

Staff Experience of two Physician Associates

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Trust Board paper F

Executive Summary

This staff story focuses upon two Physician Associates; and their positive experience while following the UHL programme.

The Physician Associates (from US) wish to share with the Trust Board how; their involvement in the programme will benefit Physicians Associates in the NHS in the future. Firmly establishing the role will pave the way for new Physicians Associates joining the Trust and make their (and service) transition, as seamless as possible.

Physician Associates have become part of the expanding medical workforce. US Physician Assistants will help establish their roles by laying a path for currently training UK Physician Associates who will be filling posts upon graduation.

This staff experience story will be shared with Trust Board using a video recording.

Background

A Physician Associate, formerly known as a Physician Assistant, is a profession founded in the USA during the sixties that now appears in several other countries around the world.

The Physician Associates Programme was developed and launched within the Trust in 2016. Physician Associates are healthcare professionals who support doctors with the diagnosis and management of patients. They are trained to have the attitudes, skills and knowledge base to deliver holistic care and treatment under defined levels of supervision. The role is therefore designed to create a new workforce, which will improve patient access to care.

Roles performed by Physician Associates include; performing physical examinations, formulating differential diagnoses, interpreting diagnostic tests and recommending treatment plans.

The two Physician Associates have very different backgrounds and joined the Trust via the National Physician Associate Program (NPAEP).

Michael Dowd became an operating room technician in the US Army. After becoming a civilian, he was employed in that role for 8 years. After graduating from his US Physician Assistant Programme in 1999, he practiced in Orthopaedic Surgery for 12 years before switching to Interventional Radiology for an additional 5 years. Michael arrived in England in August 2016 after being recruited to the Orthopaedic and Trauma (O&T) Service at the Leicester Royal Infirmary via the National Physician Associate Program (NPAEP).

Dina Bateman has been a Physician Associate for nearly 7 years (qualified September 2010). Dina spent the first part of her career working as a Physician Assistant in the Emergency

Department of Lincoln Medical and Mental Health Centre in the Bronx, New York City. From there she moved to Los Angeles where she continued to work in Emergency Medicine. After 3 years in Emergency Medicine she decided that she wanted a position with more opportunity to build patient relationships and to be able to pursue her interests in surgery so she took a position at Children's Hospital Los Angeles (LA) with the division of Paediatric Plastic and Maxillofacial surgery. During her time in LA she found out about the National Physician Associate Expansion Programme (NPAEP). After researching the position she decided that the opportunity that this programme would provide was "*something that could not be passed up*".

Staff Experience

Michael Dowd

In Michael's role, he works on Miss Jennifer Nichols's (Orthopaedic Consultant) Service. His duties include attendance of Multi-Disciplinary Team Meetings, inpatient rounds, evaluation of patients in fracture clinic and surgical assisting. He is currently eight months into a 24 month contract and has been involved in challenging work.

Aside from his duties described above, Michael has been developing a Neck of Femur (NOF) fracture bleep system that will begin in June. This programme will help expedite NOF patients out of the Emergency Department within the 4 hour target as set by the national guidelines.

Additionally, as there is a new Physician Associate Programme set to begin at DeMontfort University in the autumn, Michael along with the other American PAs, is becoming involved in the recruitment and the supervision of student PAs. Michael has provided, and continues to lecture on PAs in the UK and his experiences in the NHS. Lastly, Michael has become involved as a marker for the objective structured clinical examination (OSCE) portion of the National Physician Associate National Exam.

Dina Bateman

Since arriving to UHL, Dina has been based on CAU. Last fall she spent a few weeks with the paediatric surgical team assessing the possible utility of a PA for their department and there have been plans for possible involvement across other departments within paediatrics

During Dina's time on CAU she has gained the respect and trust of her colleagues and supervising physicians. Dina currently works in the capacity of a junior doctor role, evaluating patients and formulating treatment plans in conjunction with the registrars and consultants and over time becoming more and more autonomous.

Often there are times when Dina will assist the newer members of the team (medical students, new registrars and new junior doctors) with regards to procedures or processes on CAU/in Paediatrics. Dina feels that in due time she will be able to work more independently and on par with the registrars in a senior clinician position and that as a consistent member of the team she has provided continuity for both patients and staff.

Dina explained that *“although the limitation on prescribing and ordering ionising radiation can be frustrating at times, on a ward like CAU, now that I have been here long enough for me to gain the respect of my colleagues and for them to trust my judgment as a clinician, we work as a team to facilitate when these things are necessary without hesitation or “push back”.*

Furthermore, as part of Dina’s role in helping to develop the role of the Physician Associate within the NHS she is undertaking the following development activities:

- Attended monthly meetings as a PA Ambassador for Health Education England (HEE) East Midlands Workforce Steering Group on PAs
- Delivering presentations at HEE East Midlands on PAs in acute care setting and other NHS organisations and at DMU to undergraduate students interested in pursuing a career as a PA (in conjunction with the other US PAs)
- In conjunction with the other US trained PAs, will assist as an interviewer for the DMU PA Programme candidate selection process and hopes to be involved in a variety of roles for the program in the future (ie: lecturing, student proctoring/precepting, etc)

The benefits for the Trust and the patients

Michael stated that *“all his involvement in the arenas he’s described above will benefit PAs in the NHS. Firmly establishing a PA role will pave the way for new PAs joining the UHL and make their transition and the transition for the service they join, as seamless as possible. Being involved in PA education by ensuring the best people are chosen to become PAs will ultimately improve patient care. Getting the NOF bleep system to be part of the NOF patient admission pathway will expedite patient time to theatre and therefore, improve patient outcomes”.*

Dina indicated that *“I have been very happy at UHL since my arrival in Leicester in June 2016 and feel that the trust has been extremely supportive of myself, my other PA colleagues and of the PA profession in general. I truly believe that PAs can help meet some of the workforce needs here at UHL and across the NHS by supporting the doctors and staff and by providing some continuity of care within departments for both patients and clinicians. I really look forward to continuing to support the trust and the region in the development of the PA workforce”.*

Input Sought

The Trust Board is asked to:

- Receive and listen to the staff’s story.
- Support and promote ongoing opportunities for Physician Associates across the Trust.

For Reference

1. The following [objectives](#) were considered when preparing this report:

Safe, high quality, patient centred healthcare	Yes
Effective, integrated emergency care	Not applicable
Consistently meeting national access standards	Not applicable
Integrated care in partnership with others	Not applicable
Enhanced delivery in research, innovation & ed’	Not applicable

A caring, professional, engaged workforce	Yes
Clinically sustainable services with excellent facilities	Not applicable
Financially sustainable NHS organisation	Not applicable
Enabled by excellent IM&T	Not applicable

2. This matter relates to the following [governance](#) initiatives:

Organisational Risk Register	Not applicable
Board Assurance Framework	Not applicable

3. Related [Patient and Public Involvement](#) actions taken, or to be taken:

No Patient and Public Involvement issues identified as part of this staff story

4. Results of any [Equality Impact Assessment](#), relating to this matter:

No equality issues identified as part of this patient story

5. Scheduled date for the [next paper](#) on this topic: October 2017

6. Executive Summaries should not exceed [1 page](#). The paper does not comply

7. Papers should not exceed [7 pages](#). The paper does comply