



Physician Associate Urology Preceptorship Pilot

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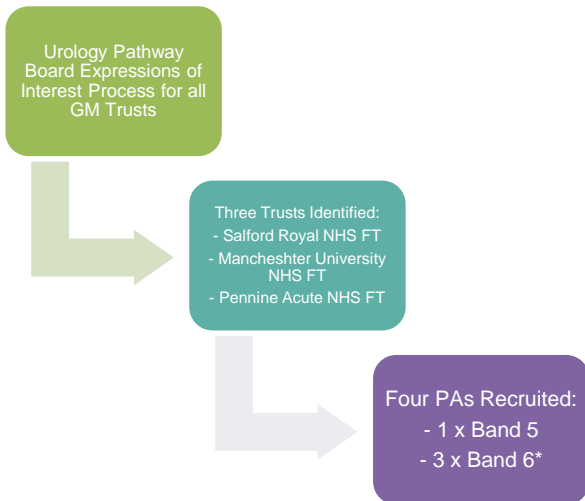
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A Workforce Challenge

Here in Greater Manchester (GM), we know that the growth of the cancer workforce is not keeping pace with demand; there is a need to support the development of multi-professional clinical teams to be the foundation of the future workforce, as outlined in the NHS People Plan

With large numbers of Physician Associate (PA) graduates in GM every year, there is an opportunity to encourage recruitment into the cancer workforce

GM Cancer secured workforce development funding to pilot a PA Preceptorship in cancer services within the urology pathway due to the existing gaps in urology Clinical Nurse Specialist (CNS) and Junior Consultant workforce



*1 x Band 6 PA vacated their post early in the pilot to study medicine

Pilot Methodology

Pilot Aims:

- Pilot the role of the PA in cancer services
- Investigate how the role can support the delivery of cancer services
- Address workforce shortages and to shape future workforce model
- Support the urology cancer pathway during the Covid-19 pandemic
- Support GM Cancer Covid-19 recovery plans
- Explore where this role could fit within the cancer workforce and how it could support the delivery of cancer services

Pilot Support Package:

- Education and Training Package
- Competency Framework
- Dedicated Clinical Leads



Capturing Progress:

- Quarterly competency assessments to measure knowledge and clinical skills
- Daily logbook completion to collate clinical activity and progress
- Clinician and Patient Surveys

Pilot Outcomes

Successful project outputs have been demonstrated from this preceptorship year including the pilot of a new role, positive impact on patient experience and workforce and the opportunity to influence new workforce models; all of which display the clinical capability and value of this role

Flexible Cystoscopy

- Upskilling and sign off of the procedure
- Robust governance and guidance protocol to ensure competence

Skills

- Competency assessments demonstrated PAs improved knowledge and clinical skills throughout

Clinical Teams Feedback

- Clinicians valued the PAs role, including conducting and supporting clinics, alleviating workload for clinicians on call, and supporting the delivery of diagnostics

Patient Feedback

- End project patient experience survey showed PAs in a very positive light
- Patients described having confidence in the care they received with a good understanding of their condition and management

Activity

- As part of this pilot, the PAs saw 2718 patients, 44% of whom were on a cancer pathway
- PAs began to work unsupervised between three to six months from being in post

Supervised Activities	Unsupervised Activities
Renal Cancer Clinic & Surveillance	One Stop Clinic
Oncology Clinic	Ward Activity
Haematuria Clinic	Prostate Cancer Surveillance Clinic
General Urology Clinic	Flexible Cystoscopy – Procedure & Clinic

Conclusion and Next Steps

Despite the impact of Covid-19 the pilot demonstrated:

- The clinical capability and value of this role
- Positive impact on patient experience and workforce
- Opportunity to influence new workforce models

In terms of future proofing the cancer workforce, the PA has shown an ability to bring a valued skill set. The intention of the PA role is not to replace any existing roles, but to complement the cancer workforce to aid service delivery, provide outstanding care to patients and to improve patient outcomes and experience

The Workforce and Education Board is now working with stakeholders to share the outcomes of this pilot and further influence growth of this valuable workforce group and encourage multi-professional clinical teams

