Royal College of Physicians | Future Hospital

The physician associate: supporting a new role in emergency medicine

At Hairmyres Hospital in Scotland, physician associates (PAs) have become an integral part of the team in the emergency department. Here, Olivia Bockoff explains how the department has been able to support this new position and the move to offer 24-hour PA coverage, 4 days a week.

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Developing the workforce

Key recommendations:

- Investing in staff will have benefits for patients and the hospital.
- PAs are a new profession in the UK and people will naturally have questions. Address these hesitations by introducing the PAs to staff and patients around the hospital.
- Attitudes can change. By working with PAs, concerns about how they fit into a clinical team are quickly diminished.
- With the right attitude and support, PAs can learn a vast amount in a relatively short space of time.

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 PAs across the UK. Members of the faculty review and set standards for;

- the education and training of PAs
- accreditation of university programmes
- the PA national certification and recertification examinations.

The background

Seeing the shortage of doctors in the UK, two consultants from Hairmyres Hospital sought to find a solution. They were introduced to the role of the PA and became very interested in implementing the role in the hospital and local area.

US trained PAs were seconded to Hairmyres Hospital for 1-2 year periods between 2006 and 2010 to support the introduction of the role to Lanarkshire. In 2010, the PA Rotation in Surgical Specialities (PARISS) programme was introduced during which PAs rotated through surgery, orthopaedics and emergency medicine.

The emergency department (ED)

I was recruited as the first substantive post in the ED. In the same year, the three orthopaedic PAs who had been working in Hairmyres relocated back to the USA for various reasons, which left me a**s** the only remaining PA in the hospital.

Around the same time, one of the local district general hospitals was closing due to plans to centralise services to the new Queen Elizabeth University Hospital in Glasgow. **It therefore became paramount to**

boost the capacity of the A&E department to help manage the increase in patient attendances through the ED.

Our solution

I have always been interested in the globalisation of the PA profession as a solution to the shortage of doctors. The opportunity to work towards the growth of the PA role, and mentor UK trained PAs, was an exciting career opportunity for me.

Knowing that the role was new, I understood that there would be a shortage of experienced mentors to help guide new graduates and train PA students on clinical rotations. As someone who **enjoys clinical teaching and is enthusiastic about sustainable development and the PA role**, the opportunity to work at Hairmyres seemed a perfect fit for my experience and interests.

In October 2015, with the recruitment of UK trained, new graduates, we designed and introduced a mentorship programme. This programme included an initial **30-day induction** with:

- 4 hours of emergency medicine focused teaching in the mornings
- 4 hours of clinical practice in the afternoons.

This allowed the PAs to begin implementing the teaching they were receiving and get used to policies and procedures within our department. After the initial induction, the PAs in Hairmyres' emergency department continued to receive 3-4 hours per week of dedicated PA teaching as well as clinical teaching from their lead PA, registrars and senior consultants during their clinical shifts.

> *'We firmly believe that PAs will be an integral part of the Future Hospital and help to provide safer patient care within the NHS.'*
> Olivia Bockoff, Hairmyres Hospital

Duties

PAs are trained in the medical model to diagnose and treat patients. PAs are supervised by a senior PA or consultant; they work to develop good clinical decision making skills and nurture the PAs' abilities to recommend the appropriate treatment.

Consultant supervision

A PA is a dependent practitioner and is always under the supervision of a consultant. A consultant must be available to discuss a case or review a patient, however they do not have to be on site. A consultant may be available via telephone and supervision may be as simple as periodic chart review for a PA in general practice or outpatient medicine. This can be decided individually by each PA and their supervisor. Ultimately, the supervising physician is the responsible clinician and each PA/supervisor relationship may be different based on the rapport that they develop.

In A&E, patient acuity is organised into triage categories: (1) and (2) are critical, (3) is urgent, (4) and (5) are less urgent but still require review by a doctor or PA and (6) are considered minor injuries. PAs are trained to take responsibility for patients in the (4), (5) and (6) categories independently, while patients falling into triage category (1), (2) or (3) are either seen with or discussed with a consultant or registrar.

Senior PA supervision

As a senior PA, I manage many patients relatively autonomously, but in our department, patients in triage category (1),(2), or (3) are always to be reviewed by a senior. A triage category (3) patient may require a quick review/discussion of potential plan and as our PAs become more experienced, they require less physical review of those patients.

Developing the workforce

If we are covering within daytime hours, a consultant is always on site and easily available. In our department we have registrar cover until 2am, so a case may be reviewed with the registrar. Between 2-8am on weekdays, a consultant is on site on call and we can phone them to discuss a potential treatment plan or ask them to review a patient if they are critically ill and need senior presence. We also have the medical registrar onsite overnight who we may discuss cases with.

Since PAs cannot currently request imaging or prescribe, when these things are needed, they will discuss them with one of the doctors in the department who will make the request or potentially write the appropriate prescription.

Reflections on prescribing authority

We asked a number of **A&E consultants** how they felt about the lack of regulation of PAs:

> *'It frustrates me. It seems ridiculous that PAs are more than capable of seeing and discharging patients but aren't allowed to prescribe, not even paracetamol.'*
>
> *'I find it very frustrating; clearly there is a need for this. It is difficult to get around the lack of ability to request X-rays and prescribe, despite the PAs clear ability to do this.'*

PAs in the ED here draw bloods, perform procedures, diagnose patients and develop treatment plans as needed, which often include imaging and medications. As mentioned above, treatment plans may be reviewed with a senior.

Implementing 24-hour cover

At Hairmyers, we frequently see 200 patients a day. There is growing enthusiasm for the role of the PA within the ED; they have proved to be a great support to junior doctors, particularly on the night shift.

In the first 6 months, new graduates implemented into the department work between the hours of 8am and 10pm Monday to Friday, totalling four 10-hour shifts a week. As the PAs gained experience, their coverage extended further into out of hours, initially as a backshift until 12am. **We have now extended to overnight coverage Monday to Thursday nights with daytime coverage Friday to Sunday**. As our team expands, we hope to eventually offer 24-hour PA coverage, 7 days per week.

> *'I have always been interested in the globalisation of the PA profession as a solution to the shortage of doctors.'*
> Olivia Bockoff, Hairmyres Hospital

Within Hairmyres ED, we have encouraged all of our PAs to be advanced life support (ALS), advanced paediatric life support (APLS) and advanced trauma life support (ATLS) trained. This improves their ability to provide high quality patient care to critically ill patients and has been invaluable to their training and development.

Outcomes

There has been a noticeable difference in the department. As there are more clinical providers within the department, clinicians can find they are able to spend more quality time with patients which allows for better patient education upon discharge.

During their formal post-graduate qualification, PAs receive a condensed medical knowledge. Over two years it can be difficult to instil the depth of knowledge they will need in each clinical speciality. As such, the first year in post can prove to be a big learning curve.

At Hairmyers, we see the PAs as an investment. With quality training, we hope to see our PAs move towards functioning on a similar level to the junior doctors and registrars. In addition, as PAs do not

complete the same rotation as the junior doctors, they become embedded as a core member of the team.

Audit

We are currently auditing the impact of PAs within our ED and have seen improvements in:

- *time to first clinician*

  We hope to prove further improvements to patient care and safety within the department. We firmly believe that PAs will be an integral part of the Future Hospital and help to provide safer patient care within the NHS.

- *meeting national 4-hour A&E targets*

  Given the closing of the nearby district general hospital in the last 12 months we have noticed an increase in patient numbers; however, we are often continuing to meet national 4-hour A&E targets. This has lifted a huge pressure on the department**,** meaning consultants have the time to care for critically ill patients and spend more time discussing cases and clinically teaching trainees and the PAs. **This has helped to improve the efficiency of the department as well as improve patient safety.**

Barriers and levers

1. Prescribing authority

The lack of prescribing authority can be limiting for PAs, particularly during out of hours and house visits. In the inpatient setting, because junior medical staff are around, it's not as obstructive to patient care or team efficiency.

It is important to note that there are varying levels of dependency. For experienced PAs, they can be wholly involved in the prescribing process. For example, a PA can set out a treatment plan detailing which prescriptions a patient will require and only need a simple chart review from the consultant. Of course, it takes time to develop the knowledge and trust from the senior members of staff to be at this level.

2. Increased admissions

There is an urgent need at Hairmyres for a robust A&E department following the closure of the nearby hospital. We initially predicted we would see a 30% rise in patients. In reality, admission numbers have surpassed this and continue to increase. We saw up to 75,000 patients (May 2015-2016).

3. Unfilled posts

In the past, the orthopaedics department at Hairmyers has been short of registrars on a regular basis. To address this, the hospital decided to turn three of the posts into PA positions. This was supported by reallocation of funding from the original orthopaedic budget.

> *'I actively recommend PA recruitment as part of the solution to medium/long term staffing of emergency departments in the UK.'*
>
> A&E consultant

4. Training and education in the ED

In the first months of PA presence in the ED, consultants commented on the increase in their workload. As the PAs were new to the hospital, and had only recently completed their 2-year postgraduate diploma, they needed the support from senior members of staff.

It was a big change for the department; traditionally the ED did not take foundation year 1 (FY1) junior doctors. Therefore, for many physicians, it was a new experience offering guidance and direction to these new members of the team.

> *'It has been a really positive experience. It is good to see them grow in themselves and become effective members of the team.'* - A&E consultant

Usually, within 6 months of practice PAs are confident to have verbal discussions with the consultants about their patients. They are able to take charge of their own paperwork and there is less bedside monitoring. Equally, experienced PAs are now able to take on some of the teaching when new members of staff come into the department.

5. Identifying PAs

When Hairmyres chose to implement the role of the PA, a number of consultants were especially supportive of the role and its development, but many staff members didn't know much about the role. In the ED, we chose to give a new scrub colour to the PAs to help make them identifiable for patients, visitors and staff.

At the beginning, in order to help people know more about the role we:

- encouraged PAs to speak to the team about themselves and their role
- presented the role at medical ground rounds.

PAs continue to introduce themselves and their role to new people in the hospital.

What's next?

The PAs are settling into the resuscitation bay – mostly supervised by the wider emergency medicine team – and are doing well. They have played a key role in the management of patients suspected of sepsis. We will continue to monitor the demand for 24 hour care, following the roll out of the new Monday to Thursday service. We are now looking at various aspects of patient safety.

After the success of this last year, Hairmyres allocated funding for five permanent PA posts within the department. We hope to see these numbers grow and the PA role to continue extending coverage. It is extremely important for me to support the placement of PAs in substantive roles in the hospital.

Appendix (i)

As detailed in Olivia's story, the success of the role of the physician associate relied on the support they received from the team at Hairmyres Hospital. In appendix (i), we learn how the physician associate role is impacting members of the multidisciplinary team and how the lack of prescribing authority affects daily life.

This case study is not an endorsement of any individual or organisation. The material within is promotional only and we do not necessarily reflect the views of the author and the organisation they represent.

Appendix (i)

A&E consultant

How do you feel about the lack of regulation of PAs?
It frustrates me. It seems ridiculous that PAs are more than capable of seeing and discharging patients but aren't allowed to prescribe, not even paracetamol

How do you feel about the PA presence in your department?
Delighted! It has been a really positive experience. It is good to see them grow in themselves and become effective members of the team.

What advice would you give to a hospital considering introducing the PA role?
DO IT!! In the beginning, there will need to be an investment but after a period of time they will flourish and become a valuable member of the team that will continue to grow and support the department.

A&E consultant

How do you feel about the lack of regulation of PAs ?
I find it very frustrating; clearly there is a need for this. It is difficult to get around the lack of ability to request x-rays and prescribe despite the PAs clear ability to do this.

How do you feel about the PA presence in your department?
PAs make an excellent contribution. They are stable and reliable staff as opposed to the transient presence of trainees. PAs can see a broad variety of patients, not just minor injuries/minor illness.

What advice would you give to a hospital considering introducing the PA role?
I actively recommend PA recruitment as part of the solution to medium/long term staffing of emergency departments in the UK

General practitioner ST2

How do you feel about the PA presence in your department?
It's been great working alongside PAs and it certainly helps our workload.

What advice would you give to a hospital considering introducing the PA role?
Go for it!!!

Clinical support worker

How felt about lack of regulation?
I was personally not affected, but I very much believe they should be a part of the team and able to prescribe.

How do you feel about the PA presence in your department?
The PA presence helps immensely. Our current PAs are two of the most skilled workers in the department and each working day I'm thankful that they are around.

What advice would you give to a hospital considering PA use?
Go for it!!

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