PHYSICIAN ASSOCIATES AS PART OF THE MDT

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PAs as part of the MDT

- Outline of the PA
- Their place in the medical workforce
- Training
- What they do on AMU
- How they fit into the modern medical MDT
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”
  DOH

• Member of the medical team who is not a doctor but works very much like one, under supervision but with autonomy appropriate to their competency and experience
Introduction of the PA role

• We are not training enough doctors
• 7/10 doctors in-training report working on a rota with a permanent gap.
• Most of us are exploring ‘alternatives’ which fit our team

• PAs in UK since 2005 – mostly US trained in GP but now across most medical specialties
• Rapid expansion over the last five years- >2500 by 2020
Standards of education and practice, including:
Core competencies
Procedural skills
Patient presentations
Clinical conditions

PG Dip/MSc Physician Associate studies
Entry - minimum 2:2 science based BSc
2 years full time (45 weeks) MSc 3 years
1600+ hrs University based
1600+hrs in placements
Qualification and Registration

- **National Exam**
  - Upon completion of university course
  - 200 single best answer and 14 station OSCE
  - Examined across range of specialities

**Recertification**

- 6 yearly cycle
- 200 single best answer examination

**CPD**

- 50 hours/year
What can PAs do?

• Take a focused history
• Examine a patient
• Undertake/request appropriate investigations
• Interpret test results
• Formulate differential diagnoses
• Refer to other teams as needed
• Compile a management plan

• PAs cannot prescribe or order ionising radiation (regulation)

All with physician supervision
Supervision

• Relationship is key

• Experienced supervisors

• Mapped job plans

• Day to day supervision varies and PAs supported by juniors (Core trainee/StR)
• Began with PA students

• 15 PAs now appointed

• Also high numbers of alternative roles (ACPs, ANPs)

• Many of our PAs >5 yrs in post

• AMU have 4 PAs (between 1 and 8 yrs qualified)

• Houses KSS School of Physician Associates
What do they do on our AMU?

- Similar role to trainees at a level commensurate with their experience (rounds, clerking, ambulatory care)

Authors: Naresh Claire, Kate Mottershead, Natalie King 2018
How does this change over time?

Guidance on Career Development and Support for the Physician Associate in Secondary Care

0-12months
- Trust induction
- Job plan
- Knowledge and skills assessment
- Development plan to address knowledge & skills gap
- Less complex patients
- CPD
- Portfolio to demonstrate progression competencies and capabilities including reflections, procedural skills

1 year +
- Skills development
- Seeing more complex patients
- Developing areas of special interest
- Clinics
- On call (appropriate support)
- Audit
- Teaching/supporting others
- CPD
- Portfolio to demonstrate progression competencies and capabilities including reflections, procedural skills

3 years +
- More complex skills/procedures
- More complex patients
- Developed areas of special interest
- Teaching students and staff
- Audit
- Clinics
- On call (appropriate support)
- Research and presentations
- CPD
- Portfolio to demonstrate progression competencies and capabilities

5 years +
- Complex patients
- Complex skills
- Teaching students/staff
- Managing students
- Managing new staff
- Audit
- Clinics
- Research and presentations
- CPD
- Developed areas of special interest
- On call (appropriate support)
- Portfolio to demonstrate progression competencies and capabilities
- Preparation for Re-certification examination

Salary Range

Band 6/7 AFC
- Level of Supervision/Support
- Allocated daily supervision (medical)
- Initial daily review of patients and notes
- Building trust/teamm working
- Weekly teaching session
- Regular review 3 monthly
- Annual appraisal

Band 7 AFC
- Level of Supervision/Support
- Daily medical supervision available
- Regular review of patients and notes
- Weekly teaching session
- Regular review 6 monthly
- Annual appraisal

Band 8a AFC
- Level of Supervision/Support
- Daily medical supervision available
- Review of patients and notes as required
- Monthly teaching sessions
- Annual appraisal

Source: FPA Jeannie Watkins PA-R, Dr Natalie King, Michelle Chapman PA-R- due for publication October 2018
How do PAs fit into the MDT?

- Strengthen and add value to clinical teams
  - Continuity
  - Consistency
  - Skill mix

Authors: Naresh Claire, Kate Mottershead, Natalie King 2018
Supporting the development of Physician Associates across Kent, Surrey and Sussex

Governance

National
FPA
MVR
Fitness to practice

Local

What PAs can and cannot do (practicalities of not being regulated)
Employment standards (e.g., MVR status)
Lines of responsibility and supervision
Extended procedure framework
PDP/Appraisal requirements
Study budget/leave

Supporting the development of Physician Associates across Kent, Surrey and Sussex
A snapshot survey of the AMU MDT
Junior Drs (32%), Nurses (37%), Administrative (15%), PT/OT and pharmacy colleagues (15%).

- 68% felt PAs improved access to the rest of the medical team
- 47% felt PAs could always answer their queries, 42% felt they mostly answered their queries (11% NA – had not had contact)

- Significant proportion were not aware PAs can formulate diagnoses
- Over half thought PAs could request XR imaging
- 16% thought PAs could prescribe

Room for further education on the scope of practice of PAs.

Source: Sarah Vigor PA-R 2018
What do our trainees think?

- Myth busting
- Most doctors have not worked with PAs...yet
- Fear of the unknown...

- “My experience so far is a lack of clarity regarding what PAs are and aren't supposed to be able to do” FY1

- “their role and responsibilities need to be defined more clearly, for both the doctors and the PAs” ST3
Trainee view

I worked with a PA during my weekend on ward cover, it made the process run smoothly, I was able to get through the whole jobs list, she was a wonderful help and made everything so much easier, I was able to assess many more patients.” ST3

“In general PAs are very useful, provide continuity, understand how the department works and can assist with logistical problems. In general very capable clinically, taking pressure off the rest of the team” CMT

“I know I can get to my teaching and there is a sense of more time for shop floor teaching” FY1
• PAs are not a miracle cure for our workforce issues

• Part of a solution matching skill mix to demands

• PA numbers are rapidly expanding and understanding of the role is essential to get the most from PAs
The MDT