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GMC and FPA Updates

GP PA & Covid-19 – a personal insight

## Diary Dates

Steering Groups:  
13 August 2020

## Newsflash

KSSPAS Teaching Programme launches every Wednesday 2-3pm

## Contact Us

[kss.schoolofpas@nhs.net](mailto:kss.schoolofpas@nhs.net)

## Welcome

Dr Natalie King, Head of KSS School of PAs



In lieu of a KSS School of PAs board meeting which was scheduled for 14th May, the KSS team decided to re-establish our newsletter so that our valued board members were updated on regional developments. The last 4 months have been a challenging

time for all of us responding to the Covid 19 pandemic. Health care services and HEIs have been tested to the limit and despite the many ongoing challenges we face, all have adapted and supported each other in innovative and collaborative ways. PAs themselves have stepped forward and I am intensely proud of each and every one and their contributions.

Our local PAs were first to staff an evening and weekend shift pattern to support our doctors during the peak of Covid activity. We were fortunate also to utilise Covid funding to recruit 10 new PAs within the medical division to support our medical ward teams - our first rotational year post aimed at new graduates. The KSS school activity continues and we have exciting developments for socially distant regional teaching starting over the next few weeks.

Adversity can indeed trigger innovation and creativity. Our focus now must be to support our PAs, our students and our PA champions in the next phase of recovery whilst staying 'alert' to the very real possibility of further surges in the virus.

We hope you all enjoy reading the articles we have pulled together here. We wish you, your colleagues and loved ones continued good health and look forward to seeing you in August for our next scheduled board meeting,

## An Adapting Workforce

Dan Woosey, PA-R, Lead PA ,  
Surrey and Sussex Healthcare  
NHS Trust



There has been lots of change to our PA workforce at SASH, particularly over the past month.

We are pleased to announce the employment of 10 new PAs into brand new 12 month rotational posts. These are designed for new graduates to help cement their skills and start them on their PA journey which will hopefully provide them with a long and fulfilling career, full of exciting opportunities in the world of Medicine. These new PAs are employed at Band 7 and will have 3x4 month rotations through Acute Medicine, Specialty Medicine (Cardiology, Respiratory or Endocrinology) and Elderly Care.



Whilst in each specialty, they will be supervised by a Consultant and paired with another experienced PA, overseen by the Lead PA. These new roles help create a more diverse PA workforce at SASH, a mixture of junior and more senior PAs that complement one another. They increase our team size to 30 PAs.

Our experienced PAs have been amazing during these difficult times with Coronavirus. They have provided support to the medical teams on evenings and weekend shifts during times of increased rota gaps and stress that comes along with inevitable staff sickness. The new junior PAs will dovetail into this rota initially and then take

over. They will lend their skills and support to the Weekend Registrar on a rolling rota, allowing the Registrar to be more efficient with the work that they are doing, enabling them to see more patients and increasing productivity benefiting the hospital overall.

Alongside this we have an exciting new opportunity for some of our more experienced PAs. They are combining the already incredible work they do in Acute and Geriatric Medicine to the different challenge of Primary Care by working in a split way across the two settings. The hope is that this cross-working will benefit patients and improve care overall.

We have also worked with two primary care organisations in different parts of the region to offer newly qualified PAs a 4 month rotation in Medicine before moving into GP full-time, giving them boost to their skills particularly in the recognition of a very unwell patient and in management co-morbidities.

Finally, I just wanted to report on other interesting developments. I am currently working with my Consultant colleagues to act on guidance published from the British Thoracic Society to follow up patients after a COVID-19 diagnosis and hospital admission, looking to review them in a Virtual Clinic and subsequently manage any long term complications.

It surely is an exciting time to be a SASH PA.



# Update from BSMS

Karen Roberts, PA Studies Programme Lea, BSMS

The Y1 students have had frequent online teaching, including our new 'Virtual GP' sessions, which aim to replace some of their GP placement experience. We have had fantastic acting from many of the Y2 students, who not only develop and portray the patient cases, but provide a brief teaching session in the afternoon on their chosen condition.

The Y2 students are revising for their exams, which begin in June. They are keen to return to placement. Several of them have taken clinical posts in Trusts around the UK.

## KSSPAS News

Jo Piper, Programme Manager, KSSPAS



### New KSS PAS Teaching Programme



We are working with Dr Terri Lovis, GP Tutor for East Surrey, to extend and digitise our teaching programme, making it applicable for all PAs working across KSS. Webinars will be streamed weekly on Wednesdays 2-

3pm and alternate between a primary and secondary care focus. Following a pilot session on 3<sup>rd</sup> June on COVID & Primary Care with Dr Lovis, we hope to open this up to all regional PAs - GP as well as PAs working at other Trusts. Recordings of the webinars will be hosted on a website so they are accessible to all should PAs be unable to make the live streamed session. This is the first step to setting the gold standard for curriculum mapped teaching applicable to all PAs regardless of where they work and also a great way to build a regional support network for PAs working in both sectors.

What are we doing today?

- Small Group work - Changes in the workplace due to COVID (15 min) + 5 min feedback
- Changes in Primary Care due to COVID, including tips on telephone and video consulting - (Dr Terri Lovis (20 min))
- Small Group Work: Discharge planning (15 min; 10 mins for feedback)
- Planning for the future - what do you want future sessions to include? 10 mins

## Student Placements

The May FPA National Examination had to be cancelled leaving some individuals unable to resit or take the exam for the first time. On top of this, many Trusts have had no choice but to suspend offering student PA placements. This has proved difficult for the HEIs as their students must accrue a minimum no. of hours on placement in order to complete their university course. HEE and the FPA combined efforts to firstly reduce the no. of hours required but maintain standards, and also to define two new job descriptions relating to PAs, which can be adopted by Trusts to supplement their workforce utilising COVID-19 funding. Many Trusts will be willing to reopen for placements as this crisis reduces and as staff get used to working alongside the virus. Hopefully we will see things return to usual soon.

### New Roles

**PA Student Support (PASS) role**, paid at Band 4 for PA students whose placements have been adversely affected by COVID-19. The added bonus of this role is that the students may be able to accrue placement hours if their work is deemed suitable by the HEI.

**Associate Practitioner (AP) role**, Band 5, for PAs who have completed their university programme but have not passed (or not been able to sit) the FP A National Examination. Individuals must register with the FPA in order to work in this way none of our KSS students were affected by this but we want no further delay to PAs joining the workforce at this crucial time.

### GP Summit

At this event we aimed to introduce some of the successful models of PA employment we have been lucky enough to learn about, from around the country. However, due to COVID-19 we were forced to cancel. The event will be rescheduled when safe to do so.



## MAPS Regulation

Helen Arrowsmith, Programme Manager  
Regulation of Medical Associate  
Professions

General  
Medical  
Council

The GMC is continuing its programme of work to develop a regulatory framework for PAs. Our target date for the start of regulation is September 2021, but this is dependent on legislation and funding from Government being in place, as well as the design and implementation of GMC processes. We have submitted a full business case to DHSC and this is making its way through their approval processes.

Covid-19 has impacted GMC operations in many ways – in particular, we had to divert resources into temporary re-registration of doctors, accelerated registration of new medical graduates, and meeting high demand for ethical guidance and advice.

We have amended our plans to minimise impact on regulatory development for PAs and AAs but, obviously, it's difficult to rule out further disruption connected to the pandemic. Although we're not able to carry our face-to-face engagement in the way we had planned, our External Advisory Group continues to meet regularly and we have frequent contact with Kate Straughton at the Faculty. We intend to circulate a survey in the near future, seeking views from stakeholders on professional standards for PAs.

To make sure you're able to contribute to this, please do sign up to our MAPs community of interest (if you haven't already).

## Update from the FPA

Michelle Chapman, PA-R, VP FPA

As for everyone, COVID-19 has presented us with many challenges. Adjustments are required to ensure the FPA can continue working, remotely where possible.

Following the cancellation of the May national exam, we have been in continuous discussions with HEIs, HEE and PASC to work together to help all those affected students and minimise the impact on them and delivery of the PA programmes. To alleviate PA and student concerns, regular ebulletins have been sent out to members and a website FAQ page created, which has included accounts from PAs around the country sharing experiences of the pandemic. These were well received and have helped to raise the profile of PAs.

We met with NHS employers in March to continue talks around the national role profiles and start to develop a profile for a band 8a PA role. Fitness to practice and professional standards work is ongoing and we are looking at running an online CPD event in the autumn, developing some education podcasts and creation of PA focus groups to look at career development.

We welcome a new FPA Board member, Pauline Weir, who is a PA and replaces Alex Chase who is on maternity leave. The last FPA Board meeting on 7<sup>th</sup> May was virtual, with much discussion about the impact of COVID-19 but also on the future, looking at ionising radiation and prescribing guidance.

Current FPA membership as at 3<sup>rd</sup> May 2020

**Qualified PA members : 1721**

**Student PA members : 706**



Royal College  
of Physicians

Faculty of  
Physician Associates

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## Things were all going so smoothly...

**Ben Hurtley – Physician Associate in General Practice**

The last ten weeks have brought huge change to all of our lives. Everyone and everything we know has been affected. We truly are living in unprecedented times and the health and social care sector has borne the brunt of these challenges having had to face the consequences of Covid-19 head-on. Everyone, from clinicians to caterers, have stood up and played their part and as a relatively new profession, it has posed particularly unique challenges to Physician Associates and our students. I'd like to share with you some insights into the life of PA in General Practice over the last few months.



As a PA who started in GP only eight months before, I felt I was just about finding my feet following a busy year working in general surgery and finishing my MSc. I'd got the infamous 'three-month wobble' out of the way and was beginning to feel settled in my new role. Cue March 16th..... By this time the media had been covering the global situation and the rumour-mill had been in overdrive for weeks. I was called to an emergency meeting for all practice staff, eighty-or-so of us crammed into a room no bigger than a tennis court - hindsight is a wonderful thing! Not long before, two of our GPs had fallen ill with 'the symptoms' and we'd managed to link it to one of our patients who had by then tested positive.

The next two months seemed to pass by in a blur of updates, new guidelines and new ways-of-working. What was noticeable, however, was that General Practice felt like a ghost town. Where were all of our patients? We knew that the presentations typical of primary care had not suddenly vanished but why were we not being contacted? We soon realised that many of them simply assumed we were too busy with Covid-19 to treat their urine infection or that their breast lump could wait...eek. I spent the next few weeks alongside others in our team frantically contacting our patients to let them know that we were here if they needed us. It was clear that the most vulnerable in our community very much appreciated the contact and as a result we have now adopted these 'welfare checks' into the ever-evolving GP-PA role.

The pace has picked up dramatically over the last few weeks. Both I and my PA colleague Sam have been drafted-in to help assess patients at a local drive-thru assessment centre. I never imagined that I'd be taking bloods through a car window but nor do I mind a challenge! We are also now slowly opening our doors for normal face-to-face appointments, although within a designated 'isolation zone', under strict protocol and behind the lines of PPE. In amongst all of this are the now seemingly routine consultations – those by telephone, video and even text message.

I have been left wondering whether this is indeed the 'new normal' in General Practice or merely a route back to what was. In any case, what is clear is that this challenge has offered valuable perspective, insight and opportunity. Why should Mrs Jones have to organise last-minute childcare, take the morning off work and travel to see us when the rash on her arm could be assessed virtually and treatment sent to her direct?

