

Confessions of a PA Addict



Alberto Gregori

Consultant Orthopaedic Surgeon & Deputy Clinical Director Orthopaedics

Hairmyres Hospital East Kilbride

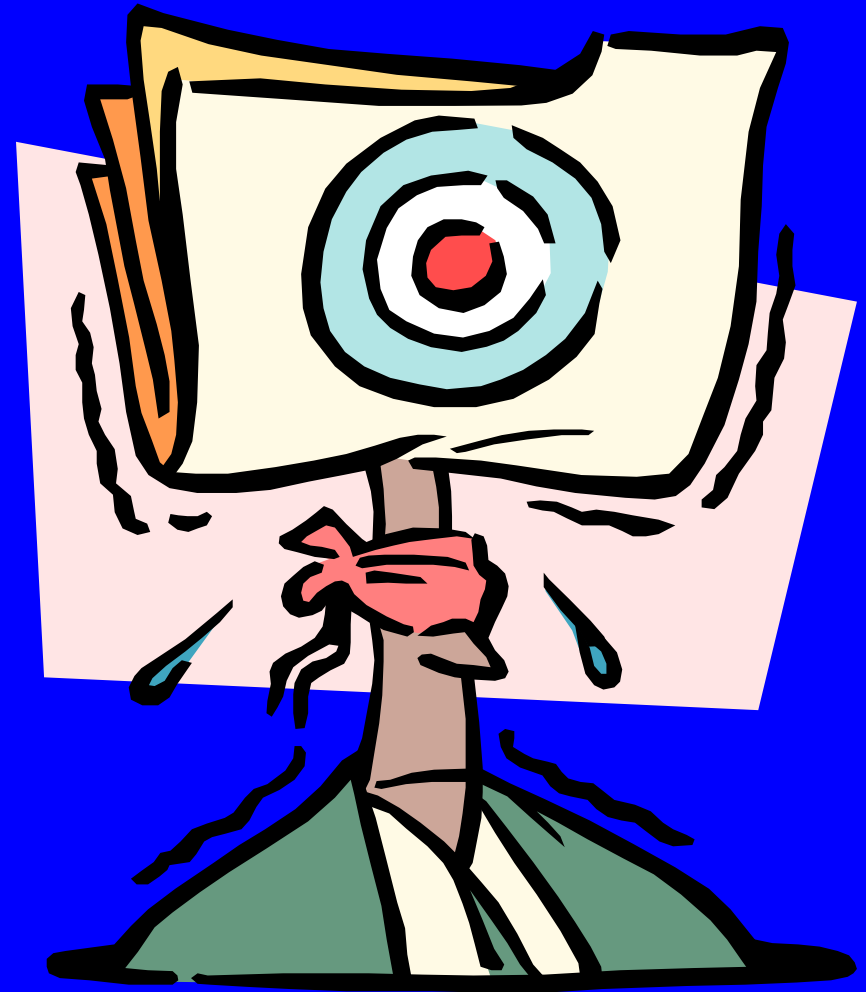
Golden Jubilee National Hospital Glasgow

WAITING LISTS



TARGETS AS A MANAGER

- WAITING
LISTS

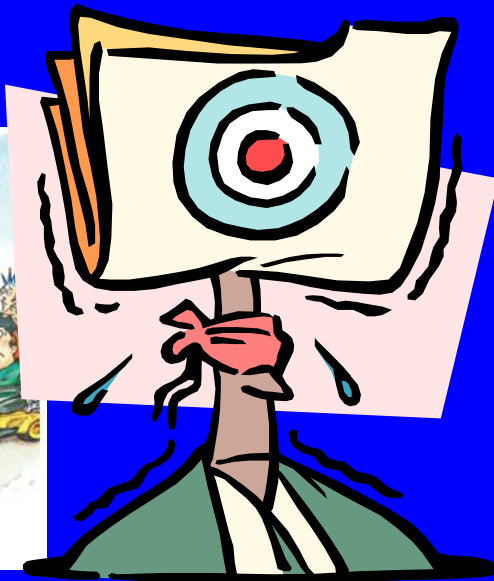
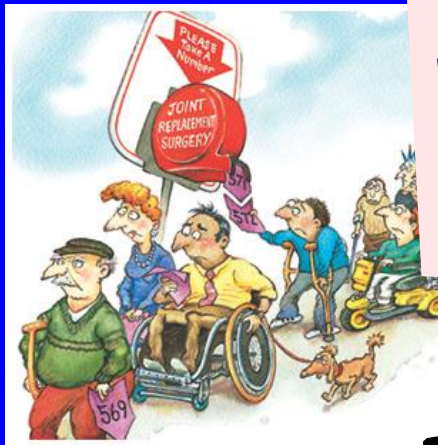




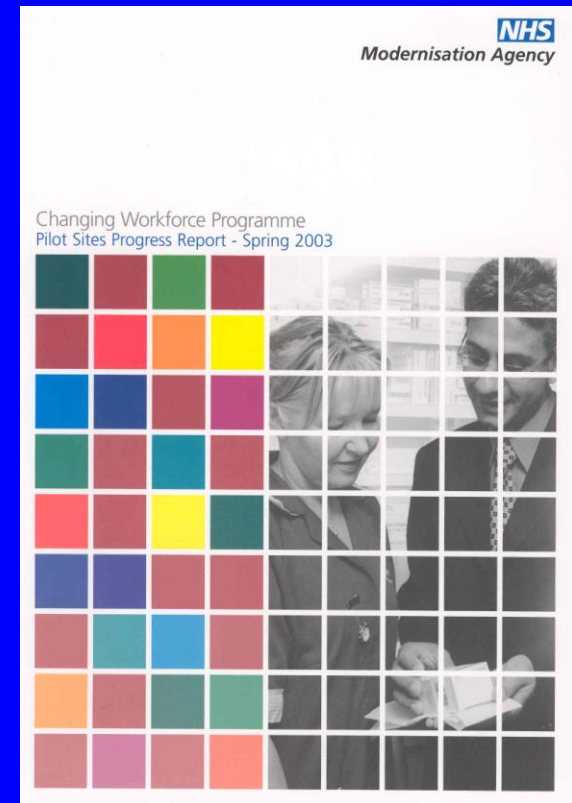
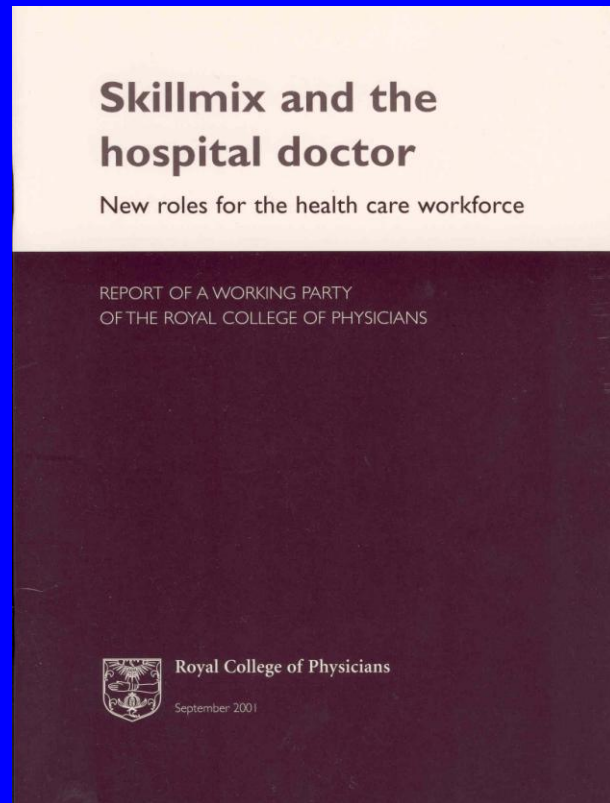
RESOURCES

money, staff etc

- TARGETS AS A MANAGER
- WAITING LISTS

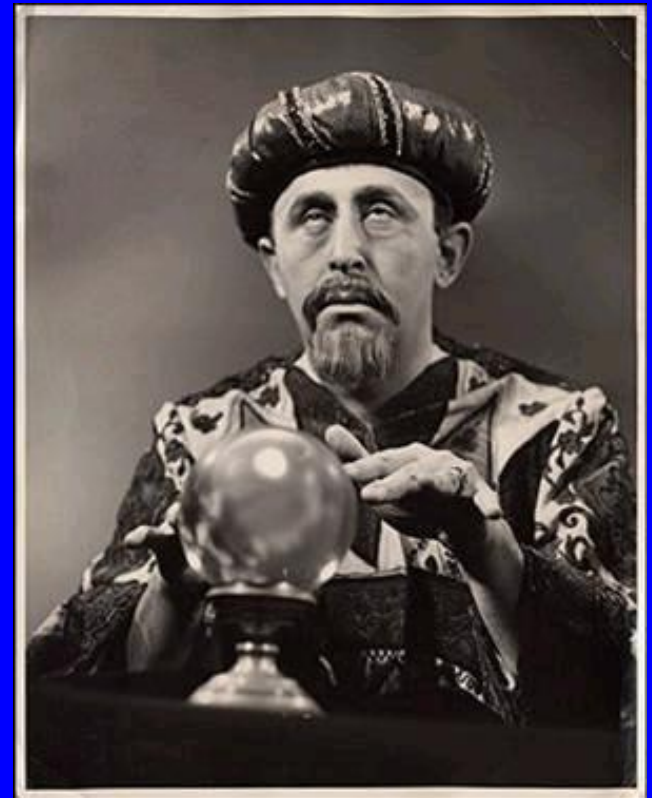


FORGET THE REPORTS! IGNORE THE PREDICTIONS!



REAL LIFE PROBLEM.... AND ITS MINE!

- Do it all, better , quicker and with less human resource
- MR MAGIC DOESN'T WORK HERE!



STAFFING OF ORTHOPAEDIC SERVICE

- Consultants x 6
- Staff Grade/Associate Specialist x 3
- Registrars x 2 }
• Fellow sometimes }
• ST2s 3 slots 2 bodies }
• FY2s x 2 }

**BIG
PROBLEMS**



PROBLEM

- Lack of bodies to fill posts 2° to MMC
 - Expanding need and service
 - Reduced activity from juniors
- 15% EWTD



SOLUTIONS

Additional Staff

- Extended Scope Practitioners (Physios)
- Nurse Practitioners
- Surgical Assistants
- Arthroplasty Practitioners
- Clinical Support Workers
- Fellowship Doctors
- Coordinators



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WHY DIDN'T IT WORK?

- Individuals highly capable and team players
- Solutions we enacted were role specific.
- No flexibility but reduced our deficit
- Tasks and Roles of missing people are medical.
- Need a paramedical replacement
- **What if not a doctor??????**

GLOBETROTTING TEACHER



- KNEE REPLACEMENT WITH COMPUTER NAVIGATION
- Travel, study, teach, develop.
- BUT can also see other systems of working

VOYAGE OF DISCOVERY



INTRODUCING.....

THE PA



ROLES UNDERTAKEN

| Task | DOCTOR | ENP | ESP | PA | Nurse |
|------------------|--------|---------|-----|-----|---------|
| A&E | Yes | Limited | No | Yes | No |
| OP Clinic | Yes | Limited | Yes | Yes | Limited |
| Pre Op | Yes | Yes | No | Yes | Limited |
| OPERATE | Yes | No | No | No | No |
| First Assist | Yes | Yes | No | Yes | Limited |
| Post op | Yes | No | Yes | Yes | No |
| Ward Work | Yes | No | No | Yes | No |
| Xrays | Yes | Yes | Yes | No | Yes |
| Discharge + docs | Yes | No | No | Yes | No |
| Prescribe | Yes | Yes pgd | No | No | Yes pgd |

Essentially

Can train anyone to do anything eventually

BUT

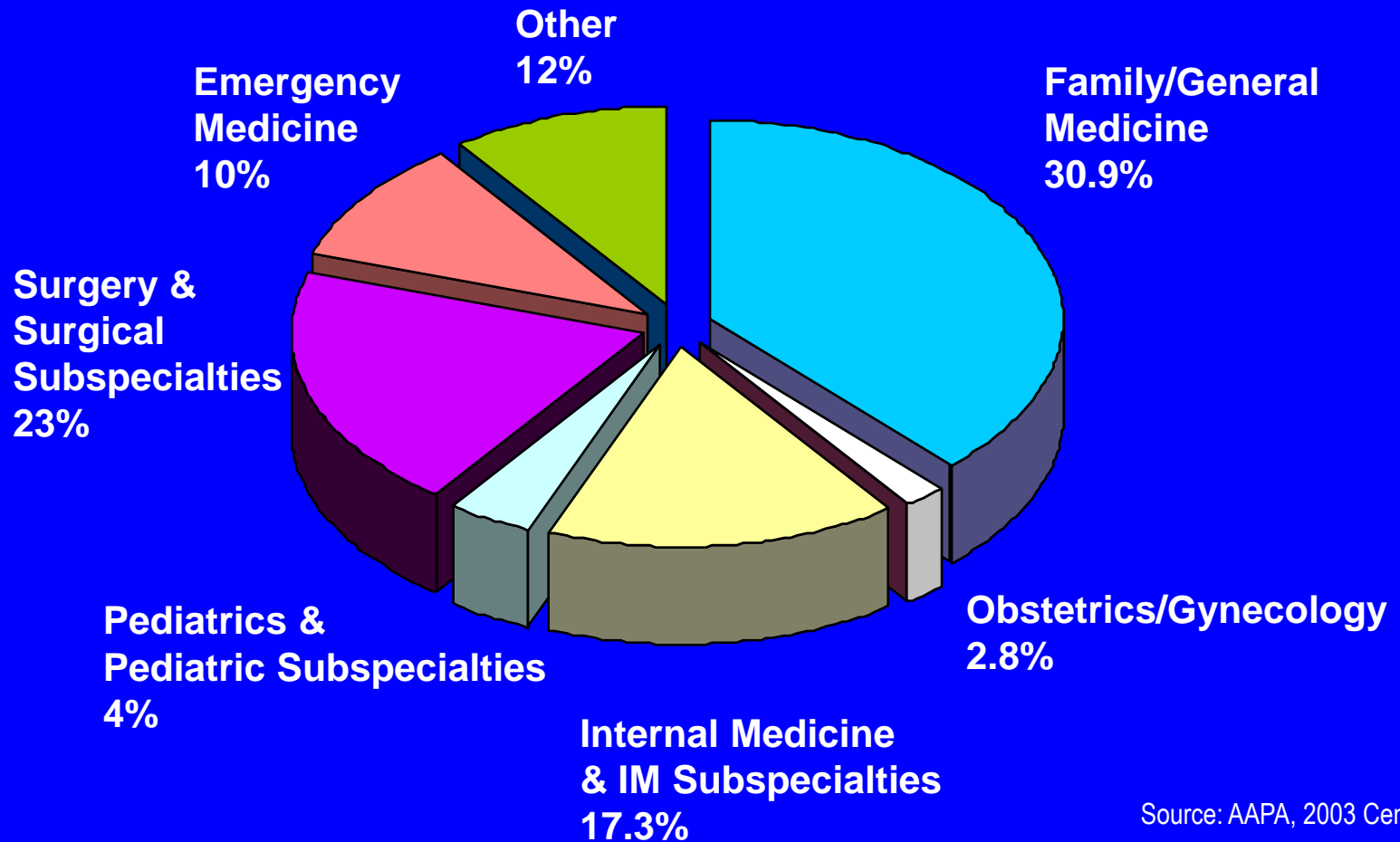
out of the box the PA ahead of the other roles

?Medical Model of thinking & training?

AND IS FLEXIBLE



PAs by speciality



Source: AAPA, 2003 Census

One Stop Shop Project for Joint Replacement Surgery

Govt Funded Waiting List Initiative Project
2007-2009



Golden Jubilee National Hospital Glasgow

**TWO
SITES**

**Funded
Fellow
Post**



Hairmyres Hospital East Kilbride

Golden Jubilee National Hospital Clydebank

- Centre of Excellence
- Dedicated Unit
- International standing
- 2000+ joints/yr
- Low infection
- Well staffed
- No emergency work



One Stop Shop Pilot Aims

- Reduce time and visits for Patient
- See people when needed and convenient
- Use everyone's time better
- Reduce waiting lists
- Patient Education for ? better outcomes

ORTHPAEDICS A TEAM GAME

A Big Team

- OP Clinic
- Anaesthetists



- Ward Staff
- Theatre Staff
- Physios, OTs, ESPs, Pharmacy
- Medical Staff
- Secretaries
- **NO Middle Grade Doctor**

Recruitment Crisis

- No Suitable Applicants for fellowship post

➔ PA within the Scottish PA Pilot Project



EDUCATION as to PA Role

- **Patient**
- **Team**
 - Doctors
 - Nurses
 - OTs ESPs
 - Physiotherapists
 - Theatre Staff
 - etc



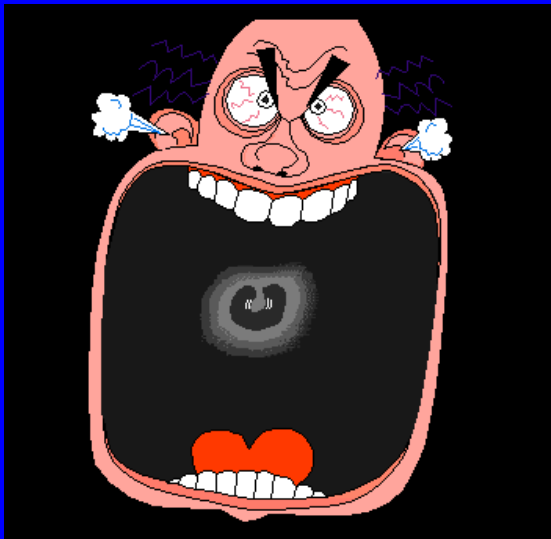
EDUCATION as to PA Role

Resistance from

Medical Staff

Juniors + Seniors

Some nursing staff



PA Recruitment

Bill Fenn

- Lessons learnt from early project
- Parameters of Successful Recruitment
- Early recruits Ambassadorial Role



PA Recruitment

Michael Dowd

Experienced Ortho PA

Enthusiastic



Fully Assessed Project

- PA also assessed as a component of One Stop Shop Project
- Competence
- Role Filling
- Workload
- Patient Satisfaction
- Comparators
- Issues



PA RESULTS

One Stop Shop Patients

- IP 97% daily visits (Patient/days)
- 100% compliant Discharge summaries and documentation (as per RCS Guidelines)
- Patient satisfaction
 - High
 - Good Communicator
 - Rated better than Consultant in IP setting



PA RESULTS

One Stop Shop Patients

- Highly effective and efficient First Assistant
- Borrowed by other surgeons when staff absences occurred in preference to locum
- Highly Competent wound closure
- Standard such that Colleagues at GJNH want PAs



PA RESULTS



Hairmyres Clinical Work

- Used flexibly to cover leave, absences, busy clinics, difficult cases
- Workload similar to good experienced Staff Grade
- Enabled continuation of high throughput in clinics providing “Service Role”

PA RESULTS

Hairmyres Clinical Work

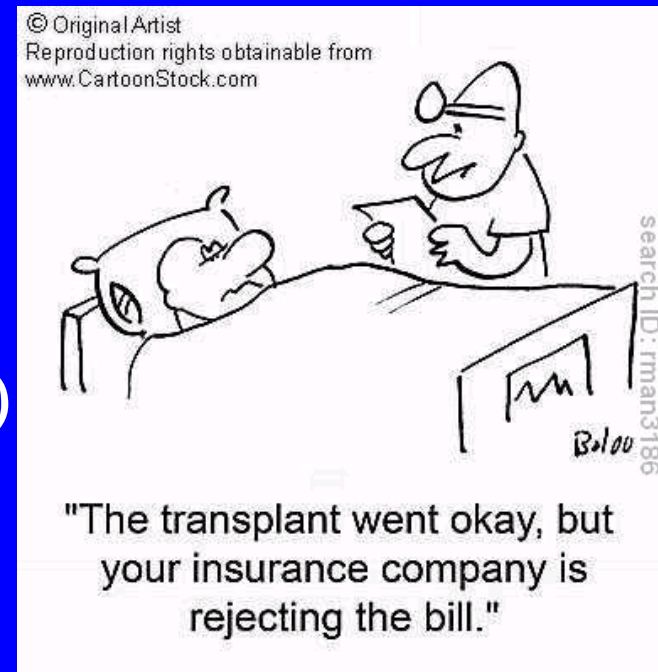
- Quality of Letters
 - Higher than comparators (middle Grade)
- Problem solver (rather than return appointment)
- Enabled teaching for trainees and Students
- Taught Students



PA RESULTS

Hairmyres Clinical Work

- Accessed for advice by nurses and juniors
- Requested in preference to other staff as theatre 1st assist
- Invited to private practice to assist (by greatest initial critics!)



PA RESULTS



Hairmyres Clinical Work

- Requested in preference to other staff as first assist in theatre by trainees
- No adverse patient comments or complaints re PA (average .7 per doctor in study period of 12 weeks)
- Patient satisfaction high on questionnaire.

PA RESULTS

Problems

- Lack of Prescribing rights
- Lack of Sick Certification rights
- Inability to order Radiological Tests
- Rare abuse of PAs
- Failed doctor issues





PA RESULTS

Problems – Solutions

Lack of Prescribing rights

Lack of Sick Certification rights

Tandem cover in clinic to check and sign scripts – NOT PERCEIVED AS AN ISSUE

- Inability to order Radiological Tests
Local agreement in place

PA RESULTS

Staff Comments

‘He’s great - what will we do without him?’

Ortho Clinic Nursing staff H/M

**‘He’s made time for me to
get taught by the
consultant----**

**He sees the routine cases
so I can see and present
the teaching cases’**

Senior surgical Trainee



PA RESULTS

VERY IMPRESSIVE RESULTS



Is it down to the individual alone?

- Assessment of role not possible on only one individual

Is it down to the individual alone?

- Maine Medical Centre
Specialists and PAs only



Is it down to the individual alone?

No

- **Advantages we perceived are specific to the role / training /ethos of the PA, enhanced by the qualities of the individual**

PHYSICIAN ASSISTANT SUPERVISOR RESPONSIBILITIES

- Scope of Practice is entirely dependent upon each supervising doctor/surgeon and their relationship. Needs explored and agreed and developed as time progresses.
- As the working relationship progressed and rapport develops, the scope of practice increased

AND THE WINNERS ARE:

Michael Dowd

Lorie Lee

Physician Assistants

&

NHS

Scotland



THANKS TO ANDY KERR MSP



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