

**“HOW WILL YOU BE PART OF THE TEAM?”
LESSONS FROM THE FIRST PAS ON A UK HOSPITAL
SERVICE”**

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ABSTRACT

The Physician Associate (PA) profession is relatively new to the British National Health Service. PAs have been educated in the United Kingdom since the mid-2000s, but only recently have universities begun training large numbers of PAs. More than 70% of all UK PAs work in hospitals, but there is little published literature about the experiences of these PAs. This brief report is a sub-study of a larger grounded theory study on the barriers and facilitators to the integration of PAs into the NHS. PAs who had been the first PAs on a secondary care service in the NHS were recruited. The PAs in this study were asked what advice they would share with those who are initiating the PA role on a specific hospital service. PAs advised their colleagues to 1) Be able to explain the Physician associate role succinctly and clearly, 2) Manage expectations for the PA role, and 3) Be honest and trustworthy. Know the limits of your knowledge and training, 4) Take initiative in all areas of your professional life, 5) Be a good team member, 6) Be patient and have perseverance, and 7) Get involved to solve administrative issues. As a qualitative study, this study has limited generalizability, but the themes raised by these PAs may help newly graduated PAs achieve a successful transition. These data may also guide PA educators around the world as they prepare their students to enter hospital practice.

Introduction

The Physician Associate (PA) profession started in the United Kingdom (UK) in the mid-2000s with a pilot project of American PAs brought to practice in the British National Health Service (NHS). Universities began educating PAs in 2008 and they are now working in the NHS in both primary and secondary care. At the beginning of 2019, there were less than 1000 PAs in

the United Kingdom (UK). (1) However by October 2020, nearly 1800 PAs worked in the NHS, with 70% working in hospitals across a wide variety of specialties. (2) Little research has explored the experiences of the first PAs on hospital services in the UK. The experiences of these early PAs can inform new PA graduates and PA educators around the world.

Methods

This brief report is a sub-study of a larger study on the barriers and facilitators to the integration of the first UK-trained PAs into a hospital service in the British NHS. The larger study employed a grounded theory qualitative approach using semi-structured interviews to collect data. Human subjects approval was obtained from both the George Washington University Intuitional Review Board and the St. George's, University of London Research Ethics Committee. PAs who had worked for fewer than 5 years on their service, were graduates of UK PA programs and had been the first PAs to be hired onto their clinical service were recruited. Emails were sent by the universities which had graduated PAs at the time of study initiation to their alumni to recruit participants. Social media posts were also used to recruit people. All PAs in this study were working in England. At the time of this study, there were only a handful of PAs in Wales and Northern Ireland. While there were more PAs in Scotland, repeated attempts to recruit them failed.

Nine PAs entered the study, three from surgical teams and six from medical teams. Interviews were recorded and professionally transcribed. All PAs were asked: "If you had the opportunity to advise a recently graduated student who will be the first PA in [your specialty] at a hospital, what would you say?" This manuscript includes the responses of PAs to this question. Transcripts were coded independently by both authors to improve the trustworthiness of the analysis. Standard qualitative research steps to ensure trustworthiness such as triangulation, piloting of the semi-structured interview, debriefing sessions for coders, and negative case analysis were employed. We continued to interview participants until thematic saturation had been reached. The larger grounded theory study developed a larger theoretical framework which will be reported in other papers.

Results:

Coding and analysis of the data revealed seven different themes, each identified by multiple participants are presented in Table 1.

Table 1 – Advice to PAs who will Inaugurate the PA Role at or in a Hospital Setting: Themes and Subthemes

| Themes | Subthemes |
|---|--|
| Be able to explain "What is a Physician Associate?" | <ul style="list-style-type: none"> Hone your speech by practicing it regularly Do not get frustrated – you will need to explain the role repeatedly as staff on your ward turn over. |

| | |
|---|--|
| Manage expectations for the PA role | <ul style="list-style-type: none"> • Set your own expectations for the PA role and try to get others to see the role as you do • Try to assess the expectations of other people so that you understand their approach to you • Communicate your vision of what a PA could do for the team |
| Be honest and trustworthy. Know the limits of your knowledge and training. | <ul style="list-style-type: none"> • Patient safety is the highest priority • Doctors trust PAs who express their limits more than those who try to hide their limits |
| Take initiative in all areas of your professional life. Do not wait to be instructed. | <p>Take initiative to :</p> <ul style="list-style-type: none"> • Improve your medical knowledge • Improve your procedural skills • Gain health systems knowledge • Seek out formal and informal teaching • Teach others • Advocate for yourself and the profession |
| Be a good team member | <ul style="list-style-type: none"> • Be enthusiastic, hard-working and humble • Be willing to do tasks that help the team, even if they are not of great interest to you |
| Be patient and have perseverance as you initiate the role | <ul style="list-style-type: none"> • First positions are seldom what they are expected it to be • Roles and expectations evolve |
| Get involved to solve administrative issues. If you do not involve yourself, the resolution may be unpalatable to you. | <p>Administrative problems often arise in:</p> <ul style="list-style-type: none"> • Human resources (evaluations, job description) • Information Technology (permissions to place orders, access to records) • Interactions with other departments |

These PAs advised their future colleagues to:

1. Be able to explain: “What is a Physician Associate?” Several PAs reported that they had been educated by their PA programs on how to answer the question “what is a PA?”. They were grateful for this training as they found themselves repeatedly having to explain the role as other staff came and went.

Med PA 53 – *When I started, because we were the first PAs there, it was about finding our place on the team. And there were lots of questions [from doctors and nurses] “What do you do?” “What can’t you do?” “How are you going to be part of the team?” It was just communication, communication, communication. Explaining our role.*

2. Manage expectations for the PA role. That other health professionals do not have a clear idea of the role is unsurprising in a country that had <1000 PAs at the time of the study. Most of the PAs in this study indicated that they had been taught in PA school about the existing and potential roles for the PA. Once they started work, they had to try to set these expectations on their teams to obtain an appropriate PA role.

Surg PA 17 - *With the education that we’ve had from [our program] we sort of knew how to let people know, “We’re not here to do the filing and we’re not here to do the paperwork. We’re here to contribute to the healthcare role.”*

3. Be honest and trustworthy. Know the limits of your knowledge and training. For new PAs to be useful members of the team, they need to recognize that their training is less in-depth than that of doctors. Because the education of the PA is condensed, patient safety rests on the ability of the PA to recognize what she does not know and to seek help from someone more senior. One PA discussed how she built trust with the doctors on her team by having a low threshold for consultation.

Med PA 85 – *Being ultra-cautious from the beginning of your career results in [the doctors] trusting you. That’s eventually rewarded by, if you do have a worry about patients and you flag up your concerns, then they will absolutely take it seriously. It is so important as a PA to know your limits.*

4. Take initiative in all areas of your professional life. While some PAs expected their new role to be framed by those who had hired them, most of the PAs realized that the responsibility to develop as a PA and to further the role would fall on them. They advised other new PAs to take the initiative to develop further medical and health systems knowledge, to seek formal educational opportunities, to advocate for themselves and the profession, and ultimately learn to teach others.

Med PA 53 – *In the first six months you try to settle into the department, try to get to know how the department runs, and try to establish rapport with the medical team.*

Surg PA 17 - *For example [Invasive Procedure], on the PA course we weren’t really trained how to do that. When we got into the role we said, “It’s [Specialty], in a day we could have four of these. For one doctor that’s a lot. If you teach me how to do this, that’s you doing two and that’s me doing two.”*

Med PA 96 – *For the last year or so, I have one afternoon per week when I do bedside teaching for the third-year medical students allocated to our department. I think they’re quite grateful for anyone who is willing to put some time in with them.*

5. Be a good team member. Most PAs reported that they had facilitated acceptance onto the team by treating others with respect and working hard. They advised new PAs to be willing to do tasks others dislike, learn from everyone and be humble.

Med PA 74 – Be keen and enthusiastic. Be humble, ask questions. Show that you are interested on the ward rounds. Be keen on doing procedures. Be willing to have difficult conversations with patients and families. Get feedback. Be confident, but not over-confident.

6. Be patient and have perseverance as you initiate the role. Nearly all PAs in this study expressed that their first position was not what they expected it to be. They realized quickly that it would likely take time for their role to mature. One PA explained this well:

Med PA 31 – It might take time for people to understand what you are doing. But if you're mindful of others and explain to people what your role involves and the benefits, people will see for themselves... how great it can be for the department. With a bit of patience, a bit of perseverance, and hopefully it will evolve into what you want it to be.

7. Get involved to solve administrative issues. Nearly all PAs were frustrated at the inability of the hospital systems to provide basic infrastructure for PAs. They lacked appropriate job descriptions, annual evaluation forms, and IT access to do their work. PAs found that they needed to advocate for themselves or the resolution to the problems proposed by others may not be satisfactory.

Med PA 42 – It is really basic stuff, like the computer system in the hospital didn't recognize the PA role. That's why I ended up joining the PA board because it's like "you're one of the biggest employers of PAs in the country and you can't sort out your IT to have us recognized on the system?"

Med PA 53 – My advice is to never go to [your supervisor] with problems; go with solutions.

Discussion:

In this study of British-educated PAs working as the first PA on a hospital service, participants advised their future colleagues on how to integrate themselves effectively onto the clinical team. They advised these PAs to be able to clearly explain the PA role, to manage expectations for the role from the start, and to be honest about the scope of their medical knowledge. They also advised new PAs to take the initiative to improve their knowledge and skills, to work well on the team, be proactive about administrative problems, and to be patient while others gain understanding of the role. These findings are somewhat consistent with a very limited literature on the relationships between PAs and doctors in the United Kingdom. Two previous studies have found that a majority doctors who worked with PAs believed PAs had sufficient medical knowledge to carry out their duties and that the PAs were valued for their strong interpersonal skills and ability to free junior doctors to attend educational activities.(3),(4)

These findings are helpful not only for UK PAs who are inaugurating the role in a hospital setting, but for PA educators around the world. Especially when preparing students to work in places in which the PA role is less well understood, educators should formally teach their students about the scope of the PA role, how to present the role to others, how to set expectations for the PA role, and how to resolve interpersonal and systems issues they may face. The need for explicit education around the PA role is part of the impetus for educational accreditation standards that require inclusion of PAs, who can model the PA role, on the faculty of PA programs. These findings also suggest that the processes for choosing students to enroll in a PA program should include some assessment of character traits such as honesty, commitment, reflectiveness, resilience and determination. An assessment of communications skills is also essential. Many PAs in this study pointed to the importance of strong communication skills to help them work well as a member of a team and manage misconceptions about the PA role.

This study has several limitations. A qualitative study with a small number of participants and an inductive reasoning approach is, by definition, not generalizable. In qualitative research, we consider whether the findings are “transferable” or useful to others. The findings from this study may allow us to conduct research that is more generalizable in the future. Confirmation bias is also a risk in qualitative research, despite the inclusion of standard techniques for ensuring trustworthiness in a qualitative study. Finally, all the participants in this study were volunteers. It is possible that the factors that made them all willing to volunteer also influenced their responses to the interview questions.

Conclusion

A small qualitative study of PAs who had pioneered the physician associate role at British hospitals provides some guidance to establishing the role in a hospital. These PAs advise those who initiate the role on a new service to be able to explain the role to others, work to set expectations for the role, be a good teammate, always be honest, put the patients' welfare first, and take initiative to expand the clinical role and solve administrative difficulties. These suggestions also can guide educators in their preparation of students to initiate and expand the PA role.

Reference

1. Ritsema T. 2018 Faculty of Physician Associates Census Results [Internet]. London: Royal College of Physicians; 2018 Aug [cited 2018 Nov 21] p. 13. Available from: <https://www.fparcp.co.uk/>
2. Health Education England. Investing in People Workforce Plan for England 2015-16 [Internet]. 2014 [cited 2018 Nov 14]. Available from: <http://www.ewin.nhs.uk/sites/default/files/Investing-in-People-Workforce-Plan-for-England-2015-16%205256.pdf>
3. Williams LE, Ritsema TS. Satisfaction of doctors with the role of physician associates. *Clin Med (Lond)*. 2014 Apr;14(2):113–6.

4. Roberts S, Howarth S, Millott H, Stroud L. Experience of the impact of physician associates on - postgraduate medical training: A mixed methods -exploratory study. Clin Med (Lond). 2019 Jan;19(1):4–10.