



PWYLLGOR DIWYLLIANT, POBL A DATBLYGU SEFYDLIADOL PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	03 April 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	General Practice (GP) Physicians Associate (PA) Development Programme
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Jill Paterson, Director Primary Care, Community and Long Term Care
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Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The People, Organisational Development and Culture Committee is asked to note the work undertaken as part of the GP Physician Associate Development Programme, formally established under the Pacesetter Programme, as well as an update on the recruitment of GP PAs into Health Board Managed Practices as part of the implementation of the Primary Care Model for Wales.

Cefndir / Background

The GP PA Development Programme was originally developed and implemented as part of the former Pacesetter Programme. Due to challenges related to recruitment and the COVID-19 pandemic there was a delay in being able to appoint the GP PA Development Manager, who was eventually appointed in June 2021. Following their appointment, and as part of the Pacesetter programme, the GP PA Development Manager was assigned to a placement within a GP Practice in North Ceredigion; they received mentorship and clinical oversight from the lead GP who had been part of the initial programme to scope the potential to support the development of PAs in General Practice.

The programme was implemented with the development of a two-year Primary Care Physician Associate Development Pathway; this provides post qualification enhanced training, educational and professional support for PAs who are looking for a career in General Practice, thus enabling them to become more autonomous and well-rounded clinicians in all aspects of clinical practice. The original Pacesetter project was aimed at recruiting Band 7 GP PAs into the Ceredigion Clusters to align with Powys Teaching Health Board where there was a similar programme in development. The aspiration of the programme was also aligned to the principles of the Primary Care Model for Wales as well as seeking to support workforce sustainability in GP Practices. Within the two-year programme it is anticipated that by their eighteenth month there will be the opportunity for substantive employment through one or more of the GP Practices.

The programme enables qualified PAs to work across a number of clinical areas in secondary care including Medical Assessment Unit (MAU), A&E, Paediatrics, Obstetrics, Gynaecology and Mental Health for part of their week (2 days) with six month rotational placements, with the other three days working in GP Practices within the Cluster with a period of rotation every eight months so that they are able to maximise the development of their skills within a supportive environment. The scope of practice is appended below as Appendix 1. Professional development and leadership is provided through the GP PA Development Manager and additional clinical leadership is provided through the hosting GP Practice.

Due to the pandemic recruitment into the programme has proven to be challenging and despite significant initial interest only two GP PAs have been recruited in line with the original aspirations of the pilot. The North Ceredigion Cluster has remained committed to the programme and have continued with the project when the Pacesetter funding ceased. The first GP PA started in April 2022, and the second in December 2022. The Cluster is looking to add a third GP PA into the programme in November 2023.

Alongside the GP PA Development Programme, two further GP PAs have been recruited to work in Ash Grove Surgery and Meddygfa Minafon/Sarn. Because they had been recruited outside of the GP PA Development Programme a commitment was given to support their ongoing education and development by providing some sessional time in the Minor Injuries Unit within Prince Philip Hospital. Although initially this was a success the arrangement was brought to an end due to workforce pressures in Managed Practices which started to emerge in August/September 2022. Professional supervision is still provided through the GP PA Development Manager with clinical supervision provided through the Clinical Lead GPs within both Practices.

Through working with Health Education Improvement Wales (HEIW), which has shown significant interest in this programme during initial conversations about the establishment of Primary and Community Academies, the Development Manager has secured the use of the GP Medical Appraisal and Revalidation System (MARS) pilot portal which allows for in-depth oversight and support to those PAs participating in the programme.

The General Medical Council has been asked to regulate Physicians Associates and is in the process of progressing that, with consultation anticipated to be undertaken in 2024 which will be followed by Regulation.

The GMC has released outlines for ongoing professional development, with a mandate to provide written portfolio evidence of Continuing Professional Development (CPD), in-line with those required of doctors. This replaces the previous system of annual CPD portfolio evidence, with a requirement to revalidate their qualification by sitting the written portion of the PA National Exam. The efforts made between the Health Board and HEIW to employ MARS GP Portal as a formal CPD and annual appraisal review system has pre-empted this change and installed a well-designed, familiar and ergonomic system in place for future GP PA annual appraisal and professional revalidation.

To spearhead PA integration and role development in Wales, the PA Role Group was created between Health Board PA ambassadors across Wales, with close support and input from HEIW. This group meets twice monthly, and is attended by the GP PA Development Manager and a Workforce representative. The aims for this group include: post identification and recruitment planning, role overview and promotion and wider role development and engagement, with the inclusion of future role planning to further inform HEIW and set expectations for course place commissioning in Bangor and Swansea Medical Schools for PA students.

Asesiad / Assessment

GP PA Development Programme

Whilst the programme has been slower to start than anticipated and has been mainstreamed through the substantive appointment of the Development Manager who now undertakes their clinical component within the Health Board Managed Practices, there has been limited interest from other Clusters in seeking to fund further posts into the programme. A review of the Primary Care budgets intended to support the proactive sustainability work undertaken by the team could potentially part fund posts considered for the two-year programme, which may assist in improving its scope and remit. Each GP PA post costs circa £53k per annum.

Further communications work on the scope and remit of the role needs to be undertaken and will form part of the communications plan that is being developed for Primary Care.

Managed Practices

Consideration needs to be given to the job planning for the GP PAs working in Managed Practices to ensure that they have education, training and development opportunities that allow them to build their confidence and range of skills. Unfortunately, due to workforce pressures and traditional ways of working this has not been re-established and discussions are being progressed to ensure that this is reconsidered and built back into their clinical time.

Argymhelliad / Recommendation

The Committee is asked to:

- NOTE the update on the GP PA development programme and the inclusion of GP PAs into the Managed Practice workforce

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	To provide assurance to the Board on the implementation of the UHB's Workforce and OD Strategy, and the all Wales Health & Social Care Workforce Strategy, ensuring these are consistent with the Board's overall strategic direction and with any requirements and standards set for NHS bodies in Wales.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7.1 Workforce 5. Timely Care
Amcanion Strategol y BIP: UHB Strategic Objectives:	2. Working together to be the best we can be 5. Safe sustainable, accessible and kind care 6. Sustainable use of resources

Amcanion Cynllunio Planning Objectives	3I Primary Care Contract Reform
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	The Pacesetter Programme General Practice Physician Associate (GP PA) Development Pathway All Wales Physician Associate Governance Framework
Rhestr Termiau: Glossary of Terms:	Within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	NA
Ansawdd / Gofal Claf: Quality / Patient Care:	NA
Gweithlu: Workforce:	NA
Risg: Risk:	NA

Cyfreithiol: Legal:	NA
Enw Da: Reputational:	NA
Gyfrinachedd: Privacy:	NA
Cydraddoldeb: Equality:	NA

APPENDIX 1

GENERAL PRACTICE PHYSICIAN ASSOCIATE PRELIMINARY SCOPE OF PRACTICE

The General Practice Physician Associate (GP PA) Development Pathway intends to instil the experience, exposure and knowledge that a Physician Associate (PA) in General Practice would be able to take through their professional lives and build upon for a rewarding, long and safe career in General Practice (GP).

To achieve this, the GP PAs will complete speciality rotations throughout the two year pathway (as stipulated in the GP PA Programme overview), whilst also completing their GP Practice rotations. Due to the limited exposure a PA may have received in each speciality or clinical setting during their training an appropriate understanding of what can be expected of a GP PA whilst on rotations in various settings is needed to ensure patient, clinician and practice safety.

It is important to remember that the Scope of Practice (SOP) (below) is aimed at encouraging safety and a structured professional practice which adheres to the NHS Code of Conduct, Faculty of Physicians Associates (FPA) Code of Conduct for PA's, the GP PA Pathway Core Principles and the General Medical Council (GMC) Professional Standards.

This GP PA SOP should be read in conjunction with the other appropriate Pathway literature, such as the GP PA adapted 'Royal College of General Practitioners (RCGP) Topic Guide' and the GP PA Programme Overview, in addition to the All Wales Physician Associate Governance Framework, the Department of Health (DoH) England PA Matrix ('The Matrix') that has been used to guide and advise clinicians, approved PA School programmes, and the Faculty of Physician Associates (FPA) on the appropriate standards and areas of competence for PA's when training and in practice. These SOPs serve to outline certain areas that a GP PA can be expected to work in under their professional and legal governance structures whilst remaining a safe and effective practitioner. However, this is not a reductive list and it will be adaptable to suit the needs of the Supervising Clinicians, the Clinical Teams that the GP PA forms a core member of and the wider patient base, providing all patient safety, legal indemnity, professionalism and clinical competency requirements are satisfied.

The key areas that the following SOPs will centre around include: General Practice (GP) and Out of Hours Services, Psychiatry and Mental Health, Paediatrics, Obstetrics and Gynaecology and Accident and Emergency.

General Practice / Out of Hours

As this will form the primary area the GP PA's will work in, the SOP will be an ever widening base, as confidence, experience and clinical knowledge expands. As such, the SOP serves to guide clinicians as to their role while in practice, but can be adapted under their legal permissions and clinical competencies.

While in GP settings the GP PA will be responsible for the provision of a clinical service and work as part of the practice multidisciplinary team, delivering care within their SOP to the local patient population, clinically supervised by the GP Partners/GP Clinical Lead. The GP PA will be required to work in the practice, providing a range of services such as assessment, diagnosis, treatment, telephone triage and clinical decision-making together with referring patients appropriately, as well as supporting the GP Partners and management team in reviewing clinical policies and procedures when required.

Below are the core responsibilities of the GP PA. There may be, on occasion, a requirement to carry out other tasks; this will be dependent upon factors such as workload and staffing levels, as well as individual ability and overall experience in a particular clinical area. The GP PA will work within their scope of clinical knowledge to:

- Provide routine care to patients as required in accordance with clinical based evidence, NICE and the National Service Framework (NSF).
- Examine, assess and diagnose patients and provide clinical care/management as required.
- Identify, signpost or refer patients at risk of developing long-term conditions.
- Maintain accurate clinical records in conjunction with extant legislation.
- Ensure read codes are used effectively (as per clinical system in each Practice).
- Ensure continuity of care, arranging follow-up consultations or reviews as necessary with appropriate clinical specialists or teams.
- Prioritise health issues and intervene appropriately using learned clinical skills as per National Physician Associate Qualification Standards, including but not limited to:
 - Venepuncture
 - Spirometry
 - Physical examination
 - Intramuscular, Subcutaneous and Intravenous injection
 - Electrocardiogram (ECG) requests, placing and/or interpretation
 - Administration of emergency medications as per National Protocols (Epinephrine)
 - Referral into Secondary Care centres for onward escalation and care.
 - Sample analysis – using available practice resources such as POC Testing or Urinalysis.
- Triage patients and provide the necessary treatment during home visits.
- Collect pathology specimens or other required samples as required.
- Review the effectiveness of the treatment provided, making changes where necessary to improve patient outcomes.
- Chaperone patients where necessary.
- Recognise, assess and refer patients presenting with mental health needs.
- Support patients in the use of their prescribed medicines or over the counter medicines (within own scope of clinical knowledge).
- Liaise with external services/agencies to ensure that the patient is supported appropriately (vulnerable patients etc.).
- Ensure that they adhere to the relevant patient group directives and local clinical pathways at all times.
- Support the clinical team and safeguarding lead with all safeguarding matters, in accordance with local and national policies, Practice clinicians and/or Clinical Leads.

- Understand practice and local policies for substance abuse and addictive behaviour, referring patients appropriately.
- Deliver opportunistic health promotion where appropriate, in addition to the primary responsibilities, the physician associate may be requested to:
 - Support the practice audit programme, undertaking audits when necessary
 - Support Junior Members of the team, providing guidance when necessary
 - Participate in local initiatives to enhance service delivery and patient care
 - Support and participate in shared learning within the practice.
 - Continually review clinical practices, responding to national policies and initiatives where appropriate.
 - Participate in the review of significant and near-miss events applying a structured approach, i.e. root cause analysis (RCA).
- Take personal responsibility for own learning and development, including the requirement to maintain currency, achieving all targets set in their Personal Development Plan (PDP) / Periodic Appraisal. Duties will vary from time to time under the direction of the Partners / Practice Managers dependent on current and evolving practice workload and staffing levels. Whilst this will be GP PA specific, it falls to the GP PA to assess their individual remit and area of competence.
- Undertake Specialty/ Service Enhancing courses/training and facilitate extended service provision such as Minor Operation Clinics, Dermatology Clinic, Over-see Specialty Ailment Clinics or take a leading role in a key demographic or underlying pathology (such as Diabetes, Asthma, COPD, New Born Baby Clinics etc).

Psychiatry and Mental Health

A GP PA range of skills and speciality knowledge will develop over the course of the 6 month part time rotation, and as such their capability and potential for further development should follow suit.

GP PA's will practice under the supervision of a named Consultant Psychiatrist who may vary from day to day, but should always be contactable in the case of emergency.

The clinical setting may not always be Psychiatry/Mental Health Ward based and may fall into Community Outreach, Mental Health Assessment Units in A&E Departments or other areas stipulated by the named consultant as an appropriate setting for a GP PA to work.

GP PA's will:

- Undertake clerking on admission of patients to Psychiatric Assessment wards or contingency beds covering all aspects of relevant history including collateral history, mental state examination, risk assessments, clinical examination, order appropriate investigations and a working hypothesis to discuss with Supervisor or senior clinicians.
- Discuss with Supervisor or senior medical colleague the case summary, differential diagnoses, investigations, risk assessment and be guided by them in formulating the management plan.
- Actively contribute to the multi-disciplinary team meetings, safety discussions, work with the Supervisor and Ward Manager to ensure comprehensive

assessments are undertaken and a holistic approach is adapted in the management of patients.

- Work collaboratively with the ward Junior Doctors in the clinical care of patients, perform clinical tasks (as competency and ability allows), follow up and interpret laboratory and radiological results and initiate appropriate patient management or seek advice from medical colleagues
- Respond to patients changing health status and undertake appropriate actions – per NEWS and other clinical assessment tools.
- Gain knowledge and competencies on relevant legislations including Human Rights Act, Mental Capacity Act, Mental Health Act, Deprivation of Liberty Safeguards (DoLS), and ensure patients' rights are respected
- Maintain timely and appropriate documentation on Trust electronic patient records/alternatives if this is not in place.
- Ensure timely discharge summaries and discharge medication is completed and communicate effectively with everyone involved in follow-up care.
- Ensure effective communication with patients, relatives, in-patient and community teams, external partners including Acute Service Providers (CAHMS, CRISIS etc), Local Authority etc.
- Support health promotion activities including those relating to smoking, drugs and alcohol.
- Provide psycho-educational support to patients and carers / families.
- Support proactive screening and interventions with regard to the physical health of patients.
- Improve the quality of the patient experience by helping formulate individualised care plans and contribute to pathways enhancing patient experience.
- Take active part in Quality improvement including Clinical Audits and Serious incident reviews and engage in Trust Quality Improvement activities and ensure learning is implemented in daily practice (if time and clinical commitments through Pathway allow).
- Work flexibly to meet the needs of assessment wards, including weekend work and supporting other wards or teams if required in exceptional circumstances or during service reconfiguration.
- Ensure the provision of a high standard of care at all times maintaining good working relationships with internal and external partners.
- Contribute towards policies and procedures development relevant to the clinical department and wider services.
- Maintain own clinical development by keeping abreast of new treatments and technologies within your role or specialism throughout the various rotations and wider Development Pathway.
- Implement effective systems and processes for infection control management and relevant audit within your clinical area (if time and clinical commitments allow).
- Act at all times, in such a way that safeguards the health and wellbeing of children and vulnerable adults at all times, in keeping with HDUHB and Wales Safeguarding policies

Accident and Emergency / Medical Admissions Unit

The GP PA will work alongside the medical team in both A&E and MAU settings. They will assess and examine patients, present them, initiate and interpret investigations, and recommend treatment in line with current guidelines

and protocols set out by NICE, the Royal College of Emergency Medicine (RCEM and other guidance).

As a guide, GP PA's in their first rotation should not look towards taking particularly complex patients for assessment, or alternatively should work in Minor injury areas to build on their confidence and ability during the first 2-3 months. This will be subject to discussions with their Supervisor Seniors and Department leads, and can be adapted to fit the experience and clinical skill of the GP PA.

GP PA's will liaise with other professionals and specialities as required and complete necessary documentation relating to their patients. This will entail an undifferentiated patient population, arriving by ambulance, referrals from GP's and walk-ins.

The GP PA's may be placed in various areas within A&E Departments, ranging from MAU, A&E Minors or Majors, dependant on clinical need. The Supervisory Consultant for the day / rotation must be contactable as a point of reference in emergencies, but the GP PA will work as part of the Acute Medical Team, liaising and addressing concerns regarding patient condition or potential diagnoses with their Senior (as per medical rota provisions, but most appropriately a Middle-grade/Registrar).

The GP PA will be involved in the activities of the Department, including coordinating patients on ambulatory pathways, and patients in need of referral to surgical, medical and gynaecology / obstetric pathways. The role is more readily adaptable over time, due to the faster paced nature of Emergency Medicine, and so will require the GP PA to embody the professional and personal maturity to identify their own areas of competence. Throughout the 6 month rotation, this role can be adapted to meet the GP PA's specific areas of skill or need for further development, in addition to the

As an overview, the GP PA's main roles are 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
- Support and contribute to timely discharge planning including completing discharge summaries and support optimising bed capacity.
- Ensure compliance with information governance requirements.
- Request, interpret and act on diagnostic tests (within Clinical experience and competencies).
- Perform appropriate Physical examinations of patients, formulating appropriate and well-reasoned diagnoses and management plans in conjunction with appropriate and up-to-date clinical guidelines.
- Assessing and managing acute presentations of conditions that lie within a PA's remit, as stipulated by The Matrix, and further developing their clinical reasoning and diagnostic skills.

- Identifying the need for and interpreting imaging results of various modalities (dependent on experience and competency).
- Perform diagnostic/therapeutic procedures, subject to training/experience. Including, but not exclusively:
 - Venepuncture
 - Cannulation
 - Arterial blood gases
 - Injections
 - ECG
 - Urethral catheterisation
 - Nasogastric tube insertion
 - Suturing and care of wounds
 - Wound Dressing

Obstetrics and Gynaecology

This element of the secondary care rotations will offer the GP PA's the opportunity to work in Obstetrics and Gynaecology in either BGH or GGH. This will provide a wide range of opportunities for enhancing clinical skills and experience; for continuing professional and personal development particularly clinical governance and management. There is the opportunity to identify a specialist interest in a particular aspect of obstetrics or gynaecology for further development throughout the GP PA Pathway and onward GP based career.

The GP PA will work at a level that reflects their stage within the 2-year Development Pathway, specialist experience and to that which meets the expectations of other PA posts in Obstetrics and Gynaecology. The GP PA should be capable of working confidently, through indirect supervision from their named Supervisory Consultant, who may not always be on the ward, but will always be available for support and advice via telecommunication.

The post will provide opportunities for the development of specialist skills, which may enable GP PA's to develop into a more informed or leading role in GP settings regarding Women's and Obstetric Health. The GP PA will undertake the necessary clinical work relating to the post relating to a multitude of clinical areas that directly relate to Gynaecology and/or Obstetrics, including but not limited to:

- Antenatal clinic – Under the supervision of a Consultant Obstetrician the GP PA may:
 - Attend the antenatal clinics which may include one of the more specialised maternal medicine clinics
 - Conduct the initial antenatal assessment of women, identify risk factors in the booking history, and consult or refer appropriately.
 - Counsel women adequately about the investigations offered during pregnancy, interpret the results, communicate the significance of abnormal results to the patient and arrange further management if needed.
 - Detect, discuss and initiate management of commonly occurring disorders in pregnancy, recognising their limitations, and referring to other colleagues in the team when necessary
- Delivery Unit – The GP PA will work under the supervision of the Consultant Obstetrician on call for Labour Ward and should strive to develop clinical knowledge and experience by:
 - Working in conjunction with the multidisciplinary team.

- Be aware of the wishes and fears of women in labour, and respect their physical and psychological comfort.
- Undertake certain aspects of clinical management on the labour ward, with appropriate support provided by the consultant.
- Understanding their role when managing maternal collapse and neonatal resuscitation. Time allocation can be provided if the GP PA wishes to pursue a P-ILS or e-P-ILS course.
- Have input into the management of high-risk pregnancies in conjunction with the Consultant, attending specific teaching surrounding these emergencies.

Gynaecology Outpatients –Whilst some gynaecology clinics cover a wide range of problems other clinics are more specialised in nature. The GP PA will attend the gynaecology clinics and there may also be the opportunity to attend more specialised clinics. The GP PA should:

- Be able to take a gynaecological history and perform an appropriate examination with respect for the woman's dignity and autonomy
- Instigate the initial investigation and management of common gynaecological problems, where appropriate, working with indirect supervision.
- Perform diagnostic/therapeutic procedures, subject to training/experience. Including, but not exclusively:
 - Venepuncture
 - Cannulation
 - Arterial blood gases
 - Injections
 - ECG
 - Urethral catheterisation

Paediatrics

This element of the Secondary Care six month rotation will focus on providing a service for child health to the hospital setting and community, with responsibility for the prevention, diagnosis and treatment of illness as agreed with the supervisory consultant. Working within the inpatient ward, HDU, SCBU, and outpatient clinics (as appropriate per rotation and time-allocation).

As with all secondary care rotations, GP PA's must ensure they work within their legal and competency limits. As they will develop throughout the 2-year Pathway, these limits will adapt on an ad-hoc basis for the needs of the service and the clinical development of the GP PA, provided patient and colleague safety is maintained to the highest standards. The GP PA will work in close co-operation with, and support other clinicians in providing high quality healthcare to the Health Board's patients.

Responsibilities of the rotation include the following:-

- Provision of effective clinical support to all staff engaged in the specialty. Supporting the clinical provision delivered in each setting, agreed subject to each GP PA's confidences and stage in the Pathway. This will be achieved by attending to and supporting the daily ward duties as part of the medical teams, such as:
 - Ward rounds
 - Daily Handover
 - Daily Medical plans
 - Weekend Clinical Plans

- Clerking and initial clinical management of new admissions for discussion with the Supervising Consultant.
- Participation in maintenance and development of teaching and research where appropriate through the rotation (subject to time allowances and clinical commitments as part of HDUHB, and contributing to the wider Health Board PA Network).
- Maintenance and development of core clinical knowledge in paediatric assessment and pathology.
- Supporting multidisciplinary teams and speciality services.
- Delivering care in the community alongside primary health care and social care teams. This will be subject to discussion with Speciality Team leads in both community and Secondary Care services.
- To assess and manage children who present to the service with various illnesses in different settings,
- To support and promote children safeguarding processes within the service
- Perform diagnostic/therapeutic procedures, subject to training/experience. Including, but not exclusively:
 - Venepuncture
 - Cannulation
 - Arterial blood gases
 - Injections
 - ECG
 - Urethral catheterisation
 - Nasogastric tube insertion
 - Suturing and care of wounds
 - Wound Dressing
 - Lumbar Puncture (in specific settings following appropriate experience and clinical supervision)
- Taking referrals as part of the clinical team – The requirements for each appropriate referral to be discussed with the clinical teams prior to the GP PA commencing the Specialty rotation.
- Referring to other appropriate specialties or external centres when required, following discussions with the clinical team and Supervising Consultant.

Summary

Whilst the above SOPs are intended to facilitate and support the safe and structured practice of GP PA's through their GP and Specialty rotations, they should not serve as a reductive list limiting the potential future development of the GP PA's on the Pathway. As with many aspects of Medicine, the SOPs can be extended with the appropriate senior oversight and guidance. As a result, it ultimately falls to the GP PAs themselves and the clinical teams supporting the GP PA's to ensure they are working within their legal permissions and clinical frameworks established through DoH England PA Matrix, the All Wales Physician Associate Governance Framework, the RCGP Topic Guides and the GP PA Programme Overview.