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newsflash

DoH consultation closes on 22.12.17

contact us

kss.schoolofpas@nhs.net

www.kssschoolofpas.org

Regulation! Regulation! Regulation!

Dr Natalie King, Head of School, KSS School of PAs

Having spent the last 5 years or more, along with many of my colleagues campaigning the UK government to agree to regulate PAs, I am delighted that the Department of Health have now opened their consultation on regulating the Medical Associate Professions (MAPs). This is an important step in the progression of these professions. Depending on the outcome of the consultation, it is hoped that regulation will be granted by summer 2019, although regrettably Brexit may delay things.

As you are probably aware, without regulation a healthcare professional is unable to prescribe nor order x-rays, and whilst PAs in the UK are trained to do so, they find workable solutions to prevent these restrictions impacting their practice and find ways to meet their patients' needs both safely and legally. Regulation will also bring other important changes: legal authority and accountability, professional standards for behaviour, competence and education, fitness to practice and protection for the title of "Physician Associate", ensuring only those who have been properly trained are able to work as a PA.

If you have not already contributed to the consultation we urge you to do so before the closing date of 22 December 2017. You may complete the short questionnaire on behalf of your organisation or as an individual. It is important everyone has a say.

<https://consultations.dh.gov.uk/workforce/regulation-of-medical-associate-professions/>

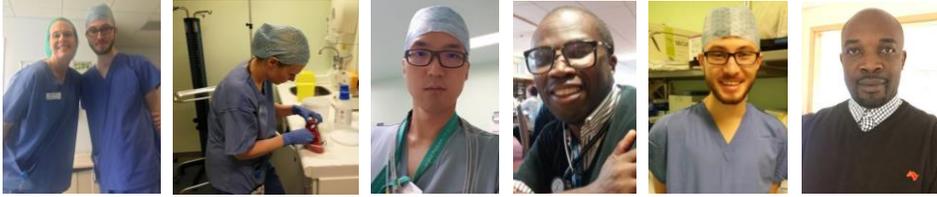
In other news, the KSS School of PAs are now looking at how we can support our employers – both Trusts and GPs – to employ PAs next year when our first set of 50 students graduate from the local university programmes and take their National Exams in May and September 2018. We are hosting a PA Careers Fair (as part of a student conference) on 8 June 2018 at East Surrey Hospital and would welcome interest from employers to pitch potential vacancies to the students due to qualify. This is your chance to explain to the students what your organisation can offer and encourage them to seek employment with you.

We are pleased to hear of a number of recent new PA appointments in Kent, Surrey and Sussex, expanding our local network. We believe there to be 5 PAs working in primary care and 20 in secondary care, with plans for expansion already in place.

I hope you find our articles in this issue interesting. If you would like any further information on anything you read, or on the Student Conference and Careers Fair in June, please email Jo on kss.schoolofpas@nhs.net

The Makings of a Good PA Student Placement

Students from the April 2016 cohort, Canterbury Christ Church University



Where has the time gone?! As we approach the home-straight with five months to go, the April'16 cohort from CCCU have some 900 hours of clinical placement under our belts. We've had some excellent experiences and some that weren't quite as helpful but that's ok because everyone, students and mentors alike, is learning here. So here are our thoughts on what makes a great student placement:

- ❖ A **structured induction**. Being able to meet with your assigned supervisor at the very beginning to discuss expectations on both sides is hugely beneficial. Being able to meet up halfway through your rotation to discuss progress or learning points is a bonus. We understand that all clinicians are busy and that time is precious but we have found that those placements which include this format and in which we have been formally introduced to the team, has greatly built our confidence, we felt welcomed and more relaxed to approach team members for help or support when needed. We understand that we need to be ready to explain the role of the physician associate, especially when the role is still in its infancy, and whilst it's always an honour to spread the word for the profession, it's most appreciated when everyone in the team has been made aware of who we are and why we have suddenly descended into their world! This makes our time spent within that rotation far more productive.
- ❖ A clinical supervisor who **champions the PA profession** is paramount. It might sound obvious, but it really makes a difference having someone who values the contribution and skill-set that the PA can bring to healthcare within the NHS. Some of us have been fortunate enough to have clinical supervisors who have gone one step further and recognised the potential roles that the PA may fulfil in their team upon qualification. Now *that* really is a proper 'welcome'!
- ❖ A **varied timetable** that includes a mixture of ward rounds, clinics, procedures (depending on the speciality) and formal teaching sessions all helps to maximise our learning experiences. This should include having an allocated member of the team as your supervisor for the day and plenty of opportunities to take patient histories, practice examinations, clinical skills and, in an ideal world, time allocated to present back to your supervising doctor. That said, we learn and benefit more from being hands-on compared to observation only, others have gained more from one particular setting, eg. clinics rather than ward rounds. In light of this, having some degree of flexibility within the timetable to attend whichever setting we feel enhances our learning the most is very helpful.
- ❖ Doctors who **invite your questions** (both the intelligent and the basic ones) and who **provide a 'safe' atmosphere** for learning and feedback are invaluable. Whilst being asked questions is a great way to consolidate information or identify areas we need to work on, as a student it can all feel a little overwhelming at times – so being offered to share the odd cup of coffee, time permitting, is also a great way to encourage us students!

My first couple of months as a qualified PA



Jess Plail
PA Trauma and Orthopaedics
Maidstone and Tunbridge Wells NHS Trust

Two months ago I started my first job as a qualified PA working at Tunbridge Wells Hospital (MTW) in the Trauma and Orthopaedic department. I am the first PA in the Trust so it's exciting times!

The first few weeks went by in a blur, learning the job. I joined in with the post take ward rounds, on-call days, ward duties, outlier duties and attended a clinic. I'm finally putting into daily practice skills including venepuncture, cannulation and learning new ones including how to perform joint aspirations. It soon became apparent that there were going to be a few challenges to overcome.

Challenge 1 – Who are you?

It seems that only about 10% of medical personnel know what a PA is and what they can do. Some have heard about PAs, a few have worked alongside a PA but for most it is a completely new concept. I have spent a lot of time introducing myself to individual team members and everyone is very supportive of my learning and integration into the team.

Challenge 2 – What do you do?

There is also the challenge of educating not only my immediate colleagues but also staff from other departments and specialties. Some are surprised at the scope of the profession and others are surprised at our limitations but most see the overall benefits and are keen to support the evolving role within the Trust. I was invited to give a presentation about the PA role at a Local Academic Board meeting with junior doctors, consultants and the medical education team.

Challenge 3 – What is my job plan?

My supervising consultant and I have developed an initial job plan. This is aimed at supporting the junior doctors as well as allowing me to develop my clinical practice, learn new skills and become an integral part of the team. The job plan includes theatre time, clinics, on-call and ward based work but can be adapted as my role progresses. The emphasis is on enhanced continuity of patient care and co-ordinated administration of the unit.

Challenge 4 – What will be my future role?

In the new year the PA team at MTW is expected to expand to three individuals. This will be very exciting and give us the opportunity to persuade other departments of the value of the PA. I hope to be able to fill you in next year on our progress.

What is #PAweek?

6 – 12 October

6 October is the birthday of the profession's founder, Eugene Stead Jr. MD.



The PA profession is now 50 years old in the United States where this celebration first began in 1987 to honour the 20th anniversary of the first graduating class of PAs from Duke University.



Each year we now celebrate PA week in the UK to recognise the PA profession and raise its profile and visibility nationally.

This year the KSS School of PAs ran a twitter campaign during the first day of PA week to raise awareness of the need to regulate the profession.

Using social media to share our resources with other PAs far and wide, we were glad to see these posters at locations across the country and elated when, on the very last day of PA week, the Department of Health opened the consultation on MAPs regulation!

The 15 strong PA team at SASH and some of the students on placement, also used PA week to raise their profile, their integration in the MDT and introduce the role to the wider team at SASH and patients and carers.



Student to Physician Associate.....

Ten top tips for transition

Sarah Vigor,
PA AMU,
Surrey and Sussex Healthcare NHS Trust



Firstly.... you've passed your exams and secured your first post as a fully qualified PA. Congratulations! Secondly.... don't worry about that daunting first day. Everyone's been there and knows how it feels. The team are eagerly awaiting their new addition and those in the extended MDT have all been in your shoes. Take a deep breath, get your pen, stethoscope and a bottle of water and go for it!

I have been working as a PA since 2010 after graduating from St George's, University of London. After working at St. George's Hospital I moved to East Surrey Hospital in Redhill to the AMU in 2013. Since then, I have supported many student placements and seen some of those individuals join our team as newly qualified PAs. Here are my ten top tips for a smooth transition from PA Student to working PA.

1. **Be kind to yourself.** Don't compare yourself to the juniors in the department. The FY1s have had more clinical experience and teaching in medical school. You've done this for two years and that's amazing!
2. **You're qualified but you're newly qualified.** Don't expect to know it all or understand how your department works or how the hospital functions. It will come with time and nobody will expect you to be on it from the first day.
3. **Use your team.** The likelihood is they will have been in that department or even hospital for some time before you start so ask for some orientation regarding the bleep system, useful numbers, how to refer (bleep or written request) and spend time getting to know your area and hospital for a couple of weeks. Nurses are a fabulous source of information for these things; they've usually been there longer than all the junior team. Utilise your team. Share the burden and let them support you.
4. **Expectations.** People will expect that you're safe, punctual, professional, appropriately dressed and asking questions and for help, so push yourself to ask even if you think you will look silly. You won't. Know your limitations. Asking for help is safe. Everyone does it, consultants included. So if you're not sure about something, stop and ask.

5. **Take a break.** Lunch is important. Make sure you stop and eat. Aim to do this before 2pm. It's easy for time to slip away. Most things can wait for 15-20 minutes even if it's manically busy. Obviously don't walk away from something acute but remember rehydrating and re-energising is vital. If you leave it too late the day will run away with you and your jobs will be harder because your concentration will diminish and you'll end up leaving 2 hours late. That is not sustainable.
6. **Learning to prioritise.** This may seem straight forward enough but combining the pressures of a rushed ward round, a sick patient and a charge nurse desperate for beds and suddenly what seemed like an obvious list of to-dos becomes more stressful than you'd anticipated. It's easy to let that repeat ECG or blood gas slip through the net but it might be the most important result you get all day. A delay could impact the patient. I suggest that, if it's not obvious, always check with the person leading the ward round why they want the blood gas, the ECG or referral when they list the patient jobs, it will help you prioritise your workload.
7. **Referrals.** When you're asked to refer a patient to another specialty or healthcare professional please ask the person requesting the referral "What question do you want me to ask?" If you don't clarify that point then the referral could quickly become a conversation you'd like to forget! Always know why you're asking someone for their opinion.
8. **Imaging.** When requesting imaging (via a colleague if it's for XR or MRI of course) then make sure you find out when the patient will receive their investigation. Requesting alone is not enough and your senior colleagues will expect you to know when it will be done.
9. **Reviews.** Make sure you plan your first review with your supervisor within three months of starting. Begin collating your CBDs, DOPs and Mini CEXs as soon as you start work. You can find all the forms you need on the FPA website or contact the KSS School of PAs.
10. **Enjoy it!** This is one of the best jobs in the world and the NHS is a wonderful place to work.

We are new, it's exciting and every day you will learn something truly fascinating. Take it slow, look after yourself and do the best you can, nobody can ask for more than that. Good luck!

My role as a Programme Director

Wesley Scott-Smith,
PA Programme Director,
Brighton and Sussex Medical School



You may be fortunate to really enjoy the buzz of teaching and experience 'light bulb moments' when ideas or skills are suddenly grasped through your efforts.

You may think you can organise events with anyone and even 'herd cats'.

You may have limitless patience and a vision for your programme. You may be able to turn your hand to internal politics, funding issues, team management and strategic planning.

If so, read on... You may well have the skill set to be a Programme Director (PD)!

Allow me to give you a potted history of what I have been involved with over the last two years as it will serve to illustrate how diverse the activities have been.

I was appointed to the PD role at Brighton & Sussex Medical School (BSMS) for the Physician Associate Programme in 2015 when the course was going through validation by both local universities. This is a necessary but rather arduous paper based exercise for any programme and entailed reviews of course planning by an eminent university committee and checks that our educational outcomes were linked to the national curriculum. Once completed the next job was to recruit a small team of part-time staff funded by some 'pump priming' from Health Education England (KSS). It is worth remembering that the PA role was largely unknown in Sussex at that time, with the exception of the team at East Surrey Hospital, so the availability of PAs to contribute to the course was rather limited. Medical practitioners were therefore recruited onto the team with little initial knowledge of the PA role but plenty of clinical experience and enthusiasm.

The team went quickly into reviewing applications from prospective students and planning the interview process over a 3 month period, simultaneously consolidating the Year 1 curriculum, programme administration and organising the logistics of room bookings and delivery.

We held weekly Monday team meetings to maintain planning impetus and keep everyone abreast of developments. These meetings proved essential.

BSMS is part of the Health Education England, working across Kent, Surrey and Sussex (HEEKSS) PA collaboration and so a joint question writing group was set up to develop the course assessments, facilitated by the KSS School of PAs (Jo Piper). Jo also organised several Q&A sessions for both primary care and local acute trusts across Sussex to enable clinicians interested in being supervisors for the clinical practice attachments.

If you are a clinician reading this then you will know that recruitment and retention in many sectors is poor (e.g. primary care), so we were painfully aware that we were asking busy practitioners to supervise PA students with limited remuneration. We were also careful not to threaten the viability of the undergraduate GP placements that the medical school already provided in the area.

Before the first cohort of students had even started I had been involved in university validation, regional strategy meetings, recruitment (for teaching staff, placement supervisors and admissions), promoting the course and the PA role to local practitioners, curriculum development and assessment planning. Some of these activities were replaced after the first cohort arrived by other responsibilities such as supporting student learning, quality assurance for placement teaching, contractual renewals, further recruitment for faculty staff (including a PA from the USA), evaluation and feedback, stressful examinations, course and exam boards, and last but not least funding issues, albeit largely decided by HEE.

For almost all of these I have to accept ultimate responsibility and acknowledge that 'gripes' almost always end up on my desk; I try to take a philosophical step back at times. Some issues are not settled in a day, or a week, or even a year.

The PA role is still new to many in healthcare and perceptions are often misinformed - this will take time to change.

I enjoy the successes and remember that our efforts will make a lasting contribution to the local NHS workforce.

A day in the life of a PA in General Practice



Jerome Barton,
PA , Oldwood Surgery,
Robertsbridge, Kent

While General Practice is hugely varied and remarkably fascinating, the daily routine is largely similar.

I start work early, at 7.30am, seeing patients until noon. Any challenging or unusual cases/questions that come up during the morning are either discussed with colleagues immediately or after the morning surgery. I carry out home visits, usually after the morning surgery but also occasionally between patients as urgency dictates.

Work in the afternoons can be more varied with some administrative time used for processing correspondence, dealing with lab results and prescription requests from patients, as well as seeing patients.

I try to end my workday at around 5pm in order to collect my four children from their schools and nurseries and then spend time with them and my wife.

Unusually I think for a PA in GP, I work out of hours on an on-call basis at nights and weekends. This can sometimes be frustrating but is very often rewarding: unplanned home deliveries with a good outcome remain a highlight - I've delivered two babies this way.

General Practice work is rewarding, varied and often challenging. The opportunity to work with patients over years, know their families and gain insight into their lives is unparalleled in medicine. Equally unparalleled can be the diversity of problems and difficulties with which patients present.

Within a day, or even a single session, I can go from carrying out a six week baby check, admitting a patient with diverticulitis and injecting an arthritic joint, to counselling a depressed patient, helping a disabled patient make a hospital appointment, and giving end-of-life care and advice to a dying patient and their family.

I qualified and began work as a Physician Associate in mid-2007 and have now worked for more than 10 years in General Practice. I generally feel confident enough to manage most presenting complaints but do have immediate telephone or on-site support from the fantastic GP's that I work with.

There always seems to be new variations on the theme - symptoms peculiar to each individual patient that need untangling and decoding – and the ability to discuss these with colleagues is extremely important. I also have regular review meetings with my GP supervisor for advice, education and support. These are invaluable and a hugely worthwhile investment in time.

PA students and qualified PAs considering a role in General Practice would do well to pursue it. They will find it rewarding and challenging... and never dull!

New PA students starting studies in Kent, Surrey and Sussex

A huge welcome to our new cohorts of students who started in September. We hope to see a lot more of you over the next two years.

CCCU



BSMS

University of Surrey



The Medway Experience



Professor Hasib Ahmed
Consultant Obstetrician and Gynaecologist
Physician Associates Champion
Medway NHS Foundation Trust

2017 saw the arrival of the first Physician Associate students from the PA Programme at CCCU and University of Kent. After a launch event introduced by our CEO in January, the first cohort were welcomed at Medway Maritime Hospital and rotated through five medical specialist firms. The same cohort was later joined by students from other hospitals in East and West Kent for their Emergency Department attachments undertaken at Medway.

The first cohort is currently completing final attachments in Obstetrics and Gynaecology, Acute Medicine, Acute Surgery and Paediatrics and all are scheduled to qualify in May 2018. Plans are already in place for a number to return as interns, whilst the second cohort continue their training. Feedback shows that the students have found the learning opportunities at Medway invaluable for their training.

The success of the programme is as a result of the dedication of individual consultants who have provided clinical supervision and pastoral care combined with the enthusiasm of the students themselves. I would like to extend a big thank you to the clinical supervisors without whom the initiative would have been a non-starter. The experience has been positive from both the students' and supervisors' perspectives. The students have made a tremendous effort to participate in their respective firms and the clinical supervisors have enjoyed the interaction with the PA students who are 'so hungry to learn'.

Our leads for undergraduate education have enabled the student PAs to take advantage of the final year medical student teaching. At the same time they have also been welcomed to attend teaching with the foundation doctors. The mixing of the groups has enriched the experience for all.

Examples of comments from students:

'Being on the wards brings the textbooks to life.'
'It was so great to feel part of a team; we've just been in with a cardiac arrest in majors, we got him back and I'm still buzzing. I can't wait to come back and do this for real.'

Examples of comments from supervisors:

'It is so fulfilling to impart knowledge to such an enthusiastic bunch.'

'Our PA students have been such a pleasure to have on the firm, we will be sad to see them leave. It would be nice to have them for a longer period.'

We have had exemplary feedback from the KSS School of Physician Associates informal mid-placement assessment. It is satisfying to know that the efforts of all involved at Medway have been acknowledged. There is a recognised crisis with regards to the trainee medical workforce and PAs form part of the solution for the future. This is what makes the PA program such an exciting initiative.

'When the aim of a well-designed program coincides with genuine need, the rate of progress will inevitably accelerate exponentially. It is a privilege to be involved at such an early stage in the evolution of this innovation and the birth of a new species of allied health professional.'

The message is definitely getting through that PAs are the way forward. We have recruited one qualified PA to the staff at Medway and we are in the process of recruiting several more. The program has started in great form and we must endeavour to maintain the momentum.

Hip Hip PA!





Faculty of Physician Associates second National CPD conference

Michelle Chapman,
Lead PA, Surrey and Sussex Healthcare NHS Trust
and Chair of Post-Regulation Education Sub-Committee at the FPARCP

On Monday 18 and Tuesday 19 September the Royal College of Physicians, London hosted the **FPA's second national CPD conference**.

The conference was opened by Professor Jane Dacre, President of the RCP followed by Dr Jeeves Wijesuriya from the BMA. It was fantastic to have PAs so warmly welcomed and great to see nearly 300 PAs all in one room!

There was a real buzz about the day with time to catch up with old friends and colleagues, make new friends and discover what specialties people are now working in, reminisce about university days and find out how life as a PA is treating them!

The programme was full with a range of different topics from paediatrics in general practice, the acute take presentations and ultrasound in the unwell patient. New early morning breakfast workshops were introduced for the first time – FAST scanning (US) and the experiences of a PA educator which were well received and attended. The KSS region was there in force contributing to the excellent range of speakers, including familiar faces from SASH and our region; Dr Nick Smallwood, Dr Matthew Cowan, Dr Iain Wilkinson, Dr Manjusha Das and Dr Raja Mukherjee. Jeannie Watkins, the FPA President, led an excellent session updating everyone on the work of the Faculty and the different sub-committees and regulation.

The first day finished with a fantastic drinks reception and the chance to catch up with friends, network and meet new PAs from around the country.



It was great to see Jo Piper and the KSS School of PAs having a presence at the conference. Jo met nearly every PA there! Great work Jo! The School ran a competition for people to win a stethoscope and a year's free FPA membership, kindly donated by the FPA themselves. The prizes were won by Caroline Sobarzo and Mollie Little, both student PAs.

The second day began with the new breakfast club sessions and morning sessions in Dermatology and Palliative care and Dr Iain Wilkinson (Consultant in Ortho-geriatric Medicine) led an excellent session in Clinical Reasoning.

To bring the conference to a close was the awards. SASH's own Dr Iain Wilkinson was awarded PA Supervisor of the year – well done to him! Also well-deserved recognition to Professor Jim Parle, awarded for his enormous contribution to the PA profession in the UK.

