce

6.1 Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.

6.2 There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.

6.3 The organisation engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs of patients and service.

6.4 Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.

Appendix 3: Acronym Glossary

ACP	Advanced Clinical Practitioner
CHFT	Calderdale and Huddersfield NHS Foundation Trust
CPD	Continuous Professional Development
HEI	Higher Education Institution
HYMS	Hull York Medical School
LTHT	Leeds Teaching Hospitals NHS Trust
NLAG	Lincolnshire and Goole NHS Foundation Trust
LWAB	Local Workforce Action Board
OSCE	Objective Structured Clinical Examination
PA	Physician Associate
SMT	Senior Management Team
Y&H	Yorkshire & Humber