

# Alex Maiello – Physician’s Associate Lead Transcript

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## Introduction

My name is Alex Maiello, I’m the primary care Physician Associate lead for Hywel Dda. I found out about the physician associate role when I was in my second year of university. John Knight who’s one of the lecturers there mentioned he knew that I wanted to go into medicine and said have you thought about the physician associate role. I said I didn’t know what that was, so looked into it and I thought, this is everything I want out of a career, everything I want to do from a job, because I always thought that I wanted to go into general practice as well so the generalist kind of nature of a physician associate was right up my street really.

## Authority to Act

Delegate power. PA’s work under delegated powers, the mentorship model for PA’s is that they were assigned specific senior consultants, which is brilliant because of the way that the PA working model is structured, it means that we’re never left or not necessarily left to our own devices but were not necessarily expected to be autonomous entirely. We kind of take a few steps forward, a few steps, a few steps forward every couple of years, and eventually the distance between your clinical supervisor and you grows a bit, not in the sense that you’re doing things out of your scope of practice, but in the sense that their need to oversee everything you’re doing is pushed a lot further back. The thresh-old for them needing to have input on what you’re doing is increased every couple of years, which is brilliant. That goes hand in hand with your experience developing and your skill set developing. It also means that they are there when needed and when you feel that you need to have that senior support.

## Part of the team (1)

The integration of PAs in various clinical teams, not just primary care, has been amazing. Granted, I’ve not been qualified for too long, and I probably don’t appreciate the entirety of the early days of being a PA, I think there was prob-ably a lot of apprehension about the role but what I have seen is that the PA role is very well established now, at least in Hywel Dda. What I have seen is that clinical seniors and other roles such as Advanced Nurse Practitioners are very open to having PAs in their clinical team, which is nice, it’s encouraging, because I think I’ve joined when we’ve gone past the, let’s not say animosity, but the apprehension.

## Continued Professional Development

There is a much greater understanding of where a PA role is lacking in knowledge and experience and they’re in a position to say, right, okay, well, I know that a lot of PAs that we’ve had through in this role and don’t have experience doing things like ascitic taps or lumbar punctures, that is something that we can look towards upskilling and giving this extra knowledge. I know several PAs in different departments who are now, I think a year and a half, two years post-starting post-qualification, and they are core members of the clinical team because they’ve been there for so long and there’s plans for them to do their own clinics.

## Part of the team (2)

There’re plans for them to be a really strong core member of the clinical team that they’re going to have the amount of responsibility that you would hope for in somebody that is developing in their career and is expanding their skill-set, expanding their knowledge. It’s almost that recognition that this person is appreciated and is entrusted with this level of responsibility from the senior clinicians. That is a very affirming thing that their seniors understand that this isn’t just a flash in the pan role that we have to employ so many because the Welsh Government said we’re employing so many. It’s Oh, this is a clinician that we can really use well in the way that we think is more efficient as well as in a way that directly improves their skill sets to then give us a better informed, better equipped clinician. I think it’s not a self-fulfilling prophecy, but it’s that kind of domino effect if you give a little bit here, it’ll just run on, and you’ll get a fantastically developed and very well rounded PA.



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### Training and Qualifying

Any PA that has gone through the program, especially through the pandemic and their first year of qualifying and said, “Oh no, I’ve never had any challenges” either, haven’t been doing it right or they’re lying. I qualified in the pan-demic. It was about three or four days before we sat our university finals, when we were told, right, okay, we’re doing it full PPE, doffing before every station and it was that it was challenging. Then we did the same thing in the national exam in Liverpool. It was, I don’t want to say fun, but it was interesting seeing how quickly we had to adapt. And ac-tually, it was very encouraging and very reaffirming because it said, right, okay, well we know the clinical side of it, we know the medical side of it. We just have to do this one little thing that we’re going to have to change a little bit of our practice but otherwise, it’s business as usual.

### Challenges and Rewards

I faced a couple of challenges having since qualified, certain glass ceilings that didn’t need to be there. Certain things that I, from a more senior management position have had the ability to change. I think it’s par for the course, really. It’s something that any new role is almost expecting. We all have the bad days when we think I should probably have just done something different but when you put that into context of where you are now, think, well, I’ve come this far in a year and a half to two years, I think I wouldn’t change anything at all, which is it’s a lovely feeling because even when the days are the worst and I have a patient list of twenty, pretty difficult, patients and I’m staying until after seven at night in the practice - I still drive home happy. I think if you can do the drive home test, it’s all worth it.

