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Designing a curriculum to address barriers and facilitators to integrating Physician Associates into the General Practice workforce: a grounded theory approach.

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Background

Workforce capacity has led to difficulties in public access to family practice (FP) in the UK (1). As part of the solution, there has been renewed investment in training Physician Associates (PA)(2). It is unclear how effective this will be in addressing unmet family practice needs. Universities developing postgraduate training for Physician Associates to support family practice need to be reflect carefully on the opinions of Family Practitioners and the public as they plan their curriculum delivery. We report the result of research into these concerns as part of our curriculum development in South Yorkshire, England (3).

Aim

To investigate the barriers and facilitators to the integration of Physician Associates into the General Practice workforce

Method

No a-priori themes were assumed. Stakeholder interviews informed a literature review and a theoretical framework tested qualitatively in focus groups with Family Practitioners (FPs), Advanced Nurse Practitioners (ANPs) and Patients (Pts). Data were transcribed verbatim and then an iterative analysis of emergent themes completed to produce a final conceptual model [Figure 1]. This model was used to inform curriculum design.

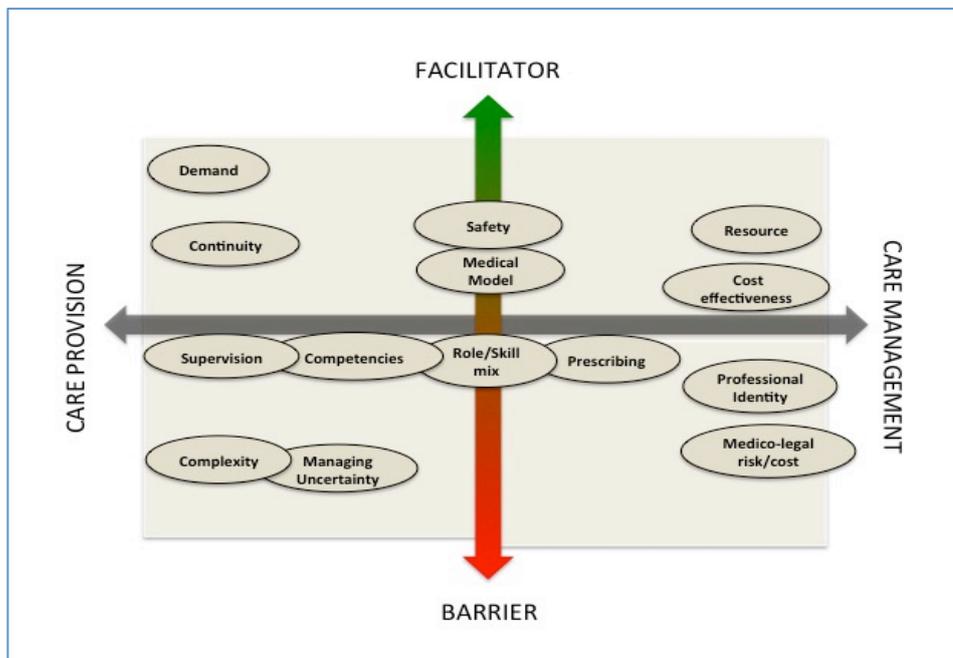


Figure 1: Conceptual Model of the Barriers and Facilitators in the integration of Physician Associates into the Family Practice workforce.

Results

FPs, ANPs and Pts recognised that interventions to support capacity in General Practice were urgently needed to improve access to healthcare. FPs expressed concerns about competence to assess and manage medical complexity and uncertainty along with supervision burden, non-prescriber status and medico-legal implications in routine practice. Pts were less concerned about specific competencies as long as supervision was in place and accepting of PA as part of the FP team. ANPs drew parallels between their own negative experiences entering advanced clinical care roles, highlighted the need to support PAs in counteracting stereotypical and prejudicial barriers to their integration

Conclusion

This work highlights complex factors between effective supervision, role-boundaries, team politics, regulation and patient safety that may impede the introduction of new roles into family practice teams under stress. A conceptual model is proposed to help educationalists make curricula adaptations to address this and the decisions made at the University of Sheffield described.

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