Physician Associates

Dr Harriet Preston
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Trust Speciality Training Lead for PA’s
What?

• “a new healthcare professional who, while 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 under defined levels of supervision.”
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
Why?

- Rapidly growing healthcare role in UK
- Increasing the number of Physicians Associates working in the NHS is a key government initiative and part of a range of measures which aim to meet workforce needs within both Primary and Secondary care as part of **Five Year Forward View**
  - Need for integrated OOH care
  - Need for greater ‘generalism’ to support cross boundary work
  - Development of new roles to ensure ongoing quality of care
- SoS set target of 1,000 PA’s in Primary care by 2020
Where?

• Originated in US in 1960’s with over 100,000 PA’s
• Currently just under 300 PA’s working in the UK
• 30 training programmes supporting approx 500 students
• In 2020 projected that
  – 900 PA’s will graduate annually
  – 3,600 qualified PA’s will be practicing

• In NW: collaboration between HENW, Manchester, Liverpool & UCLAN
• 1st cohort (156) started January 2016, qualify January 2018.
• 2nd cohort (161) start 2nd February 2017 qualify February 2019.
**PA’s at BVH**

**1st Year Students** - AMU, CoE, Stroke, Respiratory, Surgery

- Cohort 1 – 7 students
- Cohort 2 – 7 students
- Cohort 3 – 3 students

**2nd Year of Programme (so far) Obs & Gynae, paeds,**

- First Year cohort 1 – 9 students (current)
- Second Year cohort 1 – 2 students (obs and gynae, paeds)
- **Second Year cohort 2 – 2 students (current - surgery)**
How?

• Minimum 2:2 degree in Life Sciences/Health
• 2 year course: 50% academic, 50% clinical.
• Must meet Competence and Curriculum framework approved by the Faculty of Physician Associates, part of the Royal College of Physicians.
• PG Dip Physician Associate studies
Faculty requirements - minimum

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

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<thead>
<tr>
<th>Minimum core placements</th>
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<tr>
<td>Community Medicine</td>
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<tr>
<td>General Hospital Medicine</td>
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<tr>
<td>Front Door Medicine</td>
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<tr>
<td>Mental Health</td>
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<tr>
<td>General Surgery</td>
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<tr>
<td>Obstetrics &amp; Gynaecology</td>
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<tr>
<td>Paediatrics (acute setting)</td>
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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
- Lists those fit to practice
- Investigates complaints

Voluntary not legal requirement
Benefits

- Building capacity in the NHS workforce, particularly primary care, ED
- Expanding skill mix, in both primary and secondary care
- Redistributing workload to help meet demand for increased quality of care
- A defined health profession to expand midlevel staff without depleting current roles
- Consistency of care and team stability
- Junior doctor induction
Challenges

• Lack of regulation & prescribing
• Direct clinical supervision requirement
• Raising the profile - communication
  – Attitudes amongst other hcp’s
  – Patient and public engagement & involvement
• Supporting PAs
• Supporting employers
• Supporting supervisors – engagement
• Recruitment
Regulation

“There is a real appetite for physician associate roles in the NHS and with this comes the issue of regulation of such groups. I am therefore keen to consider this in earnest and will be consulting on the issue early next year to establish whether, as happens in other countries where the role exists, physician associates should be regulated”

(The Rt Hon Jeremy Hunt MP, Nov 30th 2016, NHS Providers, Keynote Speech)
Don’t take my word for it.....

• On the stroke unit the PAs have been a great help to the junior doctors. Since the PAs are learning using an apprenticeship model they are keen to get involved with the day to day jobs on the ward. Although they are not able to work autonomously the junior doctors have found the PAs to be a very useful member of the team.

• For me as a Consultant training PAs is an investment in the Stroke Service. In future jobs are going to be much more about “do you have the necessary set of skills” as opposed to “do you have a medical degree”. We’re already seeing this in other areas with nurse endoscopists etc. In future I would see a PA working as a SHO grade doctor – helping in clinics, doing initial clerking of patients etc.

• Dr J McIlmoyle, Stroke Consultant
• ..my colleagues in cardiology, be they consultants, junior doctors, nursing staff, HCAs, allied professionals etc have all come to recognise very quickly what an asset a new member of the team, motivated to learn and contribute from the outset, programmed by the university to make the most of every opportunity and to have high expectations of themselves, bringing real world experience and valuable insight, can be.

• All who have worked with them are looking forward to the day when they take up post, become established clinicians, learning quickly and teaching others, inspiring change and sharing workload.

• Dr Alison Seed, Consultant Cardiologist
• I have found the student PA’s extremely useful providing support to the consultant during the ward round. I can see a definite role on the frailty unit in particular with initial assessments

• Dr M Taylor, COOP Consultant
The future

• PAs will be an established, recognised and valued part of the medical workforce.
• The public, government, employers and supervisors will be clear about who PAs are and what they do.
• There will be significant numbers of PA programmes, SPAs & qualified PAs
• The profession will have achieved regulation, prescribing and ionising radiation authority.
• Employers and supervisors will be experienced in employing and supervising PAs
• PAs will be continuing to deliver service and support the medical workforce in the provision of excellent patient care
The North West End of Life Care Model

Supporting the people of the North West to live well before dying with peace and dignity in the place of their choice

Amber Care Bundle

Stage 1: Identification
Is the patient suitable for the AMBER care bundle?
1. Is the patient deteriorating, clinically unstable, and with limited reversibility; and,
2. Is the patient at risk of dying within the next 1-2 months?

Stage 2: Day one interventions

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<tr>
<th>Intervention</th>
<th>Action</th>
<th>Comments</th>
<th>Name</th>
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<tbody>
<tr>
<td>Medical plan documented in patient record including: current key issues, anticipated outcomes, resuscitation status</td>
<td>Yes/No</td>
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<tr>
<td>Escalation decision documented including: Ward only, HDU only, ITU</td>
<td>Yes/No</td>
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<tr>
<td>Medical plan discussed and agreed with nursing staff</td>
<td>Yes/No</td>
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<tr>
<td>Patient + carer discussion or meeting held and clearly documented</td>
<td>Yes/No</td>
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Additional interventions:
- Uncertain recovery and treatment options
- Preferred place of care
- Any concerns or wishes
- Who was present

Record details in the patient’s record
Remember.....BETTER THE LETTER

The quality of information recorded in the discharge letter has been shown to significantly affect readmission rates. The better the letter the less likely readmission.

Key information to include

- Patient identified as being in last year/months/weeks/days of life
- Patient and family aware of above including details of any discussions that have taken place
- Details of any Advance Care Planning discussions e.g., wishes and preferences for future care and Preferred Place of Care and Death
- If patient is suitable for Supportive Care Register/GSF
- Discharged on Rapid Discharge Pathway for Patients at End of Life if appropriate
- Details of any Individualised Care Plan for the Dying Person if commenced
- Resuscitation status and Fylde Coast DNA-CPR completed if appropriate
- Anticipatory medications if prescribed

Dr Hamzi; Preston Version 1.0
Do you understand the current legal position regarding DNACPR decisions?

No? then why not come to one of our

**DNACPR Simulation Sessions**

A free afternoon session for GP's, Consultants and ST3+ Doctors aimed at clarifying the legal position regarding DNACPR decisions and giving Doctors the opportunity to practice discussions in small groups, with simulated patients and actors, in a safe environment.

**Feedback from previous participants:**

“Very useful for my learning and would certainly recommend it to others”

“Excellent course – thank you”

“Should be part of mandatory training”

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<th>2017/18</th>
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<tr>
<td>Wed 22/11/17</td>
<td>0900-1300</td>
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<tr>
<td>Wed 17/01/18</td>
<td>0900-1300</td>
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<td>Thu 22/03/18</td>
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<td>Thu 19/4/17</td>
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<td>Wed 16/5/18</td>
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<td>Mon 18/6/18</td>
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<td>Wed 14/11/18</td>
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<td>Mon 18/2/19</td>
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<td>Wed 6/3/19</td>
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Sessions held in Simulation Centre, BVH

Please book onto a session via **oneHR intranet page** under courses section on Resuscitation Department page or phone BTH extension 7778

3 external CPD points available