

The Role of the PA in Emergency Medicine



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Objectives

Discuss the role of the Emergency Medicine

PA in the context of

- **National 'middle grade practitioner' shortage/ work force pressures**
- **Current Emergency Medicine Practice**
- **The Scottish PA Pilot Project (Scope of Practice, Supervision, CPD)**
- **The Way Ahead for PAs in Scotland**

Workforce Challenges In The NHS

Changing Population

Increasing Demand for NHS Resources

Manpower shortages

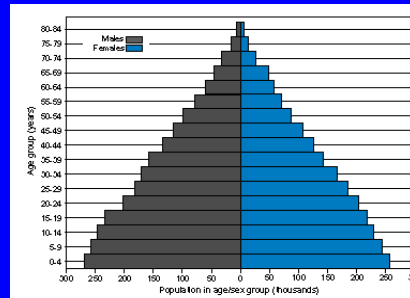
EWTD

MMC

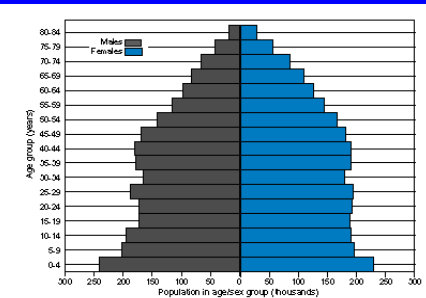
Immigration Law Change

Limited 'Workforce pool' for extended role Nurses.

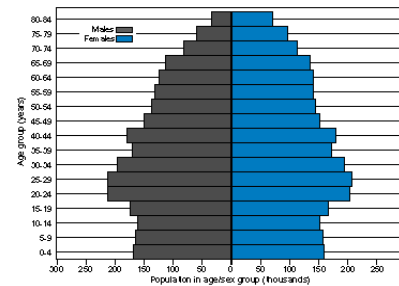
CHANGES IN POPULATION DISTRIBUTION SCOTLAND



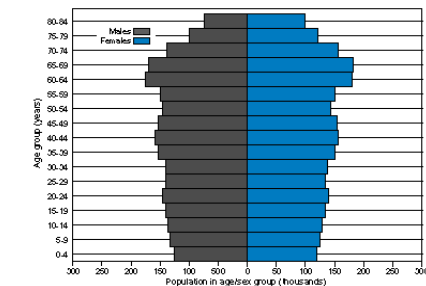
1911



1951



1991



Projection to 2031

Challenges in Emergency Medicine

- Manpower shortages (EWTD, MMC)



- Disappearing Middle Grade Tier
- Disappearing Locums
- Junior docs too junior
- Lack of stability
- Lack of Flexibility
- 4 Hour Target**
- Consultants in Overdrive



NOT SUSTAINABLE.... but getting worse in August !!!

Challenges in Emergency Medicine

Expanding Practice

- Clinical Decision Units
- Airway Management/Critical Care
- U/S
- Paediatric Sedation
- Minor Injury /See & Treat Units



Shrinking Resources

- Increasing Demands on Consultants for teaching/supervision
- Rotas/Compliance
- Difficulty staffing OOH



Emergency Medicine for PAs

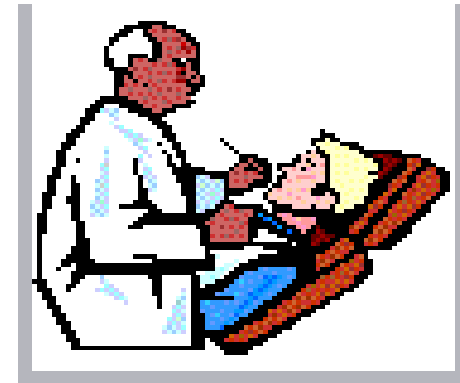
Ideal Time For PAs !

- Great Specialty for PAs to 'shine' in
 - Back ground Knowledge
 - Clinical Skills (Histories, Examn,Diagnostic skills)
 - Communication Skills
 - Decision Making
 - Versatility
- Tremendous Clinical Need at present (competition from AHPs !)
- Consultant Role Changing as clinical pressures increase
- What the workforce lacks matches PA skills

NB Consultant Paranoia about added burden of supervision for PAs

What Emergency Medicine Needs

- 'Footsoldiers'
- Competent
- Knowledgeable
- Enthusiastic
- Hard working
- Skilled Communicators
- Flexible
- Provide Stability
- Willing to work OOH
- Right Attitude



= PAs !

The Role of the PA in Emergency Medicine

- History Taking
- Examination
- Diagnostics
- IV Access/Labs
- ABGs
- Radiology
- Data Interpretation
- Specialty Referral
- Suturing
- Ring Blocks
- Joint Reduction
- Prescribing
- Counselling



Practical Procedures for PAs

Basic Surgical Knowledge & Skills

- Wound Care
- Suturing
- Ring Blocks
- Removal FBs
- Abscess Drainage
- Joint Reduction
- Competency in 'Minors'





Scope of Practice

- Important to Establish Capabilities, competencies
- Determine Supervised & Unsupervised Practice.
- Lists procedures able to carry out
- Document Evolution of competency & seniority.
- Agreement/Contract between Supervisor & PA.
- Protection for both
- ***Particularly Important as currently no Professional Regulation***
- Living Document



USA Physician Assistants- Scope

Many organizations have come out with guide on how to utilize PA's:

- Suggested Guidelines for Physician-Physician Assistant Practice by the American Medical Association
- American College of Emergency Physicians
- American College of Surgeons
- American Academy of Family Physicians
- American College of Physicians
- Society of Hospital Medicine

Supervision



- Consultants do ***NOT*** automatically know what to do!
- Confusion as to the SOP and level to train PAs to
- Junior doctor training not the same – not transplantable (although areas of overlap)
- Need to understand concept of PA (NOT NURSES – NOT DOCTORS)'
- Supervisor education/training necessary for successful PA supervision



Supervision



- Absolutely Crucial
- 'Lead Medical Supervisor' although likely to be a team
- Expectations
- Regular Meetings
- Early Establishment of Scope of Practice
- Appropriate CPD Program
- Robust Induction
- Shadow Practice first month
- Professional Issues
- Separate Mentor



CPD for the PA

- Formal Program
- Addresses 'gaps' in training/experience
- Induction crucial

- CPD points
- Links with Royal Colleges

- Designed for PAs
(*Overlap with junior medical teaching where appropriate*)

- Similar system as for FY2s
- Tailored locally addressing local practice
- DOTS equivalent for PAs



Post Graduate Training for PAs



- Current Interest in 'surgical year' for British trained PAs
- Rotation eg Ortho/General/Urological Surgery
- Hairmyres Rotation agreed – awaiting financing !
- Formal Program with end of block assessments & competency checks/appraisals
- Similar Rotations for other specialties likely once graduates embedded in the system

NHS Scotland Pilot Project Sites



NHS Scotland Pilot Project

- 2 years (2006 – 2008)
- 12 PAs
- 4 Health Boards
(Tayside, Lothian, Grampian and Lanarkshire)
- 4 Specialties
Primary Care, Emergency Medicine, Orthopaedics and Rehabilitation Medicine.
- Project completed end 08
- 2 PAs remain, another arriving shortly.





Evaluation Criteria

- Scope of Practice
- Patient Safety
- Patient Satisfaction
- Team working
- Integration into Clinical Teams
- Cultural and Social Adaptation
- Productivity
- Costs, Benefits and Resource Implications
- Time taken and effectiveness of clinical supervision
- Impacts of PAs on patients and carers

Scottish Pilot Overview

- **Fully Trained PA role is an advantage to Service**
- **Advantage for teaching/Training**
- **Overlaps Middle Grade provision**
- **Stability and Flexibility**



When PA's were most effective...



Team

- Clear role
- Definable place in team
- Defined team/ setting
- Team perceives need for PA
- Team utilises PA

Supervisor

- Understands what a PA is
- Facilitates PA to demonstrate full potential
- Trusted & trusting relationship
- Uses PA like physician extender

Person

- Personality fit
- Flexible
- Other PAs around (support)
- Background matches setting
- The rest of PAs life is good

System/setting

- Good induction provided
- PA learns & accepts system differences
- Allows work like in USA: tests, referrals

In Summary --- What PAs Need

- Clearly Defined PA Role
- National Acceptance
- Recognition of PA skills
- Team Support
- Defined Career Pathway
- Educational program
- Professional Registration/Regulation
- Development of the role.
- Mutually Beneficial Supervisor Relationship
(Ideally no expectations – may be disappointed!)



Hairmyres Hospital

Contributions

- PA's made significant impact in meeting 4 hour target
- Supporting Jr. doctors
- Support MINTS nurses
- OOH
- Overwhelming patient support
- Integral Part of ED team





The Way Ahead

- NES likely to be involved with PA training
- Government supportive of Scottish PA training – no funding available !
- Other specialties and hospitals interested in PA's particularly surgical specialties
(Borders, Lothian, Grampian Lanarkshire – Emergency Medicine ortho, paediatrics)
- Grampian looking at setting up a PA school

The Way Forward



- **Scottish Government pursuing Registration with the GMC**
- Have contacted DOH regarding completion of Scottish PA Project.
- Discussions to take place (soon) assessing UK PA situation
- ? Registration UK wide
- ?GMC correct body

- If yes---
- Article 60 to be pursued --- will take 2 years



PAs wanted in Scotland

Health Boards don't know how to get them !

Ideal situation UK PAs work alongside USA PAs



USA PA Advice

- ***GOOD CONSULTANT SUPPORT***
- ***CLEAR SCOPE OF PRACTICE***
- ***NURSING SUPPORT IS KEY***

- PA's should not compete with the other professionals (ENPs)

- Avoid competition to fill the void
- Work in conjunction.
- New Grad PAs have something to offer.
- PA's need to be seen as members of the team, not competing for jobs.

- PA's also need to know their limits.

- Should NOT work outwith their Scope of Practice

- Good Medical Supervision paramount – bad pt outcome if risks taken

- Especially important with new graduates who sometimes overestimate their knowledge and skills (they don't know what they don't know)

'What British Consultants want are PAs It's just that they don't know it yet '

*Dr Neil Berrington
Consultant Neurosurgeon
Manitoba*

AAPA Conference San Antonio 2008





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Agenda for Change Pay Levels

■	Band	7	£ 29,091 – 38,352	Junior PA salary
■		8a	£37,106 – 44,527	Senior PA Salary
■		8b	£ 43,221 – 53,432	
■		8c	£52,007 – 64,118	
■		8d	£62,337 – 77179	
■		9	£73,617 – 93,098	
■				