The physician associate in the thyroid pathway

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Head and Neck Symposium

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Background

- Medically trained, generalist healthcare professionals
- Two year postgraduate diploma or masters degree
  - Healthcare or life sciences background
- Work with a dedicated medical supervisor, but able to work autonomously with appropriate support
- Voluntary register
  - GMC regulation.. eventually!
- 2021 census:
  - 2,479 physician associates in the UK (MVR)
  - General practice 38%, acute medicine 10%, emergency medicine 9%, clinical oncology <1%

Roles and responsibilities

- Take medical histories, perform examinations, formulate differentials and management plans
- Manage acute and chronic conditions within scope of practice
- Request and interpret investigations
- Perform diagnostic and therapeutic procedures
    - Endoscopy, bedside ultrasound, bone marrow biopsy

Limitations:

- No prescribing
- No ionising radiation
- No clear career progression

Thyroid pathway

- The Christie – May 2019
- Inpatient oncology including radioiodine patients and other molecular radiotherapies
- Minimal senior input on the wards and limited opportunity for career development
- Working more closely with the thyroid team, starting to regularly review thyroid inpatients, education around radioiodine
- Ad hoc clinic outpatient clinics
- Quality improvement – implementing nurse led clerking

Thyroid pathway

- November 2021 – two allocated sessions per week for thyroid outpatient work
- New patient appointments only
  - Well differentiated thyroid cancers for consideration of radioiodine
- All patients reviewed by thyroid consultants
- Progressively seeing patients independently and signed off for consenting
- Reviewing patients during admission for radioiodine
- Reviewing thyroglobulin, RAI uptake imaging and completing end of treatment letters
- Continuity of care
- Role development – reviewing metastatic and medullary thyroid cancer patients

Integrating physician associates

- Issues with retention of physician associates
  - Lack of PA specific support and opportunity for progression
- Early consideration of how individuals can develop their role
- Meeting the needs of the trust
  - Rolling progression of physician associates from ward based to more specialist roles
- Allocated protected time

Questions?