



Clinical Supervision: The Physicians perspective

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Overview

Why employ PAs?

The physicians role working with and supervising PAs

The role in practice

Employment of PAs

Moving forward and our experience at Surrey and Sussex



Why employ PAs?

- Sustainable workforce
- Enhanced continuity on ward/service level
- Reducing excessive locum spends
- Accommodate rota changes
- Enhance out-patient activity
- Cope with reduced number of doctors in training (Broadening of foundations)



Are PAs right for your service ?

PAs are trained in the medical model

Do not consider PAs as replacements for doctors

Think about the role you need the PA to perform

Are PAs a cultural fit for your organisation?

Physicians and PAs

Good Medical Practice GMC 2014- Delegation

“Paragraph 45: When you do not provide your patients’ care yourself, for example when you are off duty, or you delegate the care of a patient to a colleague, you must be satisfied that the person providing care has the appropriate qualifications, skills and experience to provide safe patient care for the patient”

Each practicing PA requires a clinical supervisor

In practice...

Named supervisor who takes accountability of their practice

Day to day supervision can vary

Suggest SHO/SpR not FY1

Acute Medicine

- clerks patients
- Ward rounds
- Bedside tests
- Reviewing results and formulating management plans
- Drug chart by SHO/SpR



Who should supervise?

- Relationship is key
- Built on trust and understanding of scope of competency and limitations
- Experienced supervisors usually best (ES)





Level of supervision

- Year one
3 months and 6 months review
and yearly appraisal
- Year two/three
6 months review and yearly
appraisal
- Year four +
Yearly appraisal
- PAs moving specialties or
from primary care
 - May need more frequent
review
- CBD/DOPS/Mini CEX/MSF

Roles in secondary care

- Ward rounds
- New patient assessment
- Medical procedures
- Referrals
- Discharge coordination
- MDT meetings
- Family liaison
- Patient counselling
- Out patient clinics
- First assisting in theatre
- Minor procedures
- Audit and QI
- Teaching and training



Extended skills

Allow PA development

PAs become the trainers

Can enhance Junior doctor training

Competency framework

- Chest drains
- LP
- Ascitic drain



So how do we fund these posts?

- Solution varies depending on reason for employment
- Potential locum spend reduction
- Quality and LOS reduction by efficient working
- Business cases (time release/improving trainee feedback)



Job plan

Mon-Fri 37.5 hrs AfC band 7

Mix of clinical duties

Time for PDP

Access to additional training

Audit/QI session

Map to supervisors job plan



What makes an attractive post?

- Variation in day to day work
- Additional skills and becoming an expert
- Opportunities to teach (and learn)
- Supportive consultant supervision
- Appraisal
- PDP
- £ Study budget
- Access to study/professional leave



Advertising and recruitment

- NHS Jobs
- FPARCP
- Recruitment events
- Essentials
- Recognised PA course (accreditation)
- MVR members
- Indemnity





The journey at SASH

- Students in 2012
- Rota configurations
- 6 PAs appointed in 2013
- Further 3 in 2014
- 3 PAs in ED 2015
- Surgical and O+G 2016



PA students in:
Acute Medicine, ED, Surgery,
O+G, Paeds, Endocrine



Surrey and Sussex

Healthcare NHS Trust

3 PAs in Acute Medicine (2.0 contact)

3 PAs in Geriatric Medicine (2.2 contract)

1 PA in Respiratory Medicine

1 PA in Orthogeriatrics

1 PA in Cardiology

3 PAs in ED

1 in surgery, 1 in O+G

General Surgery, Dermatology and gastroenterology recruitment

Introducing PAs

Positive PR work

Introducing a team of PAs

Junior doctors

AHPs





PAAs working in medical teams

The good

- Continuity
- Become the go to people
- Knowledge of logistics
- Bridge workforce gaps due to rotas
- Develop relationship with supervising consultant/ Snr nurses

PAAs working in medical teams

The bad

- Lack of knowledge from new rotating staff (have to start again...)
- Perception of competition
- Can become too specialised (lose general skills)
- Poor supervision arrangements

PAAs working in medical teams

The Ugly

- Lack of knowledge across the board
- Demand outstripping supply
- Differing incentives to train across HEE
- Negative social media
- Misperceptions and misunderstanding



“NHS patients to be seen by ‘doctors on the cheap’”



KSS School of Physician Associates

- Launched April 2016
- HE KSS sponsored to help deliver local courses to train and retain PA workforce locally
- University of Kent/Canterbury Christ Church University
- University of Surrey
- BSMS

Oversee and quality assure placements in secondary care

Provide support to placements and supervisors

Provide guidance for post qualification development and employment

Resource for PAs, supervisors and employers



“UK Consultants need PAs they just don’t realise it yet”

US Consultant 2008 (AAPA Conference)

Recent Publications

RCGP response to BJGP paper on Physician Associates

April 2015

Physician associates: the challenge facing general practice

BJGP April 2015

Investigating the contribution of physician assistants to primary care in England: a mixed-methods study

National Institute for Health Research

Doctors' satisfaction with PAs

Clinical medicine April 2014 Lorraine E. Williams & Tamara S. Ritsema

www.surreyandsussex.nhs.uk/kss-schoolofpas/employing-a-qualified-pa/