



An insight into the PA profession: PA Thomas Smyth

Patricia Medeiros

PA Thomas Smyth in conversation with Patricia Medeiros.

What was your undergraduate degree?

I graduated from the University of Salford in 2015 and did my undergraduate degree in sports rehabilitation. Then I completed the PA course at the university of Manchester. I did the PGdip, not the masters so I didn't need to do an additional thesis at the end of the course, which you have to do with a masters.

Did you have any work experience before applying?

I was in the very first cohort, in the northwest, back in 2016. As the course was quite new, I didn't know what experiences were applicable so I tried to make everything as relevant to healthcare as possible. Luckily, with my sports rehabilitation degree, I already had placements in the NHS setting, like working with orthopaedic surgeons in hospital. Unfortunately, a lot of students now won't have as much experience due to COVID-19, so universities are being slightly more lenient. But we do have a mentor scheme at Salford Royal called the PA Academy and there's also the North West PA Forum so people can get in touch for an insight into the PA role. We understand that students are doing their best under the current circumstances.

What tips would you give on writing a strong personal statement?

With personal statements, someone told me that you effectively use a "SEE" approach. Which is a 'Skill', then an 'Experience' relating to that skill then 'Elaborate' on the skill and how it applies to everyday needs. Also, always link experiences to healthcare even if they're not directly in a healthcare setting. Try not to waffle too much, because whoever is reading your personal statement is trying to gain an understanding of your knowledge and experiences from a short-written piece.

What was your interview like and what are interview panels looking for in selecting a PA?

I actually interview applicants at Manchester and the process now is different from when I applied. Back when I did it, we had to go Hayfield Race course because I think there were 500 of us and only 140 places, between three universities. We had MMI stations and if you got through, then you got a place at one of the three universities based on what you scored. It was very intense. But interviewers are looking for students that understand and can distinguish the PA role from allied professionals. So, it's good to be knowledgeable on the NHS and its core values and data protection and more.

What made you choose the PA role, and did you ever consider medicine?

Yes, I always wanted to study medicine and I did a lot of research into it and found the PA course which, honestly, really resonated with me. I did sports rehabilitation, and I knew a lot about the human body and how it functions but wanted to know more. I think that a key factor in studying medicine to be a Dr. and studying medicine to be a PA, is that the course itself is 2 years, but it's a postgraduate masters, so you need knowledge from another 3-4 year degree. After that, you can then still go into any specialty whilst maintaining a generalist approach.

What specialty are you currently working in and what is your most interesting case?

The apple didn't fall too far from the tree; I went back and did trauma and orthopaedics and I just fell in love with the role at Salford Royal hospital, especially the surgical element to it. So, I think the most interesting case I've had was a bone transportation surgery. Unfortunately, a patient had a high trauma road-traffic accident and a large portion of the bone in their leg was missing. We have a phenomenal team of specialist surgeons called the limb recon team. So, we did a bone transportation where we physically cut a segment of the bone and transport it millimetre by millimetre each day, and you can actually see the bone regrowing, it was amazing.

What is your favourite part of being a PA and one thing that you would potentially improve?

For me personally, it would be the flexibility and work-life balance. I'm an ambassador and guest lecturer too, I'm in different places throughout the week, but also theatre for surgery a lot. If I was to improve anything it would be the recognition of PAs. I think there are a few misconceptions, and the role is undervalued at the moment because it's quite new in the UK and people don't always know what we can do.

What do other health care professionals think of your role as a PA?

When I first started, they weren't sure on what the role was, so, I was often having to explain it. I was also trying to fit in this huge, already well-established, medical team. But as soon as I got past that, there was a huge gap to be filled.

Me and the other PAs don't really rotate around; we're there to offer patient continuity so we know the system. Since we've been there for 3 years, we're able to teach the junior doctors that come in too and get them into the system very quickly. We often free up the ward time for the juniors and trainees so that they can go into theatre and into clinics and get all these extra experiences so actually, we do work very well together.

What do you think GMC regulation means for PAs?

GMC doesn't really change my role, but it would make it slightly easier. I work in a profession where I need both ionising imaging and to prescribe, but the doctors are there for support and vice versa. But equally, I am a bit sceptical because with regulation, PAs may become more prevalent on the wards without much support from the doctors. But overall, it is a great thing because PAs can expand their scope of practice.

What advice would you give to prospective students?

Personally, I had great experience, choosing to be a PA was a success story, so I definitely recommend it. I would say though, students need a clear distinction as to which medical model they want to study, whether

that's a PA medical model or a doctor's medical model. But any aspiring PAs are welcome to look at our mentor scheme or contact me on social media with any questions!

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Guest editing by Afnan Housein and Nabiha Ahmed