



Royal College
of Physicians



Future
Hospital

Pioneering the role of physician associate: the value of education and peer support

In this Future Hospital case study, we hear from two physician associates (PAs) at Surrey and Sussex Healthcare NHS Trust (SASH).

Rachel Forbes-Pyman explains the training and continuing professional development of PAs at SASH, highlighting the value of a supportive mentorship culture. Next, Daniel Woosey describes the clinical duties and benefits to PA presence in respiratory.

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Key recommendations:

- As PAs do not rotate, they become a consistent thread in the team. This means that staff know who to ask about patients.
- The PA role is still quite new in the UK. This means there are many opportunities to pioneer the role.

The role of PA

The Department of Health's [Competence and Curriculum Framework for the Physician Assistant](#) (now Physician Associate) defines the physician associate as:

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.

The mission of the Faculty of Physician Associates, established within the Royal College of Physicians, is to provide professional support to physician associates (PAs) across the UK. Members of the faculty review and set standards for;

- the education and training of physician associates
- accreditation of university programmes
- the Physician Associate National Certification and Recertification Examinations.

Advice for other organisations

The stories below highlight the real-world experiences of PAs at SASH. In it, we detail the realities of PA presence on busy wards. If you're interested in recruiting PAs in your trust, the SASH team offer their advice:

'My advice would be to get with it – PAs are part of our future and organisations will benefit from their hard work and dedication.' –Michael Wilson, CBE, chief executive, SaSH

'PAs are not a miracle cure for recruitment and retention in the NHS. Employ PAs to be PAs and think about why you are employing them. They complement teams help make them efficient, realizing time for other members of the MDT. They do not replace doctors. Employ a team and not individuals to empower them as a group and let them show you what they can do for you.' – Dr Natalie King, clinical lead in acute medicine and PA tutor, SaSH

'The PA role is a valuable addition to the medical workforce team. Provided they are supported by an enthusiastic consultant, they integrate well with both the junior medical and nursing teams to improve ward efficiency and continuity of care for patients.' – Dr Chris Bruce, cardiology specialist registrar, SaSH

Rachel's story: Acute medical unit

Rachel Forbes-Pyman is a physician associate working in acute medicine at Surrey and Sussex Healthcare NHS Trust. She graduated from the St George's University of London Physician Associate (PA) programme in 2011. She is the PA lead for the Kent Surrey and Sussex School of PAs, advising the local universities on their curriculum and other aspects of the courses, helping to ensure quality of training in the region.

Developing the workforce

Academic background

I studied anatomy and physiology as my first degree, a subject I chose based on my love of science. I had enjoyed biology greatly at school and wanted to develop my knowledge of human anatomy. I loved studying but once I got to my final year and was working on my dissertation I realised I didn't want to pursue an academic career in these areas.

Following my graduation I knew I wanted to have a patient facing role but I wasn't sure which one. I considered many healthcare roles including nursing, physiotherapy and medicine. I was given the opportunity for some shadowing in a local GP practice. I found out about the physician associate (PA) role when another graduate asked my local GP surgery about shadowing opportunities and I was asked if I had considered the role. They were gaining experience in order to apply for the PA post-graduate course.

Training and qualification

I did not know much about the role at the time and, after some initial research, I decided to attend an open evening at St George's University Hospital NHS Trust to find out more. I was planning to move to London so St George's was the natural choice. The course and role really appealed to me. I liked how the course involved clinical placements in the first year with problem based learning and discussion. The course was in its early days and I happened to be in the second cohort of students. As the role was new to the UK, the course was very innovative and forward-thinking. It was a small group of 15 physician associates in training.

I completed my post-graduate qualification in 2011 and took the national exam in the same year. After I graduated I took up a 12-month post in Scotland. I chose this post as it allowed me to work alongside experienced American PAs. Being able to choose which role to apply to was a great benefit to have choice about where to apply for jobs, compared to having to apply by region from medical school for foundation year 1 (FY1). Since June 2013 I have worked in an acute medical unit at Surrey and Sussex Healthcare NHS Trust.

'I liked how the course involved clinical placements in the first year with problem based learning and discussion.'

Rachel Forbes-Pyman, Surrey and Sussex Healthcare NHS Trust

Recruitment

The team at SASH includes Dr Natalie King, clinical lead for acute medicine. While I was a student at St George's Dr King and I worked together during one of my hospital placements at Epsom Hospital.

Following a decision made by SASH's management team, PAs were introduced into the hospital. In 2012, the trust welcomed its first cohort of PA students and I, along with six other PAs, followed as substantive members of staff in 2013. Following job adverts in surgery, gastroenterology, geriatrics and the emergency department, we now have 12 PAs. It was really effective advertising for the positions in a group. The PAs knew they would be able to undergo their training in a small group.

Mentorship and professional development

Since I started at SASH, I have worked closely with a team of junior doctors, sisters and physiotherapists. There is a great sense of teamwork, especially among the nurses, PAs and physiotherapists, as we have had the chance to work together over a long period of time. **The sense of familiarity and continuity I share with other allied health professionals is a great feeling.**

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Dr King acts as PA tutor and ensures their educational and development needs are being met. The first cohort of PAs in SASH all worked in medical specialties. Now the number of PAs is growing, they are embedded in medicine and emergency departments.

PAs need to recertify every 6 years and its paramount that staff keep their clinical knowledge up to date. Consultants from other specialities are involved in the PAs teaching programme so as to ensure that this requirement is met.

The next generation of PAs

For the past 18 months I have been seconded one day per week to help on a HEE working across KSS project. This is a collaborative project between:

- SASH
- HEE KSS
- Brighton & Sussex Medical School
- Canterbury Christ Church University
- University of Kent
- University of Surrey.

The trust was approached due to the fact that we already had experience of mentoring PA students and of employing qualified PAs. We have been working closely together to design the course for PAs in training, ensure we have suitable clinical placements for the students and making sure employers around the area understood the educational needs and ambitions of PA students.

The collaboration has also meant we can ensure we have a plan for qualified PAs across KSS to have access to further teaching and training when in post. It has allowed us time to introduce the role to departments and hospitals where it is brand new, before the PAs are in substantive posts.

Regulation of PAs

At present, the role of the PA is not regulated. This can have an impact on the professional development and progression of PAs. **Chief executive at SaSH, Michael Wilson, CBE**, feels very strongly that the regulation of PAs needs to be put into place as soon as possible, 'to ensure quality, professional standard and development of career structures for the profession. I am personally pushing this very hard and I am committed to working with local and national leads to make this happen.'

'PAs provide excellent patient care and service delivery and are a skilled and competent addition to the multidisciplinary team. They are bright individuals who have chosen to become PAs, not doctors, and are committed to their profession.'

Michael Wilson, CBE, chief executive, SaSH

Dr King is equally committed to establishing regulation but is clear current restriction on prescribing and ordering x-rays has not had any significant impact on the team's work or function.

'PAs have worked hard to develop their profession but it is held back by lack of regulation. PAs want regulation and I believe the profession needs this validation to be accepted by those who have not worked with PAs before. We have not needed to overcome this but we have a sound governance structure around the practice of PAs at SaSH to enable them to perform their duties safely and competently in a supportive environment.'

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Duties

PAs undertake any jobs from ward rounds (eg referrals, updating families and minor procedures, for example undertaking blood tests).

If an issue arises in the afternoon, the PA will review patients and talk with the consultant or registrar on the ward about the next steps. If the PA is on the rota to see patients in A&E and GP referrals, they see them and clerk them in. Patients are then reviewed by the consultant on call.

'The sense of familiarity and continuity I share with other allied health professionals is a great feeling.'

Rachel Forbes-Pyman, Surrey and Sussex Healthcare NHS Trust

PAs and acute medicine

The major reason for employing PAs in medicine is to improve continuity of care on the ward. The same person is on the ward every week which is a great comfort and support for patients and families as well as other members of the team. It also improves efficiency of staff as there is a strong team fixed on the same ward.

From feedback collected by SASH, patients found it confusing to have different people updating families on different days, each using different terminology. To address this on the geriatric wards where PAs work, we have created a **'meet the team'** board for each patient. It has the name and photograph of the consultant and PA responsible for that patient.

In A&E, three PAs work shift work during the week. As the PAs become more embedded in the specialties, we imagine they will work more shifts out of hours and weekends. SASH has decided not to look at shift working. In medicine, as this would lead to a loss in weekday continuity.

Daniel's story: Respiratory

Daniel received his physician associate post-graduate diploma in 2012 from the University of Birmingham. He has worked as a physician associate at East Surrey Hospital since July 2013.

Academic background

Before undertaking my post-graduate diploma, I completed my undergraduate degree in biomedical science. In the final stages of this degree I realised it wasn't something I wanted to do long-term. The final year was lab-based and I wanted to pursue something different. I had a keen interest in medicine with members of my close family working in the NHS, including my mum, grandfather and aunt. Because they worked in the NHS, we would regularly receive a monthly newsletter from NHS England and one day there was a double page article from the University of Birmingham promoting its new PA post-graduate course.

The article explained the history of the role and how it would allow PAs to work alongside other members of the multidisciplinary team working in a busy acute hospital. I was really interested to learn how successful the role had been in the American healthcare system and curious to see how this could translate to a UK healthcare system. It was an attraction for me to have the opportunity to become one of the pioneers of the physician associate role in the UK as I could see the great potential of what we could potentially achieve.

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Training and qualification

I applied for the graduate programme and after my application was accepted, I joined the third cohort of PA trainee students at the University of Birmingham. As one of the first cohorts to train as a PA, I feel a great responsibility for pushing the role to its full potential and proving its value for the NHS.

Duties

Day-to-day, PAs work medically with doctors. After completing the two year post graduate diploma, PAs work under the supervision of senior colleagues. Even at this early stage, there are great opportunities to work clinically.

There is a great flexibility with the PA role in that you have the option of working in primary or secondary care across multiple specialties. The PA role also provides the opportunity to move between the two as you wish throughout your career. Due to this key factor, it is important for PAs to remain general and competent with all specialities as they must recertify and retake their exams every six years to maintain their qualification and license to practice.

PAs and respiratory

After graduating in 2012, I moved to Epsom and St Helier University Hospitals for my first post. At this moment in time as the role is still very new, there were generally more students than jobs available (the PA role is only embedded in a small number of trusts). At St Helier I worked in respiratory and general medicine and got great experience of being on a hospital ward. I enjoyed the autonomy of being responsible for my own patients and tasks and found the team there extremely nurturing and willing to teach. It was a fantastic first job and they helped me considerably develop my clinical skills.

After one year of working and gaining confidence in my abilities, I then looked for my next role and successfully applied to SASH. It seemed a logical 'next step' for me. I see my first year in St Helier as the foundation year to my post at SASH. They helped me get the basics right and provided me with a greater understanding of how a hospital really works.

In the job description for the role at SASH I was really encouraged to read about the emphasis on mentorship and development. This was made even better when I realised I would be starting with a cohort of eight PAs; compared with the one other PA I worked with in St Helier.

Respiratory wards

At East Surrey Hospital there are two respiratory wards. The team is mixed with consultants, registrars, junior doctors and a PA and the rotas are designed to ensure there is enough cover from all parties. Day-to-day, I perform similar work to the junior doctors. I go around the wards with the consultants and registrars on morning ward rounds and complete any jobs arising from those discussions and reviews.

In respiratory, we have lots of outpatient clinics. Usually one consultant is responsible for each of these and along with the other junior doctors; I have the opportunity to participate in any of these. At the moment my speciality within clinic includes pulmonary embolism and pulmonary hypertension clinics. PAs are given the independence to see their own patients, which are discussed with the consultant where necessary. For example, I am able to prepare my own plans for patients but have the reassurance that the consultant is available to check things with.

Respiratory is included in the general medical rota, meaning I see a mixture of respiratory and medical patients. I've really enjoyed keeping a broad scope of practice by seeing many different conditions.

Respiratory is a procedure-heavy, practical specialty. It allows you to become competent performing a wide variety of technical skills including taking an arterial blood gases, using an ultrasound machine and

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performing pleural procedures such as inserting chest drains. I like working with acute medical patients, it's rewarding and interesting to be able to effectively manage patients who can be very unwell.

I like hospital care because it allows you to spend longer with patients (compared with short appointments in primary care). You can make decisions and see the outcome over the resulting days. This is something that really interests me about acute hospital care.

Teaching and professional development

As part of my role I also work and run the medical student teaching alongside one of the simulation fellows. We work with the medical students (year 4 and 5) from St George's once a week by placing them into simulated environments involving acutely unwell patients and seeing how they approach their tasks. This could include deteriorating patients, suffering from a broad range of conditions making them critically unwell including some of the cases I regularly come across, people with acute asthma and COPD and

The idea is that this gives them the confidence to be able to do this for real once they become foundation year 1 (FY1) doctors. Afterwards, we all sit down around a table and debrief regarding the previous scenario. This scenario training is invaluable for their learning and it's very rewarding being able to educate them and pass on knowledge from what I have personally learnt in my 4 years of healthcare. We run the session every Tuesday morning.

Barriers and levers

1. *Adjusting to change*

At the beginning, there was quite a lot of change which was confusing for staff. **There is now a slot in the induction for junior doctors to meet the PAs** so they can understand the staff mix. I make sure someone goes to speak about the role to juniors and provide them with a contact for who they can speak to if they would like to find out more information (usually Dr King).

In the post-graduate centre, we have prepared a board to showcase information about the role. It also includes photographs and contact information to make it as easy as possible for people to learn more.

PA trainee: Dr Chris Bruce, cardiology specialist registrar, SaSH

I first became aware of the role when my trust began employing PAs. Apprehensive initially, I was not sure how they would fit into the department, working under a consultant, without prescribing rights for medications or radiology. The clear structure for monitoring and review of the PAs within the Trust alleviated any anxieties quite quickly. It is important that good consultant support is provided for the PA under their supervision.

PAs have become experts in ward etiquette and are particularly helpful when the junior doctors rotate. Within their area of expertise, all of our PAs have developed a good clinical judgment and have often helped expedite appropriate care for acutely unwell patients.

2. *Career progression*

There is no clear career progression for PAs. For some this can be troubling. Many see this as a positive because it means you are able to carve out your own career.

3. *Understanding the PA role*

Patients often need reminding about how your role is different to that of the other staff members on the ward which we are very happy to do. Equally, there can sometimes be hospital staff that can be cautious about the PA role. It has had some bad press recently, for example the claims that PAs will take jobs from other doctors. I tend to find these negative attitudes come from people who have not worked with PAs before. Generally once they work alongside us they understand our abilities better and how

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our role fits alongside others in the current healthcare hierarchy. Most of the time people will find that those original concerns that they had after hearing things about Physician Associates are no longer valid.

It's important for any discussions you have with people about your role to be open and honest. I believe in doing the best job you can and proving the value of the position that way. The team at SASH are very supportive and other healthcare professionals have been very genuinely interested in finding out more about the role.

What's next?

At SASH, we use the core curriculum framework for PAs. Using feedback from the PAs and other staff, we informally add to the curriculum – in terms of depth – where possible. The current curriculum was published in 2012 by the Department of Health. We are in the process of revising it along with the RCP committee.

Who's involved?

Dr Natalie King is the clinical lead for acute medicine and also works as the PA tutor at East Surrey Hospital. She is the Head of the KSS School of Physician Associates and also sits as the fellow representative on the board of the Faculty of Physician Associates at the Royal College of Physicians (RCP).

She has worked with PAs and PA students since 2011, having been made aware of the role during her own training at St George's hospital. Her work with PAs began by taking PA students from the St George's programme in 2012 and then with the backing of the chief executive of Surrey and Sussex Healthcare NHS Trust employed a team of physician associates to work in the medical division.

To find out more about the Surrey and Sussex School of Physician Associates, explore their [online resources](#).

This case study is not an endorsement of any individual or organisation. The material within is promotional only; the FPA at the RCP does not necessarily share the views of the author and the organisation they represent.

Developing the workforce

Appendix (i)

As detailed in Rachel and Daniel's accounts, the success of the role of the physician associate relied on the support they received from Surrey and Sussex Healthcare NHS Trust (SASH). Here, we discover how the physician associate role is impacting other members of the SASH team.

Senior management: *Michael Wilson, CBE, chief executive, SaSH*

How do you feel about the lack of regulation of PAs? How did you overcome this?

I feel very strongly that the regulation of PAs is put in place as soon as possible, to ensure quality, professional standard and development of career structures for the profession. I am personally pushing this very hard and I am committed to working with local and national leads to make this happen.

PAs provide much needed constancy and consistency on the ward, working alongside our junior doctors who rotate. They provide excellent patient care and service delivery and are skills and competent addition to the multidisciplinary team. They are bright individuals who have chosen to become PAs, not doctors, and are committed to their profession.

What advice would you give to another hospital considering introducing the PA role?

My advice would be to get with it – PAs are part of our future and organisations will benefit from their hard work and dedication.

PA tutor: *Dr Natalie King, clinical lead in acute medicine and head of KSS School of Physician Associates (based at SaSH)*

I worked with PA students when I was a specialist registrar at St George's Hospital in London. From this experience, I was aware of the capabilities of PAs working in medical teams.

How do you feel about the lack of regulation of PAs? How did you overcome this?

PAs have worked hard to develop their profession but it is held back by lack of regulation. PAs want regulation and I believe the profession needs this validation to be accepted by those who have not worked with PAs before. We have not needed to overcome this but we have a sound governance structure around the practice of PAs at SaSH to enable them to perform their duties safely and competently in a supportive environment. Their current restrictions on prescribing and ordering x-rays has not had any significant impact on a team's working or functioning.

How do you feel about the PA role and its presence in your department?

I work with PAs in both the acute medical unit and acute geriatric ward. Their role is similar on both ward in providing continuity and quality. They are the 'go-to' people for both staff and patients.

The role they play is different on each ward but PAs are flexible and adapt to the environment they work in. For example, PAs in the AMU have dedicated weeks of seeing new patient on the on-call, whereas the focus for our elderly care PAs is on comprehensive geriatric assessment.

What advice would you give to another hospital considering introducing the PA role?

PAs are not a miracle cure for recruitment and retention in the NHS. Employ PAs to be PAs and think about why you are employing them. They complement teams help make them efficient, realizing time for other members of the MDT. They do not replace doctors. Employ a team and not individuals to empower them as a group and let them show you what they can do for you.

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Clinical supervisor: *Dr Julian Webb, clinical lead for emergency medicine, SaSH*

'A highly skilled groups of carers who you can nurture and grow, who in time will be able to so as a permanent member of staff must more than any junior doctor'

'I think they three we have are great success and the only frustration is that they are unable to prescribe or order x-rays. How archaic is that?'

PA trainee: *Dr Chris Bruce, cardiology specialist registrar, SaSH*

I first became aware of the role when my trust began employing PAs.

How do you feel about the lack of regulation of PAs? How did you overcome this?

Apprehensive initially, I was not sure how they would fit into the department, working under a consultant, without prescribing rights for medications or radiology. The clear structure for monitoring and review of the PAs within the Trust alleviated any anxieties quite quickly. It is important that good consultant support is provided for the PA under their supervision.

How do you feel about the PA role and its presence in your department?

Our PAs have valuable role in providing continuity of care throughout the working week as they do not work nights or on-call shifts that would otherwise take them off the ward. They have become experts in ward etiquette and are particularly helpful when the junior doctors rotate. Within their area of expertise, all of our PAs have developed a good clinical judgment and have often helped expedite appropriate care for acutely unwell patients.

What advice would give to another hospital considering introducing the PA role?

The PA role is a valuable addition to the medical workforce team. Provided they are supported by an enthusiastic consultant, they integrate well with both the junior medical and nursing teams to improve ward efficiency and continuity of care for patients.

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