

Case Study: Physician Associates in Primary Care, York

Introduction:

Zoe Sellens is one of three Physician Associates working at Priory Medical Group in York. She works alongside GPs, including her supervisor Dr Vicky Middleton, to provide high quality patient care. Zoe runs her own clinics, attends home visits and has recently developed a specialist interest in women's health. Find out more about their experience below.

Q&A with Zoe Sellens (PA)

1. Background

I qualified as a PA in 2018 as part of the first cohort of PA students from HYMS. The HYMS course is a masters in PA studies, my undergraduate degree was clinical sciences. I also worked as a school nursing assistant for a year before starting the masters course.

I have now worked for PMG for 2 and a half years which included a 6 month acute care rotation at York Hospital.

2. What attracted you to primary care?

I really enjoyed my GP placements while studying at HYMS. I enjoy being out in the community and getting to know the local patient group well. The other thing that stood out to me was the varied nature of general practice and having the opportunity to learn a little bit of everything.

3. What do you do in your day-to-day role?

Day-to-Day I have my own clinics which include mental health phone consultations and pre-triaged urgent face to face appointments. If these slots aren't full I can also triage my own patients from urgent care. I also do 1-2 lunchtime visits. In addition to my normal clinics I also have a women's health procedures clinic as I am particularly interested in this area. I also do learning disability health checks.

4. What is the best part about your job?

The best part of my job is having the scope to learn a bit about every area of medicine. Day to day the bit I enjoy the most is doing learning disability health checks as I am starting to get to know the needs of the patients in more depth and see them more than once. Although there is a lot of work to get done during the checks most of the patients and their carers have a really good sense of humour and there is usually something we can laugh about.

5. Are there any challenges to being a PA and how do you overcome them?

There are always challenges that come with being a relatively new profession. Often patients aren't quite sure what to expect from you and the role does take some explaining. Since starting persistence has really paid off and it helps that patients are now exposed to a wider variety of professionals than they ever have been. A strong team within the surgery has also been really important in helping patients become comfortable with the role.

6. How would you like your PA role to develop in the future?



I am looking forward to getting GMC regulation and then hopefully being able to prescribe. In my role in general practice I would like to work more with the PA students and continue to develop more procedural skills particularly fitting coils and implants.

Q&A with Dr Vicky Middleton (GP)

1. Background

Dr Vicky Middleton, GP Partner, Clinical and Educational Supervisor for Physician Associates

2. What made you want to employ a Physician Associate?

The opportunity arose several years ago when the first cohort of PAs qualified from the local university. We collaborated with the hospital to provide a 2 year preceptorship where PAs rotated between Primary and Secondary Care developing experience. We were keen to recruit PAs as we saw the potential in the role to work alongside the clinical team. We particularly liked the biomedical training and the potential for the role to develop in the future when GMC regulated.

3. Where does the PA fit into the primary care team?

They are aligned to the GPs, working closely with the team. Seeing patients with undifferentiated clinical problems in the surgery and on home visits. There is always a GP available for clinical queries, debrief and help with prescribing and radiology requests. We have encouraged all of our PAs to undertake additional training such as Implant training, ring pessary fit and removal, which supports the clinical team and can free up GPs to see more complex patients. We are also encouraging variety in the role with Mental Health and Learning Disability clinics weekly.

4. How has the PA benefitted your practice?

They have really fitted into the team and have helped with some of the service provision to fulfil the requirements of the GP contract e.g. Learning Disability checks. They have also increased capacity by undertaking some routine work allowing GPs to focus on more complex cases.

5. How do you support and supervise your PA?

We provide a Clinical Supervisor overall who is responsible for mentorship and personal development. They always have an experienced GP to debrief and answer queries and help with prescribing and radiology requests. They come to all team meetings, eg GSF, Safeguarding and Significant Event meetings. They have a monthly tutorial where we discuss cases and do problem-based teaching. We also provide a monthly AHP teaching with other PAs and AHPs on more general topics. We also have an inhouse education programme which all clinicians can access. We provide annual appraisal support via Fourteen Fish.

6. What advice would you give to anybody thinking about employing a PA?

Go for it! Good clinical supervision and mentorship is key which will feel an investment in time initially but does have great rewards over time.

