

David Carter Physician Associate

Physician Associates (PAs) in general come from a varied background but all undergo the same general medical training covering all key specialities, making them generalist medical practitioners. This experience combined with their previous work experience makes them very adaptable and useful in a primary care setting.

Before becoming a PA I spent time in the military, worked as a heating and plumbing engineer, eventually finding my way into nursing, where I spent 5 years as a Charge Nurse in Emergency Care. I then undertook the PA course. Having a young family the LIFT II program provided me the perfect work life balance as well as a structured training and supportive career pathway.



As a PA who is also part of the LIFT II pilot program I have a varied week in practice. This incorporates time in both Primary and Secondary care settings. The first three days of the week are spent in a GP setting, here I undertake patient face to face clinics with a named GP to support my decision making and management planning. I refer my patients to secondary care services routinely or under more urgent pathways. I undertake home visits, frailty assessments and work to update individualised patient care plans. I also work as the practice Armed Forces Lead and incorporate forward thinking ideas supported by HEE to develop the role of the digital clinician.

The other two days of the week are spent in Secondary care, currently in the speciality of Medicine for the Older Person (MfOP), the ward also incorporates Stroke patients, and this enables me to participate in consultant lead ward rounds, join the junior doctor ward team, and attend specialist clinics in OPRA and TIA. I am also undertaking a Quality Improvement project to assess the management of Osteoporosis, and the management of fragility fractures in the elderly.

After the two year program it is envisaged that PAs will have a good knowledge and experience in General Practice, supported by two 12 month placements in secondary care for two additional specialities. My experience will incorporate two years in primary care, one year in MfOP/Elderly Medicine and one year in Psychiatry. This will be on top of my general training and previous Emergency Department experience of which I continue on a Locum basis.