

EDITORIAL

Is there a cuckoo in the nest? How to rear and develop a new professional group

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In this edition of *JVSGBI*, we can see the views of VSGBI members at various stages of their career on working with a new group of colleagues, Physician Associates (PAs).¹ This survey followed a vigorous debate that played out in both social and mainstream media. The ramifications spread to the highest levels of medical leadership, with strong support from the Department of Health. After an extraordinary meeting of the Royal College of Physicians it led to the resignation of the sitting president. This new group of workers, the PAs, has generated discussion across all colleges and the Academy of Royal Colleges and there was debate at the Surgical Forum of Great Britain and Ireland early in 2024. In the end we are a membership organisation, interested in how we can work best to support our patient group. Knowing our members' views will be fundamental to any change.

Why such a negative perception around what on the face of things can be interpreted as additional help? For the answer we need to look at the current pressure points within vascular surgery and the wider profession. Over the last few years there has been unprecedented industrial action, led by the British Medical Association, around pay and terms and conditions for both consultants and resident doctors. This reflects a workforce that is deeply dissatisfied with its value and professional standing. Resident doctors feel that, with the current complex working conditions, their training and professional development are under threat. Added to this, in order to develop they need time from experienced consultant clinical supervisors. It is therefore no surprise that the emergence of a new professional group is associated with a perceived threat to both training opportunities and supervision time of

consultants. The survey results published in this edition detail some real-world experiences, including training opportunities being undertaken by PAs and the presence of PAs creating additional work for vascular trainees.

The plan for professional regulation is clearly important. The use of the General Medical Council (GMC), as opposed to other bodies, has brought suspicion about the potential conflation of roles. In particular, the language around medical professionals may be perceived as implying a medical qualification. Whilst wanting to regulate PAs, the GMC is clear that it will not take a lead on scope and role. It is also clear that, as a group of graduates pursuing further education, PAs are capable individuals who will seek development.

For years in surgery, however, we have cried out for more support for the surgical workforce. How will we be perceived if we now dismiss this offer of help? The paper published in parallel shows that there is concern at a consistent level, irrespective of whether PAs are employed within the unit reporting. PA roles within each of the units vary considerably. In vascular surgery we have offered great clarity over the years in the development of our service models and teams, with serial additions of POVS.^{2,3} We need to challenge ourselves to articulate where we need additional help and support to develop our service. As consultants, we want to maximise time with patients and resident doctors in the clinic, ward and operating theatre. In addition, residents need to feel supported and enabled to use all the learning opportunities within our units as the first priority. We need to be clear about what activity we feel can be delegated under a level of supervision. Amongst this will be some

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administrative roles that may not suit the PA role when it is defined. If we are to integrate PAs within a service, we need to be clear about their role and the capacity to provide clinical supervision. As a professional group we need to be certain that PAs will, rightly, seek professional development, and we need to be part of that consultation.

We welcome the Leng report and hope that it will provide a thorough review of the situation to date, after listening to all the stakeholder feedback. We hope, having taken due time to reflect, to formulate a helpful guide to take things forward.

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References

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