

# PA Stakeholder Event: Blackpool Foundation Hospital Team Meeting

PG Diploma Physician Associate Studies

PGDip PA Studies: Stakeholder meeting

# **INTRODUCTIONS**

PGDip PA Studies: Stakeholder meeting

# THE PA

# A Physician Assistant (PA) is:

- Not a doctor.
- Works to the medical model, with the attitudes, skills and knowledge base to deliver holistic care and treatment within the general medical and/or general practice team.
- Works under defined levels of medical supervision.
- Supplementing the existing medical workforce, to help improve patient access.

# A Physician Assistant can:

A Physician Assistant will focus on diagnosis & management

- Formulate and document a detailed differential diagnosis having taken a history and completed a physical examination
- Work with patients and, where appropriate, carers to agree a comprehensive management plan in light of the individual characteristics, background and circumstances of the patient
- Maintain and deliver clinical management in collaboration with the patient and on behalf of the supervising physician whilst the patient travels through a complete episode of care
- Perform diagnostic and therapeutic procedures and prescribe medications (subject to the necessary legislation)
- Request and interpret diagnostic studies and undertake patient education, counselling and health promotion

A Physician Assistant will always work under the supervision of a designated senior doctor

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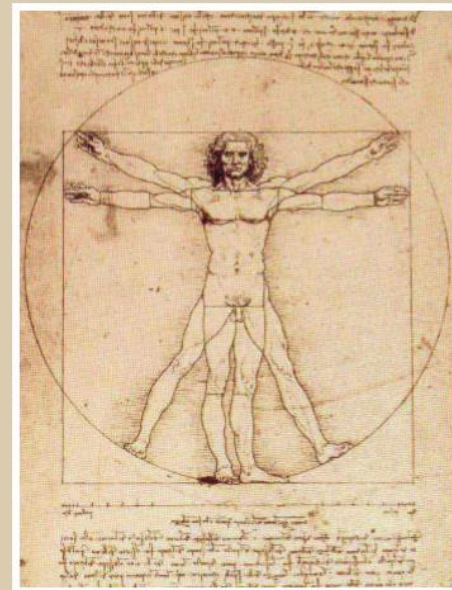
# **CURRICULUM & PROGRAMME**

# Main resources



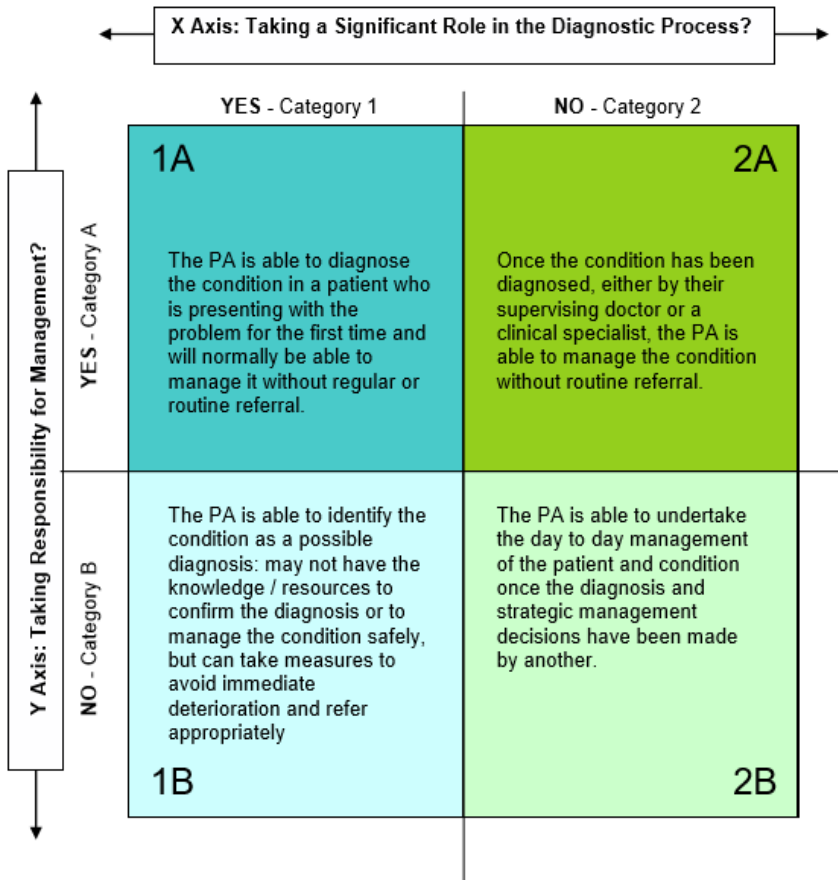
Matrix specification of Core Clinical Conditions for the Physician Associate by category of level of competence


Physician Assistant  
Managed Voluntary Register

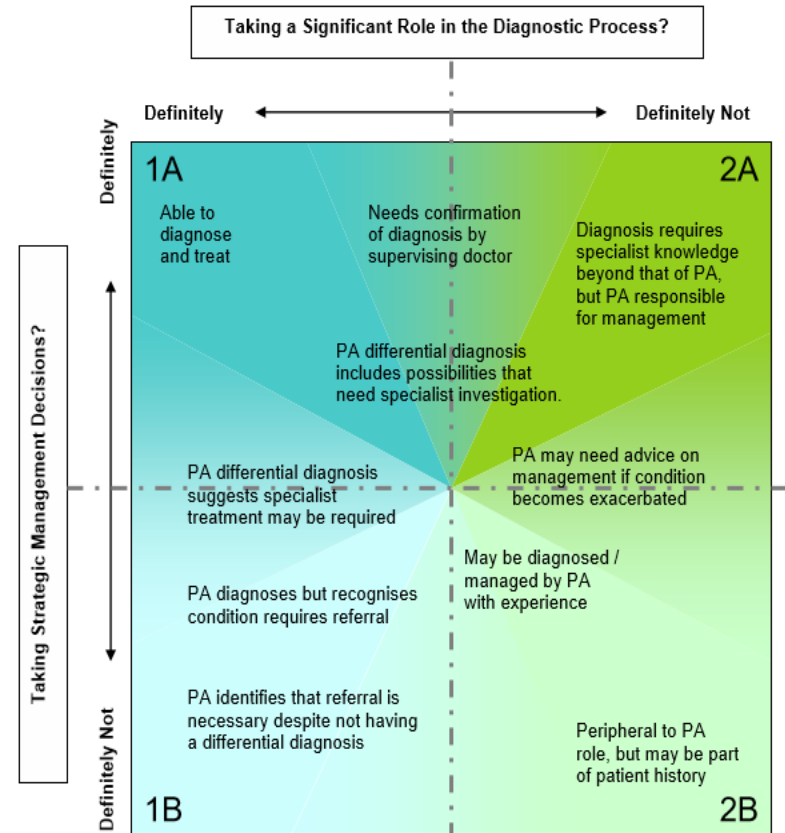


Competence and Curriculum  
Framework for the  
Physician Assistant 2012

# Required competencies



In theory



In practice



# Faculty requirements: Minimum

- 90 weeks (3,150 hours)
- 1550 hrs University
- 1600 hr Clinical learning
  - Substantive attachments
  - 400 hrs – “elective”
  - (200 hours simulation)

Minimum core placements	
Community Medicine	180 hrs
General Hospital Medicine	350 hrs
Front Door Medicine	180 hrs
Mental Health	90 hrs
General Surgery	90 hrs
Obstetrics & Gynaecology	90 hrs
Paediatrics (acute setting)	90 hrs

3 year masters compressed into 2 years

# Post graduation

- Internship
  - At least 6 months
  - Supervision
  - Portfolio of cases
- CPD
  - 40 hours per year
  - General & specialist
- Revalidation
  - Every 6 years
  - Generalist

## Managed Voluntary Register:

- Sets standards
  - Practitioner
  - Training programme
- Lists those fit to practice
- Investigates complaints

Voluntary not legal requirement

# HEE-NW: Programme aims

Produce graduates who are:

- **safe** practitioners under medical supervision in a wide variety of clinical settings, with patients from diverse social and ethnic backgrounds
- expert **communicators**
- **aware of health inequalities** and the challenges of working in a multicultural environment
- aware of, and **work within, the limits of their competence**
- trained in the context of **multi-professional** working in a team environment
- adept in the use of Communication and IT skills for healthcare
- **capable and motivated** lifelong learners continually engaged in active professional development
- understanding of the need to maintain and **promote health**, as well as to cure or palliate disease and aware of their obligations to the wider community as well as to individuals
- trained to **integrate theoretical and clinical learning**

PGDip PA Studies: Stakeholder meeting

# **COURSE OUTLINE**

# Time table: 1<sup>st</sup> year

Modular

Different from US format

2016	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T
January 2016					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
February	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29								
March		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31					
April					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30			
May							1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
June			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30					
July																																					
August	1	2	3																																		
September				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30				
October					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
November	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30							
December			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				
January 2017						1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

How can this large range of competencies be achieved?

Academic Time/University Based	Timetable/hours to be determined by universities in line with required academic hours.
Clinical Time/On Placement	952 hours/over 119 days = 8 hours excluding meal breaks per day. 9 additional clinical days to be allocated in line with learning outcomes/requirements and in agreement with universities as they will be taken/supported in academic time.
Un Paid Holidays	
Paid Holidays	21 days inclusive of 8 bank holidays in line with AfC/pro rota to clinical hours. Allocated at 7.5 hours per day.
Bank Holidays	8 bank holidays (as indicated above). Allocated at 7.5 hours per day.

NB salaries paid for clinical hours and allocated paid holidays only but will be split across the year = 12 monthly payments

Clinical placements (pink) preceded by University blocks (green)

# Time table: 2<sup>nd</sup> year

2017	Cohort	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T					
Feb	1 <sup>st</sup> cohort 2 <sup>nd</sup> year		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28						
	2 <sup>nd</sup> cohort, 1 <sup>st</sup> year			1						2								3						4												
March	1		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
	2			5						6								7						8					9							
April	1					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
	2									10																										
May	1	1 BH	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29 BH	30	31				
	2	BH		14						15								16							17				18 BH							
June	1			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30			
	2									19																										
July	1					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	2									23								24																		
Aug	1		2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28 BH	29	30	31				
	2			27						28								29							30				31 BH							
Sept	1				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		
	2									32								33							34				35							
Oct	1					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	2									36															38				39							
Nov	1		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30				
	2			40						41								42							43				44							
Dec	1				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	2									45								46																		
Jan 2018	1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				
	2			49						50								51																		

# 1<sup>st</sup> year: Course modules

- 4 University & 3 x 8 week clinical placements in either primary or secondary care.
- The aim of the university placement is to prepare students for the subsequent clinical exposure.
- The course starts with a 16-week intense University based module.

Code	Module title
UM4100	Integrated Clinical Sciences
UM4200	Medical Skills and Patient Care
UM4300	Medical Therapeutics and Prescribing
UM4600	Professional Placement for Physician Associate Studies I

# Content

Wk	Week theme/ LO	Anatomy	Physiology	T & P	Clinical topics/ skills	Comms / Study Skills	Micro	Haem/ Imm	Imaging & data	Case of week	Professionalism / Prescribing
1	Introduction	Intro 1: Terminology; Orientation; Bones; Surface anatomy; Introduction to Systems	Intro Homeostasis Cell biology Physiological fluids & compartments	"One dose does not fit all" Using the BNF Antibiotics	Overview ANTT VS/ NEWS	Intro to <u>comms</u> Elements of communication Open and closed q.	Fundamental Microbiology – Gen. Microbiology & Prokaryotic pathogens Cellulitis	Introduction to immunology Inflammation?	Introduction to Imaging	Intro to CBD	Introduction to Professionalism
2	Introduction	Intro 2: Circulation; Respiratory system; NS; GI; GU; Lymphatic system; overview	Intro – neuro & Endocrine	Analgesia 1: Opiates	ANTT/ VS/ NEWS IM & SC injection Cellulitis	Consultation models – Calgary Cambridge. Doc. Rapport, therapeutic <u>relationship</u>	Fundamental Microbiology – Eukaryotic pathogens (Viruses, Protozoa and Helminths)	Introduction to haematology	Intro to FBC (or ABG)	C.A.P.	Mechanisms of prescribing
3	Respiratory	Chest wall / boundaries/ surface anatomy & respiratory system-I	Respiratory	<u>Respir</u> ; COPD & asthma meds ?? ( <u>PNS meds</u> )	Ventilation/ History & examination/ trauma MDI & PEFR use	Introducing the consultation and Hx framework PC & HPC & Red flags Use <u>Resp</u> as eg.	Chest infection (viral & <u>bact</u> )	RBC types; formation and function FBC reading ( <u>Hb</u> )	CXR & chest CT Medical conditions	Asthma	Your role in the health care team
4	Respiratory/ Heart/ CVS	Respiratory system-II & Heart / great vessels(CVS-I)	<u>Respir</u> / Heart	CVS - 1	Ventilation/ History & examination/ trauma/	Study Skills 1. Writing at L7 Assignment for UM4100	Chest infection (viral & <u>bact</u> )	Fighting infection FBC reading (WBC)	CXR & chest CT Trauma conditions	COPD	Prescription writing – FP10
5	Heart/ CVS	Heart / great vessels(CVS-II)	Heart/ CVS	CVS: HT & HF meds	History & Examination; ACS;	CH, PMH, PSH Use CV as eg.	Endocarditis & sub-endocarditis	<b>VOID</b> Use to cover HT	ECG - strip HT meds/ guidelines	ACS/ STEMI	Confidentiality
6	CVS / GI & Metab	Abdominal wall (anterior); surface anatomy; Upper GI	Vascular	Anti-arrhythmia	History & Examination; Hernia; location of pain; peptic ulcer disease; Nutrition assess	Risk factors, DH, ALL, FH, SH. Use GI as eg.	Upper GI infection (H pylori; viral)	Autoimmune response	ECG 12 lead	HT/ Failure	ADRs and yellow card system
7	GI & Metab	Upper GI & <u>Hepato</u> -biliary; pancreas	GI & metabolic Nutrition BMI	GI: Motility/ diarrhoea/ anti-emetic/ Ant-acids	History & Examination; appendix; obstruction; jaundice; varices ABG	Study Skills 2. Searching & referencing	Hepatitis	<b>VOID</b> ? use for Pancreatitis (1A condition not previously covered)	<u>Abdo CT/ xray</u> U&E start	Upper GI bleed	Your within evidence based practice
8	GI & Metab	Lower GI	GI & <u>Metab</u>	GI: Motility/ diarrhoea/ anti-emetic/ Ant-acids	History & Examination; imaging; colonic disease; PR; FBC	Impression, DD, Diagnosis Clinical Decision Making	Lower GI infection <u>E.Coli</u> 0157; salmonella; <u>shigella</u> ; worms	Anaemia <u>Abn</u> FBC reading	U&E	Jaundice <u>Hypochondrial</u> Pain R	Compliance, concordance and adherence
9	Renal	Retro-peritoneal – renal/ ureter; adrenal; aorta & IVC	Renal	Diuretics; incontinence	History & Examination; imaging; GU conditions; AAA Preliminary H& exam Test	<u>Comensus</u> : talking to patients – try to take a history using framework <u>Resp</u> , CV, GI <u>egs</u> Submission of formative assignment 1	UTIs & Lab result interpretation	<b>VOID</b> Use for catch up	KUB LFT	Lower GI bleed/ pain	Medical ethics

EASTER  
EASTER



# Knowledge



# Small group work



Knowledge, interpretive skills and team working ability

# Clinical history & examination





# Content: The programme “spine”

Wk	Week theme/ LO	Anatomy	Physiology	T & P	Clinical topics/ skills	Comm/ Profess	Micro	Haem/ Imm	Imaging & data interpret	Case of week	Prescribing / Professionalism
10	Renal <u>M/Skel</u> – Vertebrae/ Bone	Vertebral column	Muscle	<u>Uro</u> dynamic meds	History & Examination; imaging; back pain; disc disease; red flags	Management plans – negotiating skills.  <u>Renal</u>	STDs	Blood transfusion	Spine imaging  Trauma Disc Intro LMN	UTI	Cultural & religious awareness
11	<u>M/Skel</u> –Upper limb	Upper limb: shoulder; wrist; pulses; Nerves – focus on axillary; median; radial and ulnar	Bone  Osteoporosis ? <u>Osteomalacia</u> ? Paget's dis	Blood: Clotting & anti-platelets Warfarin	History & Examination; imaging; Splints	Study Skills 3. Critical analysis Formatting	Septic arthritis	Clotting  Coagulation tests & interpretation	UL imaging  Shoulder Wrist/ hand	DVT/ PE  PE 1A condition not covered last time	How to choose a drug
12	Bone <u>M/Skel</u> – lower limb	Lower limb: Hip & knee; pulses; Nerves – focus on sciatic & femoral	Bone & repair  Physiology catch up	Analgesia 2: Anti- inflammatory; NSAID Local anaesthetic	History & Examination; imaging; shoulder disease/ trauma; carpal tunnel Splints	SBAR  MSK eg.	Osteomyelitis  Necrotising fasciitis <u>Gengrene</u>	<b>VOID</b>  ? use to cover acute limb ischaemia (1A condition not covered before)	LL imaging  Hip Knee	Trauma/ arthritis	Legal responsibilities
13	Neuro - PNS	PNS: general arrangement & surface anatomy. Autonomic nervous system-I	Endocrine disorders: diabetes, thyroid, SAID, diabetes mellitus, Graves, HHA	Diabetic medication	History & Examination; Cannulation & phlebotomy	Study Skills 4. Marking of example pieces in small groups?	Infections in the diabetic patient	<b>VOID</b>  Catch up ? LMN & spine	Blood glucose & renal function tests	Diabetes	Prescribing for specific groups
14	Neuro – <u>Auton</u> Endocrine	Autonomic nervous system – II & Neck: thyroid; LN; pharynx	ANS/PNS and disorders	Neuro- degenerative meds	History & Examination; imaging; thyroid disease; cancer; <u>Auroscope</u> use	Concluding the consultation  Neuro eg.	Infections (Shingles; rubella; measles)	Introduction to leukaemia and lymphoma		Palpitations (AF from <u>hyperthyr</u> )	Prescription writing – hospital Rules e.g. blood.
15	Neuro – CNS Endocrine	CNS: parts & tracts	CNS and special senses and disorders	Thyroid & Adrenaline & steroids	History & Examination (esp. cranial nerves); CT; Ophthalmoscope use; imaging; UMN & LMN	<u>Comensus</u> & history taking	Meningitis	<b>VOID</b>  Catch up ? Bell's palsy	CT head	Stroke	Preparation for placement
16	Revision & Formative Exams										

# Weekly cases



# Weekly time table

PA weekly time table: Week 5

Heart / CVS



	09.00 – 11.00	11.00 – 13.00	14.00 – 16.00
Monday	SDL		
Tuesday	<b>Weekly Case Studies</b> JRH; HD; xxx ACS/ STEMI	<b>Weekly feedback</b> PAD; JRH; HD	<b>Physiology</b> Dr A.   Heart and CVS
Wednesday	<b>Clinical Skills</b> JRH; HD; PAD 1. Examination; cardiac system 2. Documentation; cardiac system 3. Ventilation & MDI & PEFR use	<b>Anatomy</b> Dr C. Daniel; HD; PAD Abdominal wall (anterior) Surface anatomy Upper GI	
Thursday	<b>Patho-physiology</b> Dr S.Jamieson Heart & CVS	<b>Imaging &amp; data interpretation</b> PAD ECG – rhythm strips	<b>Communication</b> JRH; HD; XX CH, PMH, PSH CV example
Friday	<b>Extra</b> JRH HTN and using guidelines	<b>Microbiology</b> Dr J. Garcia-Lara Endocarditis & sub- endocarditis	<b>Pharmacology</b> Dr. J Haylor CVS medications - II HT & HF medications
			<b>Professionalism</b> JRH & HD Confidentiality



# Integration



Surface anatomy is crucial

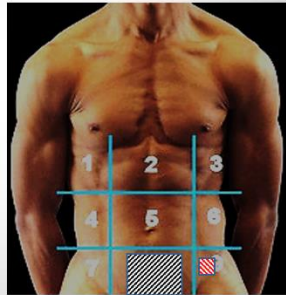
# Integration

## Case 3

- 76 year old male
- Ongoing hypogastric pain, altered bowel action
- Presents with a mild pyrexia, left iliac fossa pain & tenderness



- Where's the problem?
- Why does the pain location change?
- What is the likely diagnosis?



PAD

## Case 6: Colonic carcinoma

- Typically > 50 yr
- Can present:
  - Obstruction
  - Anaemia
  - Weight loss
  - Altered bowel habits



Why?

Problem?

Apple core sign

- Screening



PAD





# Integration

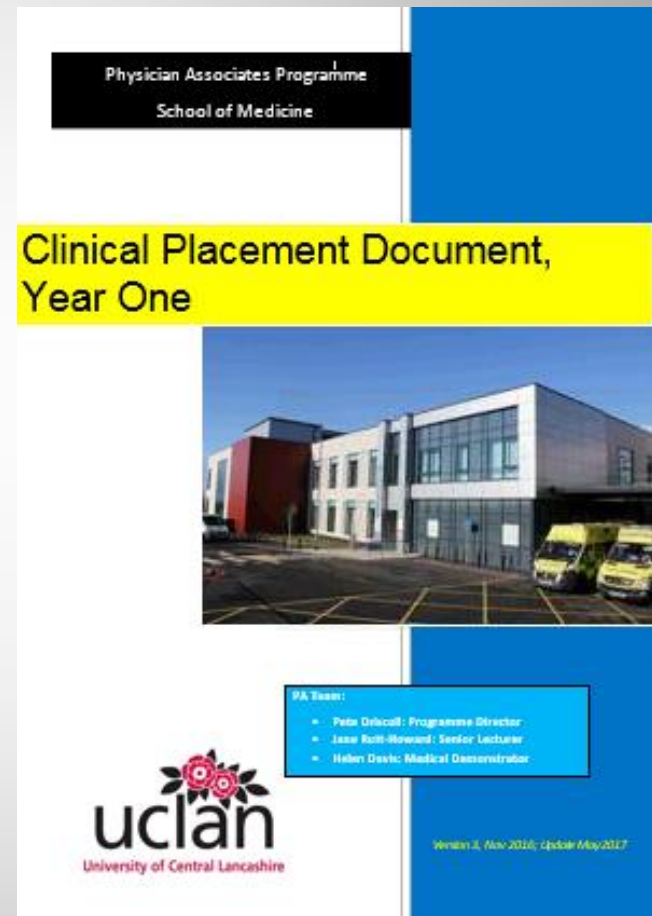


# Experts



# Clinical placements

- Objectives:
  - History taking
  - Examination
  - Practical procedures
  - Data interpretation
  - Professionalism & communication
  - DOPS
  - Case base discussion



2017

Paediatrics



Pete Driscoll: Programme Lead  
Jane Rutt-Howard: Senior Lecturer  
Helen Davis: Medical Demonstrator

2017



Stage 2 Generic guide:  
Speciality placements

Pete Driscoll: Programme Lead  
Jane Rutt-Howard: Senior Lecturer  
Helen Davis: Lecturer

2017

Surgical Specialities



Pete Driscoll: Programme Lead  
Jane Rutt-Howard: Senior Lecturer  
Helen Davis: Lecturer  
Mark T Anson: Physician Associate

2017

Female Reproductive Health



Ms. Yashesh Choudhari: Consultant Gynaecologist  
Ms. E. Whitehead: Senior midwife  
Pete Driscoll: Programme Lead  
Jane Rutt-Howard: Senior Lecturer  
Helen Davis: Lecturer

2017

Front Door Medicine



Pete Driscoll: Programme Lead  
Jane Rutt-Howard: Senior Lecturer  
Helen Davis: Lecturer

2017

Mental Health



Evo Petts: Lecturer (MH)  
Senth Thirul: Principle Lecturer (MH)  
Pete Driscoll: Programme Lead (PA)  
Jane Rutt-Howard: Senior Lecturer (PA)  
Helen Davis: Lecturer (PA)



# Assessments

	Assessment	% wt	Size/ duration	Pass mark
UM4100	MCQ	100	2 hrs	50%
	Portfolio	Pass/ fail	1500 wds	50%
UM4200	MCQ	50	2.5 hrs	50%
	OSCE	50	1.5 hrs	50%
UM4300	MCQ	50	1.5 hrs	50%
	SAQ	50	1.5 hrs	50%
UM4400	MCQ x 2	50	1.5 hrs	50%
UM4500	MCQ	50	1.0 hr	50%
	OSCE	50	2.5 hrs	50%
	Clinical log	Pass/ fail	1500 wds	50%
UM4600	Portfolio	Pass/ fail	2000 wds	50%
UM4700	Portfolio	Pass/ fail	2000 wds	50%

# Assessment

## 1<sup>st</sup> year

### Formative:

- OSCE (6 stations)
- Written: 1 x MCQ
- Assignment

### Summative:

- OSCE (12 stations)
- Written: 3 x MCQ & 1 x SAQ
- Assignment x 2

### Progress:

- Clinical
- Professionalism

## 2<sup>nd</sup> Year

### Formative:

- OSCE (7 stations)
- Written: 1 x MCQ

### Summative:

- OSCE (7 stations)
- Written: 3 x MCQ
- Assignment

### Progress:

- Clinical
- Professionalism

National Exam

# Assessment: Progress

Formative mcq exam	Formative OSCE	Summative OSCE	UM4100 Summative % age	UM4200 Summative % age	UM4300 Summative % age
64.9	64.9	75.7	60.0	50.0	81.3
90.9	90.9	90.6	71.0	70.0	82.7
86.6	86.6	92.3	72.0	67.5	88.0
80.8	80.8	82.7	60.0	42.5	68.0
89.6	89.6	90.5	67.0	52.5	85.3
67.5	absent	84.4	68.0	75.0	74.7
86.1	86.1	90.1	71.0	77.5	81.3
86.6	86.6	86.4	67.0	52.5	84.0
80.8	80.8	81.4	50.0	52.5	73.3
absent	absent	87.3	50.0	72.5	74.7
85.9	85.9	93.9	76.0	67.5	74.7
70.5	70.5	78.5	52.0	47.5	68.0
90.9	90.9	88.7	58.0	60.0	69.3
86.6	86.6	75.4	57.0	52.5	77.3
82.6	82.6	87.0	72.0	70.0	90.7
79.0	79.0	83.3	60.0	52.5	68.0
92.9	92.9	88.9	66.0	65.0	77.3
81.8	81.8	80.6	58.0	45.0	76.0
84.3	84.3	86.0	71.0	65.0	85.3
88.9	88.9	87.0	53.0	40.0	64.0
79.0	79.0	82.3	55.0	62.5	57.3
93.2	93.2	90.6	69.0	75.0	85.3
82.1	82.1	85.8	80.0	67.5	88.0
81.3	81.3	78.1	70.0	45.0	70.7

# Progress

- Academic ✓
- Clinical ?
- Professionalism ?

Clinical & educational  
supervisor input





**QUESTIONS?**