

GP Assistant Training and Core Competencies

Cross Plain Health Centre V7

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Introduction

The GPA programme has been developed over the last two years both locally and nationally. The emerging role of the GPA is one of several being developed in primary care to help with the delivery of the changing model of care. The model is changing because of the increasing demand, increasing age of the population increasing and complexity of primary care as well as the shortage of suitably trained clinicians. These reasons are explored more fully in other documents.

The role of the GPA is well set out in the attached Job Description and it is clear that this role is at all times supervised by a GP to keep all involved in the care transactions safe, especially the patients. The GPA role commences at senior HCA level and can lead onto other health care roles, including degree based roles, depending on the GPA's wishes and ability. The advantage of this role within General Practice is that the GPA becomes useful very soon after they start training as a GPA.

As for all new jobs and roles a probationary period is wise to ensure the candidate has made the correct career choice for them. There is no advantage in requiring someone to take a route which they do not actually suit when there are others available eg nurse associate.

The pathways are set out in the accompanying documents.

The GP Assistant role provides a new way of working that will complement roles already developed in primary care such as Nurse Practitioners, Pharmacists in Primary Care and will strengthen the multi-professional team. A GPA will always work under the supervision of a designated General Practitioner. 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 and during periods of leave this will pass to another GP partner as happens for Registrars. The supervising doctor always maintains the ultimate responsibility for the patient.

GPA's are able to move into the role and then remain as locally trained SHCAs with external accreditation of courses they undertake or can proceed to a higher level by undertaking the Assistant Practitioner Apprenticeship or Physician Associate Training. Registrant GPA's such as Paramedics and Physiotherapists can use the umbrella of the GPA role to widen their scope of practice.

This pilot framework specifies a range of competencies expected of GPA's to which they work but each individual will choose their own level and knowledge base. For example, a graduate with a degree in Exercise Based Rehabilitation may be interested in training in respiratory techniques and undertake spirometry while another starting as a Senior HCA may choose a mental health pathway and become an Assistant Practitioner in this area only. The broad competencies provide a solid basis for the GPA to progress through and by their progression become more useful in the areas they choose. The competencies include history taking, physical examination and diagnosis according to simple template working, eg UTI.

The GPA will be a member of the medical team in primary 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, whilst the doctor will remain in overall control of the clinical management of patients, the need for directive supervision of the GPA will diminish depending on their skill set and choice of roles. If a GPA chooses to be mostly engaged in administrative support of the GP team they are not so much supervised within the tasks but in the outcomes eg the review of the referral letter prior to sending.

GPA's may develop specialist expertise that reflects that of their supervising doctor. This will be gained through experiential learning and CPD. However, they are expected to maintain their broad clinical knowledge base wherever possible for the strength of the team.

Training

It is expected that the training will be three months at entry level and thereafter continues as the GPA and practice agree. Commencement of the Assistant Practitioner role, either as a Foundation Degree or an Apprenticeship or both is not essential for the basic role but is a requirement for those wishing to progress and is an exportable qualification for GPA's changing practice. Without the AP Foundation Degree they may expect to be employed in a HCA role if moving employer until such time as the GPA role is more widely understood. All training may be undertaken part time as needed.

During training GPA's will be expected to :-

- undertake practical activities,
- use critical thinking,
- be solution orientated and problem

Mentors will work with the students to develop their use of reflection in this new field of work encouraging self-knowledge and appraisal.

GPA training comprises:-

Phase 1	3 months "Be useful-- Be safe"
Phase 2	Up to two years Core competencies Areas of Knowledge and patient presentations using GPA matrix and supporting documents
Phase 3	External placements Foundation Degree/Higher Apprenticeship, Assistant Practitioner Health or, if already a

	graduate, moving onto Physician Associate training
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After phase 1 the next phases can run concurrently.

Core Competencies

The following is a list of procedural skills which the GPA should be able to perform on completion of the educational programme. These are included in the competencies section of the qualification and are completed in practice with a mentor in an agreed training practice then validated by external assessment where appropriate.

	The Area	Internal or external validation
1	Routine examination of all systems	I/E
2	Seeking informed consent and understand use of chaperones	I
3	Know and use a wide range of validated questionnaires such as 6 CT, nutrition scores etc	I
4	Communication skills between colleagues, patients and families Including understanding of potential difficulties	I/E
5	Ensuring safety of patients, staff, premises and data	I
6	Infection control	I/E
7	Telephone triage or history taking by phone	E
8	Assist with minor surgery	I
9	Management of the Urgent for the Day stream	I
10	Interpret written prescriptions accurately, seeking confirmation when the drug, dose or route of administration are unclear, or where the prescription as written is outside standard practice	I
11	Review of patients in accordance with GP plans for care	I
12	Assisting GPs with management of routine clinical correspondence	I/E
13	Assisting GPs with coding	I/E
14	Assisting GPs with management of normal results	E
15	Initial preparation of reports	I

16	Assisting GPs with referrals	I
17	Assisting GPs with medication reviews	I
18	Home visiting for specific tasks	I
19	Undertake simple skin closure	I
20	Assisting GPs with the undertaking of patient generated tasks	I
21	Assist in fluorescein dye insertion for examination of the cornea by a GP	I
22	Undertake appropriate strapping and splinting for common musculoskeletal injuries	I/E
23	Perform and interpret a 12 lead ECG	I/E
24	Participate in cardiopulmonary resuscitation.	E
25	Undertake respiratory function tests, including the performance of peak flow measurement	E
26	Commence and manage nebulised therapy	I
27	Commence and manage oxygen therapy in surgery setting for emergency use	E
28	Instruct patients in the use of devices for inhaled medication	E
29	Understand prescribing practice in order to assist GPs with patient care	I initially
30	Understand the pharmacology of drugs and the use of computer assisted prescribing systems	E
31	Obtain swabs	I
32	Perform a urine dipstick test	I
33	Draw up and give intramuscular and subcutaneous injections.	I/E
34	Take a venous blood sample, using appropriate tubes for required tests	I/E

Areas of Knowledge

GPs are expected to know the following areas for the normal medical areas of work working to a primary care level :-

- Basic anatomy

- Normal physiology
- History taking and note keeping
- Referral writing
- Red Flags
- Common abnormalities
- Common diagnoses
- Common treatment