Advanced Clinical Practitioners on the AMU

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Aims and Objectives

• Background- Why is there a need for advanced practice?
• What is an ACP?
• What does the role entail?
• Education and skills training
• Challenges, highlights
DH (2013) mandate recognised that there are growing pressure on the NHS to deliver healthcare.

The urgent and emergency care review recognised that there is a deficit in health care work force (NHS England, 2013).

Although services have expanded to meet patient need, demand is exceeding supply. (NHS England, 2013).

Non-medical practitioners have been recognised as part of the solution in developing alternative ways to meet health care need (NHS Modernising Agency, 2004).
BHH AMU

- Increased work force pressures
- European working time directive
- Stable work force
- Recognition of nursing (AHP) skill, experience and competence
What is an ACP?

Autonomous decision making, managing patient with undiagnosed conditions, undertaking diagnosis, initiating investigation, making decisions regarding on going care, admission or discharge (RCN, 2012)
What is the role?

- Holistic/clinical assessment
- Complementary to the traditional medical workforce
- Bridges the gap between nursing and medicine
- Provides continuity and safety
Clinical case

46 male referred from GP

**History:** Abdominal pain, rectal bleeding, SOB and weight loss

**Examination**
Pale palmar creases
Yellow sclera
Cervical lymphadenopathy
Bilateral wheeze, reduced breath sounds and dull percussion left base.
Hepatomegaly
Involuntary guarding

**Investigations:**
Erect CX-ray, ABG, FBC, U&E, LFT, INR, CRP, ECG, CT TAP

**Management:**
Prescribe analgesia
Referrals to Gastroenterology/ Oncology Team
What is the role?

• Holistic/clinical assessment
• Complementary to the traditional medical workforce
• Bridges the gap between nursing and medicine
• Provides continuity and safety
Education

• PG Certificate in Advanced Practice
• Independent non medical prescribing
• Masters in Health Science

Work based Training:
• 2 Years of work based training within AMU
• Designated Medical Consultant supervisor
• Robust standardised assessment
Skills

Extended Nursing Skills (AHP)

- ALS
- Venepuncture, cannulation, ABG
- Verification of death
- CPAP
- Male catheterisation
- SALT assessment

Advanced Clinical practitioner Skills

- Clinical examination skills
- Requesting diagnostics
- Formulating clinical management plans
- Advanced radiology requesting
- Diagnostic interpretation e.g. X-rays, ECG, Blood, ABG
- Prescribing
- Supervised procedures e.g LP, Ascitic tap
- Teaching
Challenges

• Crossing boundaries
• Learning curve
• Training, Studying, Working, living!!
• Cost to the NHS
Highlights

• Nursing practice enhanced by medical knowledge
• Personal satisfaction
• Educationally
• Staying clinical
• Meeting patient need
Incorporating my nursing skills and medical knowledge to benefit my own patients (A Perrett)

I have been able to maintain patient contact and develop advanced clinical skills (A Pullen)

I have really enjoyed learning my advanced assessment skills

Having the knowledge and confidence to challenge other colleagues

Provide a high standard of patient care through holistic assessment and management (M Gibbs)
Summary

• For more information

• http://www.acutemedicinebhh.com/our-acps.html
Physician Associates

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What is a PA?

- A PA is a healthcare professional who is trained to the medical model and who works as part of a medical team to provide holistic medical care.
1961: First proposed in the USA

US 2014 – 110,000 qualified PAs


- Competencies
- Procedural Skills
- Matrix of Conditions

Programme Specification
- 3200 hours over 2 years
- 1600 clinical hours (incl. 200 simulation hours) in variety of specialties
What can PAs do?

• Take a medical history
• Examine a patient
• Undertake diagnostic tests/procedures
• Request appropriate tests and investigations*
• Formulate differentials
• Compile a treatment and management plan
• Refer to other teams/discipline as required
• Suggest medications*

• All with physician supervision
Training

• University of Aberdeen
• University of Birmingham
• Plymouth University
• St George’s University of London
• University of Wolverhampton
• University of Worcester

• Many more Universities in consideration/planning stage.
• Entrants must have a 2:2 or above in a science based undergraduate degree.
Training

• SGUL as an example
• 2 year full-time programme (92 weeks).
  Theoretical & Clinical elements

• Year 1
  Induction period
  80%/20% theoretical/clinical
  Clinical Placements: GP

• Year 2
  Clinical Placements: Primarily hospital based
Training

• Theoretical Elements
  – Foundations in Clinical Medicine
  – Critical Thinking
  – Pharmacology
  – Personal and Professional Development
  – Research Methods
CPD

• National recertification exam (6 year cycle)
• CPD requirements annually (40 hours)
  – to increase to 50 hours from next year in line with RCP requirements.
Key attributes of qualified PAs

- Stability/continuity
- Flexibility
- Communication amongst different members of the MDT
- Accessibility
- Awareness of the limits of their competence
- Team players
- Lifelong learners
Where do PAs work?

**Generalist Specialties:**
- Educators
- Emergency Medicine
- General Practice
- Acute medical units/clinical decision units

**Adult Medical Specialties:**
- Cardiology
- Care of the Elderly / Geriatrics
- Dermatology
- Endocrinology
- Gastroenterology
- General Internal Medicine
- Genitourinary Medicine / Sexual Health
- Haematology
- Infectious Diseases
- Lymphoedema
- Psychiatry
- Rehabilitation Medicine
- Respiratory Medicine
Where do PAs work?

**Paediatric Specialties:**
- Critical Care
- General Paediatrics
- Paediatric Surgery

**Surgical Specialties:**
- Breast surgery
- Colorectal Surgery
- Neurosurgery
- Orthopaedic Surgery
- Otolaryngology
- Spinal Surgery
- Trauma and Orthopaedics
- Urology
- Vascular Surgery
PAs in Acute Medicine

- AMU ward round and ward jobs
- Ambulatory care
- Acute take
- Learning advanced procedures
Current limitations

• A registered, but not currently a regulated profession
• Unable to prescribe or order ionising radiation
• Perceived competition by junior doctors, especially for procedures
• Demand outstripping supply therefore unfilled job posts and movement of PAs between jobs
Recent progress

- Annual UKAPA Census (2011-current)
- Name Change (2013)
- The Push for Regulation (ongoing!) GMC v HCPC
- Faculty of Physician Associates within the RCP
Faculty of PAs

- The first non doctor faculty at the RCP
- Substantial input from PAs
- Input from the other royal colleges
- Accreditation of courses so as to meet training standards
- CPD Diary
- Aiming towards regulation
- Due to launch early autumn 2015
• UK CONSULTANTS NEED PAS THEY JUST DON’T REALISE IT YET"........US CONSULTANT (AAPA CONFERENCE, 2008)
Recent publications


- **Physician Associates and the future development of geriatric medicine services.** *N Powell, B Mearns, R Forbes-Pyman & S Payne. BGS newsletter*

- **Satisfaction of doctors with the role of physician associates.** *L Williams & T Ritsema. Clinical Medicine. June 2014 (3)*


Extended Roles on the AMU: Allied health professions

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Key Messages

1. Therapists in acute and emergency medicine are already doing extended scope practice

2. These extended scope skills are not always medical

3. There is a need for standardised and formal training on extended scope skills
History and journey of AHPs on AMU
Role of Physiotherapists and Occupational Therapists on AMU

• Admission prevention
• Support early rehabilitation
• Respiratory physiotherapy

Ability to rapidly but comprehensively assess and treat patients with any medical condition

(Royal College of Physicians, 2013)
## Professional skills

<table>
<thead>
<tr>
<th>PT roles</th>
<th>OT roles</th>
<th>PT roles OTs on AMU complete</th>
<th>OT roles PTs on AMU complete</th>
<th>SW roles PTs or OTs on AMU complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expert knowledge re NIV / Tracheostomy management</td>
<td>Assessment of complex cognitive impairment and acute delirium</td>
<td>Basic gait assessment</td>
<td>Basic ADL/functional assessment</td>
<td>Assessment for new / increased POC</td>
</tr>
<tr>
<td>Complex gait and balance assessment and diagnosis</td>
<td>Complex functional / ADL / environmental assessment</td>
<td>Basic balance assessment</td>
<td>Assessment and provision of basic equipment</td>
<td>Safeguarding</td>
</tr>
<tr>
<td>Provision and fitting of braces and collars</td>
<td>Complex equipment prescribing</td>
<td>Assessment and provision of mobility aids</td>
<td>Basic cognitive assessment</td>
<td>Assessment of a patients mental capacity regarding discharge</td>
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</tbody>
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Specialist or extended?

• Specialist roles
  • 4 areas of clinical practice
  • Work within own scope

• Extended roles
  • Outside of original scope of practice
  • Role enhancement and / or role substitution

(McPherson et al., 2006; Chartered Society of Physiotherapy, 2001)
Are therapists in acute and emergency medicine already doing extended scope practice?
History of AHP Extended Scope Practitioners

• Focused on extending through medical skills

• Mostly at Band 8 level or above

• Evidence is limited but growing: appears to be safe and feedback from patients is good

(Chartered Society of Physiotherapy Extended Scope Network, 2015; McPherson et al., 2006; Kersten et al., 2007)
Value of Extended Practice on AMU

• PTs and OTs doing aspects of nursing, social work and each others’ role
  - Problem with how perceived
  - Are these skills valued?

• Benefits continuity of care and patient experience

• Patients need therapists appropriately trained in these skills
The Need for Training

• Major differences in structure and practice between Trusts and professions

• Need for competency framework supported by training

• Where does this come from and who signs it off?

(McPherson et al., 2006)
What might this training include?

- Comprehensive Geriatric Assessment
- Task analysis and complex functional assessment
- Respiratory: NIV, O2 therapy, pulmonary pathways
- Orthopaedics: assessment, x-rays, conservative management, weight-bearing
- Mental Health and Learning Disabilities
- Neurology: assessment and diagnosis
- Cognitive assessment: domains, three Ds, capacity assessment
- Pressure care assessment
- Models of disability, difficult conversations, case management – integrated and holistic practice
- Risk taking and management
Moving forwards

• Engagement of professional bodies (CSP and COT)

• Consensus on core and extended skills / competencies

• Standardise competencies and training

• Develop evidence base through research and audit
References


Any questions?

Thank you