UWE Bristol | University of the West of England

MSc Physician Associate Studies

A Quick Reference Guide to Hosting PA Students in GP

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PA Programme Leader

2020-21

What is a Physician Associate?

"A collaborative healthcare professional with a generalist medical education, who works alongside doctors, providing medical care as an integral part of the multidisciplinary team. Physician Associates are dependent practitioners working under medical supervision, but who are able to work autonomously with appropriate support"

Physician Associates will support doctors in the diagnosis and management of patients in primary and secondary care.

* What do PAs do?

Physician associates work within a defined scope of practice and limits of competence. They:

- take medical histories from patients
- carry out physical examinations
- see patients with undifferentiated diagnoses
- see patients with long-term chronic conditions
- formulate differential diagnoses and management plans
- perform diagnostic and therapeutic procedures
- develop and deliver appropriate treatment and management plans
- request and interpret diagnostic studies
- provide health promotion and disease prevention advice for patients.

Currently, physician associates are not able to:

- prescribe medications
- request ionising radiation (e.g. x-rays or CT scans)

UK Physician Associate Training

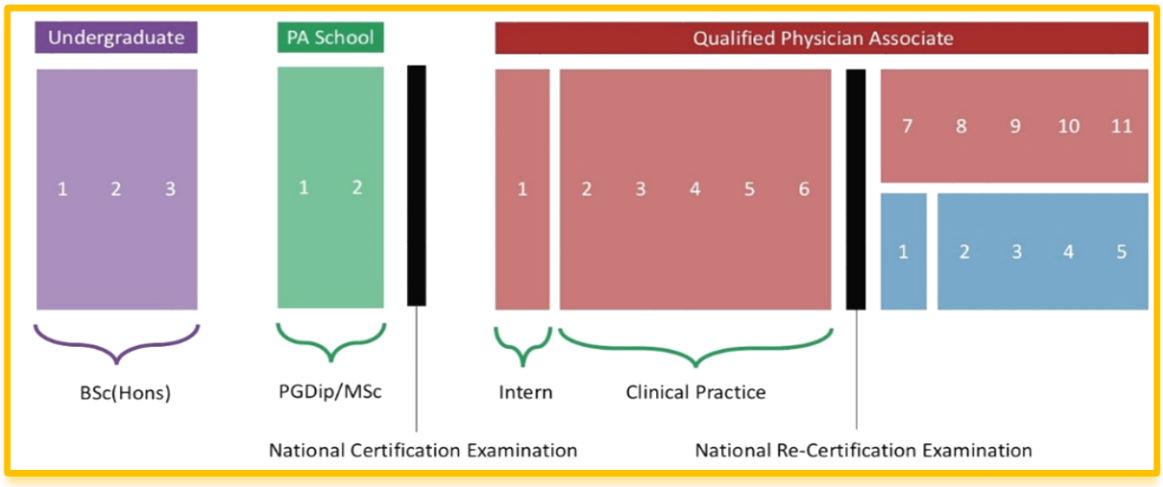
Physician Associate programmes consist of a mixture of University-based teaching and clinical placements.

* PA School

- Core elements of PA school (medical education)

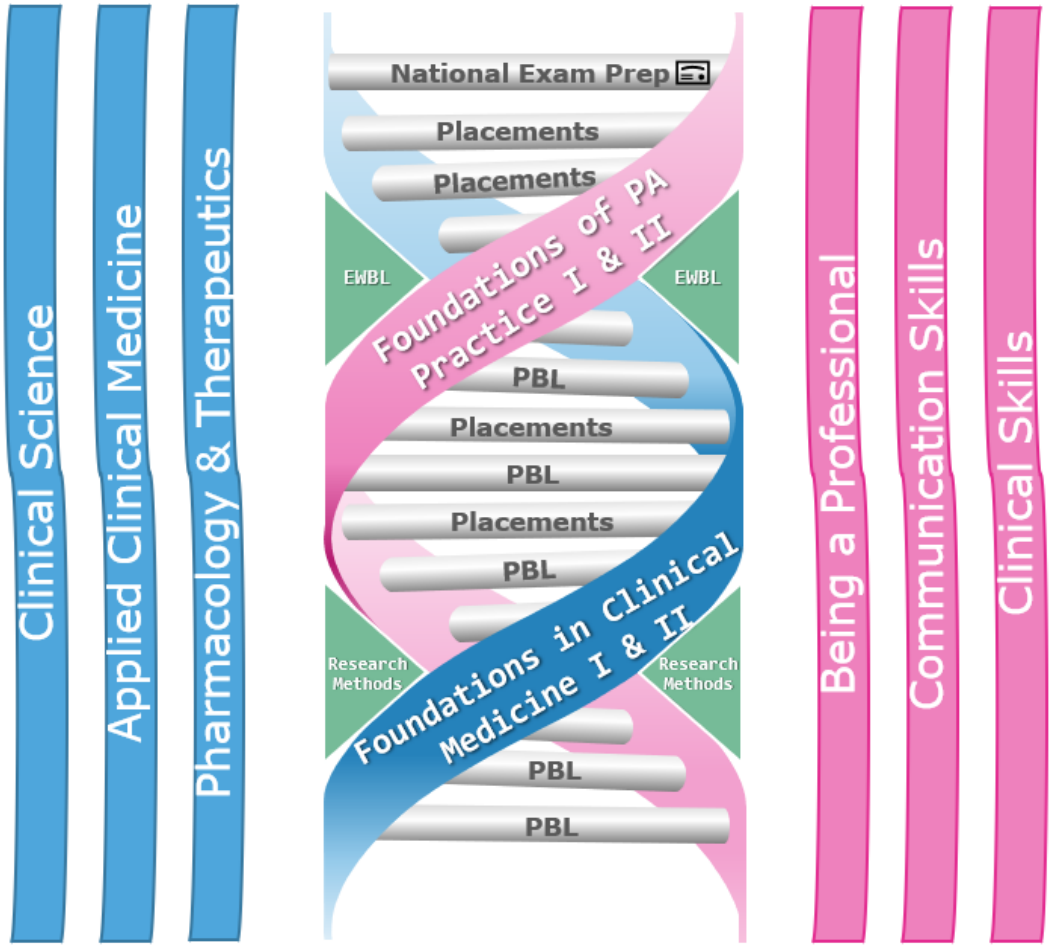
Anatomy
Biochemistry
Communication
Development, growth and ageing
Ethics and law
Healthcare policy
Health education
Health information technology
Immunology and microbiology
Pathology
Pharmacology and therapeutics
Physiology
Psychology
Public health and epidemiology
Teaching and assessing

To practice as a Physician Associate, students must also pass the Physician Associate National Examination and recertify every six years thereafter.



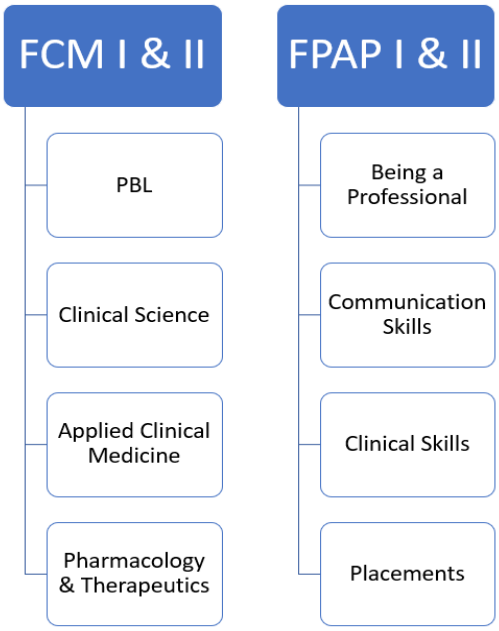
The PA MSc Training Programme at UWE

90 weeks over two years



EWBL = Evidencing Work-Based learning (research project)

Core module themes:



Primary Care Placements

Overall aims: PA student placements in primary care is to give exposure to the breadth and depth of general practice along with professional role modelling, exposure to patients and consulting, and supervised practice. We will be undertaking the majority of clinical skills/clinical medicine teaching and summative assessment of competency and knowledge at the university – but we would certainly be responsive to your feedback about the student during their time with you. **It is recognised that virtual/telephone interactions are essential changes to COVID-19 and so can take the place of 'solo consultations'.**

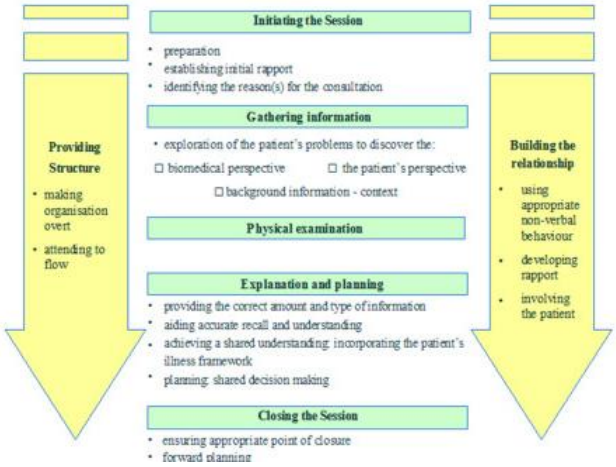
Tariff: Each practice will receive **£97.35** per PA student per day for primary care placements

Academic Year 2020-21 – first year

Block	Dates
1	1st week (observational/immersive week): 26/10/2020
2	4 weeks: 01/03/2021
3	3 weeks: 07/06/2021
4	3 weeks: 05/07/2021

Academic Year 2021-22 –second year

Block	Dates
1	3 weeks: 02/05/2022



Year one: The aim of year one is to immerse the student into primary care and allow them to develop early patient consultation skills- initiating the session, information gathering and core systematic physical examination skills. By the end of Y1, expected standards maybe akin to a Y2-3 medical student.

The first block can be observational experience with both GPs and the range of other primary care team members.

The second block should focus on progressing towards observed practice / participation in a wide variety of practice activities such as clinics and visits / joint surgeries and solo consulting (with GP review).

The third and fourth blocks (both three-weeks) will comprise joint consultations (sitting in with GPs and other practice members) progressing onto solo consultations with discussion/review by the GP or other experienced practice members.

The rate at which each student progresses is dependent upon your judgment of learning and capabilities.

Year two: This second year block (three-weeks) should aim to support the student in performing the whole patient consultation, including management, explanation and planning. The PA student should be encouraged to see patients and practice consultations both in joint clinics and solo consultations (with GP review). By the end of year two, PA students should be expected to conduct consultations at a similar level to a year four/five medical student – albeit with a focus on general clinical medicine.

How Does our PA Curriculum Integrate with Placement Blocks?

In the university, students spend 27 weeks covering general adult clinical medicine in Y1 and 14 weeks covering clinical specialities in Y2.

The university blocks are complemented by 11 weeks of primary care placement and four weeks of secondary care placement in Y1.

In Y2 they spend 27 weeks in secondary care placements and three weeks in primary care.

Curriculum covered by the start of each GP placement block:

GP Block	Weekly Clinical Medicine topic	Communication Skills	Clinical Examinations	Procedural Skills
1	Lower back pain, HTN, Asthma, Dyspepsia, Diabetes, Headache, Iron deficiency anaemia (TATT), Vertigo, Sore throat	Introduction to communicating with patients, consultation models, communication micro-skills, initiating the session, information gathering, sharing information and breaking bad news. Telephone consultations.	GALS Peripheral vascular system Respiratory system Gastrointestinal system Nervous system	Handwashing Manual BP Observations Venepuncture
2	Renal colic, Chest pain, COPD, Colon cancer, Thyroid disease, Movement disorders (PD), Ophthalmology (red eyes), Heart failure, Haemoptysis LRTI, Upper GI bleed, Osteoporosis, Stroke, Knee pain, Dermatology	Symptom specific information gathering and information sharing. Advancing telephone consultations.	Digital rectal Thyroid Neck Cerebellar Eye A-E approach Knee Hand & Wrist Hip Skin	IV cannulation Urinalysis ECG recording PEFR Interpreting spirometry Inhaler technique
General Hospital Medicine Placement (four-weeks)				
3	Sepsis (UTI), Prostate disease	Symptom specific information gathering and information sharing	Testicular Hernia	IV fluids Catheterisation
4	Oncology	Symptom specific information gathering and information sharing	Breast	
Y2 GP block	Y2 University Learning and Placements in O&G, Paeds, Mental health, General Surgery, Front Door Medicine (ED, AMU, SAU) / Injections, Suturing, NG tube insertion			

Programme Assessments

At the university, students undertake yearly summative SBA MCQs exams, OSCEs, patient-case presentations and professionalism assessments.

Clinical Portfolio: On placement, students are required to maintain a yearly portfolio of evidence. This forms a pass/fail assessment marked by the programme team and contains a record of formative tasks, learning experiences, student reflections, and end of year summative sign off.

GP Placement Assessments: GP supervisors should complete a start of placement meeting with the student. A formative end of placement sign off should be completed at the end of each placement year based which contributes to the pass/fail outcome of the portfolio. This sign off includes a review of the completed tasks, the students' professional behaviour, formative learning events, multisource feedback and whether they have meet their placement hours. Formative assessments are outlined below:

Assessment type	Task to be completed	Minimum no to be completed	Assessment to be completed by	Time required
Formative	Start of placement meeting	One per year	GP supervisor	20 minutes
Formative	Solo Consultations	**Y1 blocks:** 8+ in blocks 2-4 **Y2:** 15+	GP*, Advanced Nurse Practitioner*, Paramedic Practitioner*	20-30 minutes
Formative	Consultation Observation	2 in Y1 2 in Y2	GP*, Advanced Nurse Practitioner*, Paramedic Practitioner*	20 minutes
Formative	Case-Based Discussion (CbD)	3 in Y1 blocks 2 in Y2	GP*, Advanced Nurse Practitioner*, Paramedic Practitioner*	15 minutes
N/A	Direct Observation of Procedural Skill (DOPS)	N/A	Any clinician competent in the observed skill	Dependant on the skill
Formative	Multi-Source Feedback (MSF)	3 per year	Any member of the practice team	10 minutes
Formative	End of Placement Review	1 per year	GP supervisor	20 minutes

*assessors must be experienced and familiar with assessment and feedback methodology

CbD: The CbD is a structured discussion around a given patient case. It is aimed at giving insight to the supervisor about the level of knowledge possessed by the student and feedback to the student about further areas of clinical learning and development.

Supervising Arrangements for Physician Associate Students

We would need the student to have a named clinical supervisor who takes overall accountability for the student's placement experience. They should meet with the student at the start of their placement and then review them at a mid and end-point of each year

The student would also need an individual to sign their placement hours each week (this needs to be a clinician or practice manager who sees them daily).

It is important that every patient seen by a student is reviewed by a suitably experienced clinician. The exact level and evolution of this supervisory relationship should be guided by the development of the student as they progress through their placement with you. Albeit, they shouldn't be seeing patients on their own without review.

The definition of a PA is that they work under the supervision of a physician. However, in practice, a PA graduate with experience doesn't always need the physical presence of a supervisor for every patient seen by the PA. Dependant on the professional relationship and the clinical acumen demonstrated by the PA, the supervisor can act as a contact and support mechanism – akin to the GP consultant model.

Example in practice

Physician Associate Student on four-week placement in GP Practice. On a day to day basis they shadow and undertake clinical duties working closely with the GP and Practice Nurse, as well as with other members of the health care team, who can sign off their competencies, as well as working with the multi-disciplinary team. Their timetable was developed by the Practice Management Assistant working with practice colleagues; however, overall accountability was with the named supervising GP.

Dissertation project

PA students will be undertaking a maters project and we are keen for them to align this with primary care. The students would benefit from having early, and then continued involvement in practice audits, clinical governance projects and other activities so that they can base their dissertation on an area that is helpful for the practice. We also hope that the practice can gain some benefit from having the student involved in these activities.

HEE incentive for graduate PA recruitment into primary care

HEE have announced another pocket of funding for those practices that demonstrate a preceptorship programme of PA graduate recruitment into primary care. Please contact the PA programme team to learn more: Alexander3.stevens@uwe.ac.uk

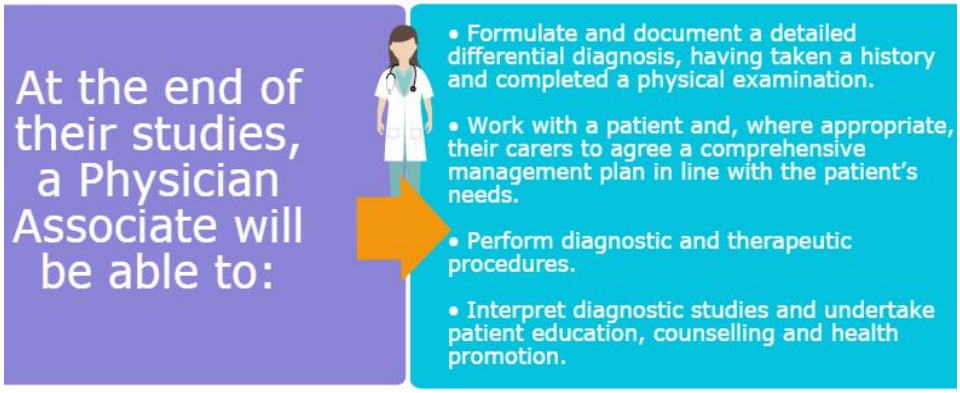
Closing statement

Overall, we would like the process of taking a PA student to be akin to a practice developing a medical apprentice. You can essentially mould and develop a future PA to suit your needs and medical workforce demands.

This can ideally be viewed as a two-year investment in the future, and this is the reason we are asking a practice to host the same student(s) for their entire placement.

The overall purpose of PA student placements is for the student to gain real life experience and exposure to the fascinating and diverse world of primary care.

The main focus of a PA upon graduation is to ensure they are competent in assessing patients, recognising and managing common conditions and identifying and referring red flags or complex conditions.



We thank you for hosting these placements and hope this is a mutually beneficial experience that empowers you to recruit PAs in your wider workforce of the future.

Alex Stevens

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Appendices

One - What does PA student supervision mean and what should you expect of a PA student?

UWE PA students are covered by our UWE indemnity insurance for clinical placements. UWE PA students should have appropriate clinical learning opportunities to those of other clinical students. We expect UWE PA students to be able to gain facilitated learning opportunities across a range of procedural and clinical skills as well facilitated patient consultation practice.

it is important to highlight that the training of PAs needs to follow the medical model. As you will be familiar with medical student aims and placement outcomes it is easiest to relate a PA students learning needs and requirements for supervision to those of a medical student.

We all recognise that every students learning needs and acquisition of competence is different. We also recognise that PA students are not training to be doctors, and also that practicing PAs are not 'like a doctor'. A PA is indeed an individually separate profession and role to that of a doctor, but whose training and scope of practice needs to follow a medical model. A PAs work is to see patients within the healthcare team in a complementary manner to, and with the supervision of a doctor.

With the above in mind, it is the intention of university training and clinical placements to expect that by the end of Y1 a UWE PA student should be able to perform clinically at a similar standard to that of a Y2-3 medical student. By the end of the PA programme it is expected that a PA student should be able to perform clinical work to a similar standard to that of a final year medical student.

Two - How does supervision of qualified PAs work in practice?

FPA Guidance - An Employer's guide to Physician Associates - Support and development of PAs http://www.fparcp.co.uk/employers/guidance

On graduation, the PA is described as a dependent practitioner and will always work under the supervision of a designated doctor. Their detailed scope of practice in a given setting is circumscribed by that of the supervising doctor. Although there may be circumstances when the supervising doctor is not physically present, they will always be readily available for consultation. Like all other regulated healthcare professionals, the PA is responsible for their own practice, although the supervising doctor always maintains the ultimate responsibility for the patient.

The PA will be employed as a member of the medical team in primary or secondary care and will have a clinical supervisory relationship with a named doctor, who will provide clinical guidance when appropriate. It is expected that the supervisory relationship will mature over time, and while the doctor will remain in overall control of the clinical management of patients, the need for directive supervision of the PA will diminish.

The PA will always act within a predetermined level of supervision and within agreed guidelines.

Qualified PAs may develop specialist expertise that reflects the specialty of their supervising doctor. This will be gained through experiential learning and CPD. However, a PA is expected to maintain their broad clinical knowledge base through regular testing of generalist knowledge and demonstrated maintenance of generalist clinical skills. Therefore, it is likely that equivalent structures and processes to those used in the USA to test the maintenance of generalist knowledge will be introduced in the UK.

The level of supervision should be tailored based on an assessment of competence. This would, typically, see a 'stepwise approach' being taken. This might see your PA:

i. Sitting in and observing GPs, Nurses and other clinicians
ii. Moving onto 'swapping chairs' with the PA being observed consulting with patients and receiving feedback/debrief.
iii. Once assessed as sufficiently competent, the PA may then begin seeing patients with indirect [opposed to direct] supervision. This may be with patients selected based on their presenting problem, past medical history and a level of competence.
iv. One would imagine that within this step, that there is also a 'step-wise' approach. This might see all patients being debriefed by the supervising GP before leaving the practice. this can then be expected to progress to:
    a. some patients being debriefed after they have left the building
    b. block debriefing of a number of patients
    c. selective debriefing of patients

Three – What are the expected core competencies of a PA at point of qualification? http://www.fparcp.co.uk/about-fpa/Who-are-physician-associates

Professional Behaviour & Probity
• Consistently behave with integrity and sensitivity. • Behave as an ambassador for the role of Physician Assistant, acting professionally and behaving considerately towards other professionals and patients. • Recognise and work within the limits of your professional competence and scope of practice and within the scope of practice of your supervising clinician • Maintain effective relationships with colleagues from other health and social care professions. • Inform patients, carers and others of the nature of the clinical role. • Contribute to the effectiveness of a clinical learning environment. • Be a good role model
The patient relationship
Demonstrate the ability to develop and maintain clinician – patient relationships which will foster informed patient choice and negotiated care decisions. • Communicate effectively and appropriately with patients and carers even when communication is difficult • Demonstrate the ability to work with the patient to make best therapeutic use of the clinician-patient encounter • Perform a tailored and holistic assessment in order to develop an appropriate management plan • Facilitate patient and/or carer involvement in management, planning and control of their own health and illness • Appropriately and sensitively identify and utilise opportunities for patient and carer education.
Common core skills and knowledge when working with children, young people and families
• Demonstrate effective communication and engagement with children, young people and families • Demonstrate effective observation and judgement in children's and young people's development • Recognise when to take appropriate action in safeguarding and promoting the welfare of the child • Intervene appropriately when supporting transitions between stages of development and/or services • Demonstrate effective multi-agency working through awareness of roles and responsibilities within other services • Identify when to share information in a timely and accurate manner while respecting legislation on the control and confidentiality of information

Clinical judgement in diagnosis and management
• Formulate a differential diagnosis based on objective and subjective data • Make use of clinical judgement to select the most likely diagnosis in relation to all information obtained • Recognise when information/data is incomplete and work safely within these limitations • Recognise key diagnostic errors and the issues relating to diagnosis in the face of incomplete data. • Recognise when a clinical situation is beyond their competence and seek appropriate support.
History taking and consultation skills
Structure interviews so that the patient (carer) is encouraged to express their concerns, expectations and understanding, so that these can be appropriately addressed • Elicit a patient history appropriate to the clinical situation, which may include, presenting complaint, history of the present illness, past medical history, social history, family history, medications, allergies, review of systems, risk factors and appropriate targeted history • Identify relevant psychological and social factors, integrating these perspectives with the biomedical evidence to elucidate current problems.
Examination (general)
Perform a physical examination tailored to the needs of the patient and the demands of the clinical situation, including, as appropriate, neurological examination, musculoskeletal examination, blood pressure (BP) measurement and control, male and female uro-genital examination, breast examination, ophthalmic examination, oropharyngeal examination cardiovascular examination, respiratory examination, abdominal examination and dermatological examination Perform a comprehensive mental state examination, tailored to the needs of the patient and the demands of the clinical situation, including as appropriate, assessment of appearance and behaviour, levels of consciousness, posture and motor behaviour, thoughts and perceptions, affect, speech and language, orientation, memory and higher cognitive function.
Interpreting evidence/determining the requirement for additional evidence
Interpret the findings from the consultation (history, physical examination and mental state examination) in order to determine the need for further investigation and, with the patient/carer, the appropriate direction of patient management • Understand the indication for initial and follow-up investigations • Select, interpret and act upon appropriate investigations • Determine the relevance of screening tests for a given condition

Therapeutics and prescribing
• Working under medical delegation clauses, determine and propose appropriate therapeutic interventions from the full range of available prescription medications used in the clinical setting • Write accurate and legible prescriptions in out-patient, in-patient and primary care setting for review and signature by a supervising clinician. • On commencing intravenous infusion, write accurate and legible prescriptions for appropriate fluid regimes for review and signature by a supervising clinician • Use the British National Formulary (BNF) and local formularies appropriately and be familiar with the yellow card system for reporting side effects/drug interactions • Recognise their responsibility for facilitating patient concordance for the drug regime being proposed by them and prescribed by their supervising clinician.
Clinical planning and procedures
• Formulate and implement a management plan in collaboration with the patient, the carers and healthcare professionals • Perform clinical procedures using knowledge of the indications, contraindications, complications and techniques • Monitor and follow up changes in patient's condition and response to treatment, recognising indicators of patient's response.
Documentation and information management
• Initiate and maintain accurate timely and relevant medical records • Contribute to multi-professional records where appropriate.
Risk management
• Recognise potential clinical risk situations and take appropriate action • Recognise risks to themselves, the team, patients and others and takes appropriate action to eliminate/minimise danger • Value the importance of clinical governance and participate as directed.
Teamwork
• Value the roles fulfilled by other members of the health and social care team and communicate with them effectively • Effectively manage patients at the interface of different specialties and agencies, including primary/secondary care, imaging and laboratory specialties • Effectively and efficiently hand over responsibility to other health and social care professionals
Time/resource management
• Prioritise workload using time and resources effectively • Recognise the economic constraints to the NHS and seek to minimise waste.

Maintenance of good practice
• Critically evaluate own practice to identify learning/developmental needs and identify and utilise learning opportunities • Use evidence, guidelines and audit (including significant event analysis) to benefit patient care and improve professional practice.
Ethical and legal issues
Identify and address ethical and legal issues, which may impact on patient care, carers and society. Such issues will include: • ensuring patients' rights are protected (e.g. children's rights including Gillick competency: patients' right to participate in making decisions about their care) • maintaining confidentiality • obtaining informed consent • providing appropriate care for vulnerable patients (including vulnerable adults, children and families in need) • responding to complaints
Equality and diversity
• Recognise the importance of people's rights in accordance with legislation, policies and procedures • Act in a way that: - acknowledges and recognises people's expressed beliefs, preferences and choices; - respects diversity; - values people as individuals; - incorporates an understanding of one's own behaviour and its effect on others • Identify and take action when own or others' behaviour undermines equality and diversity
Awareness of guiding principles and current developments in the NHS
• Practice in a manner which is grounded in the underlying principles of the NHS as a patient centred service, free at the point of delivery• Maintain an awareness of national and local guidelines / legal requirements, both generally and, in particular, as relevant to their area of practice• Maintain an awareness of any new developments in the structure and function of the NHS and particularly in relation to their area of practice• Demonstrate an understanding of change processes within the NHS and fulfil their broader professional role by participating in national and local consultation processes
Public health
• Address issues and demonstrate techniques involved in studying the effect of diseases on communities and individuals including: - assessment of community needs in relation to how services are provided - recognition of genetic, environmental and social causes of, and influences on the prevention of illness and disease - application of the principles of promoting health and preventing disease.
Moving and Handling
• Assess the risks to self, colleagues and the patient prior to moving and handling and act to minimise those risks by: - ensuring that there are sufficient trained staff available to carry out the action safely - using appropriate manual handling techniques for the situation - making proper use of any moving and handling aids provided

Four – What should you expect of PA students upon qualification and after 12 months in post?

http://www.fparcp.co.uk/employers/guidance

	On Qualification	On Completion of 12 months
History and consultation	Will be able to carry out focused history and produce an appropriate list of differentials.	Able to carry out a thorough focused history, and be able to identify appropriate comorbidities, predisposing/risk factors in order to interpret most likely differential and reasons.
Examination general	Starting to be able to abbreviate their examination to become more focused. Becoming confident in ability to distinguish normal from abnormal during clinical examination.	Supervising doctor has confidence in PA findings and in the PA using their clinical findings to justify the differential diagnosis.
Interpreting evidence and investigation	Understand diagnostic tests to rule out key negatives. Become aware of the limitations of investigations.	Confidently articulate findings and investigation results.
Clinical judgment and risk management	Able to narrow list of important differential diagnoses. Consistently identify high risk conditions requiring immediate attention.	Identify main diagnosis and justify reasoning. Aware of best venue to nurse patient e.g. ITU versus medical ward.
Therapeutics and prescribing	Broader understanding of medication choice for presentations of common and important conditions. Aware of contraindications, interactions and monitoring. Learn to develop and explain to patients their clinical management plan and be able to modify plan according to age and comorbidity.	Start to justify choice of medication. Able to understand the impact of comorbidities and other medications, polypharmacy) on agent choice and prognosis. Confident in explaining to patients their clinical management plan and able to modify plan according to age and comorbidity. Developing consultation skills to enable shared patient practitioner decision making.
Clinical planning and procedures	Aware of risks and benefits of common procedures, have basic competence in simpler procedures and some experience of seeing this in action.	Able to implement management plan including proficient basic procedures and develop more advanced procedures. Beginning to be able to manage complications and review patient.
Professionalism	Consistently behave with integrity and sensitivity, be a good role model and ambassador, maintain effective relationships with the MDT and contribute to the clinical learning environment.	Have completed a 360 TAB at 6 and 12 months and beginning to deal with 'difficult patients'. Be part of training for other 'internship' PAs and/or teaching PA and other healthcare students.

Five – What procedural skills do UWE PA students need to be competent in upon qualification *(via GP & hospital placements)*?

Generic Components	Giving information, obtaining and recording consent
	Hand washing
	Correct technique for moving and handling
	Use of PPE, waste and sharps disposal
	Infection control in relation to procedures
Bedside Observations	Measuring the pulse
	Measuring the respiratory rate
	Measuring the temperature
	Measuring transcutaneous oxygen saturation
	Measuring the blood pressure - manual
	Measuring the blood pressure - automatic
	Continuous 3-lead ECG monitoring
	Nutritional assessment
Bedside Investigations	Measuring capillary blood glucose (finger puncture)
	Performing urinalysis
	Advising patients on the collection of a mid-stream urine specimen
	12-lead ECG recording
	12-lead ECG interpretation
	Taking nose and throat swabs
	Taking a skin swab
Diagnostic Procedures	Venepuncture
	Taking blood cultures
	Managing blood and other samples correctly
	Arterial blood gas sampling
	Basic respiratory function tests
Therapeutic Procedures	Emergency oxygen administration
	Establishing peripheral intravenous access
	Intravenous fluid prescribing (transcribing)
	Setting up an intravenous infusion
	Administering a subcutaneous injection
	Administering a intramuscular injections
	Male urinary catheterisation
	Female urinary catheterisation
	Instructing patients in the use of devices for inhaled medication
	Use of local anaesthetics
	Basic skin suturing
	Wound care and basic wound dressing
	NG tube
Life Support	Basic life support
	Immediate Life Support

Six – Example formative placement assessments

Case Based Discussion 1			
Assessor **Student:**		**Position**	**Date**
Presenting Problem			
	Needs Further Development	**Doing Well**	**N/A**
Case Specific			
History			
Examination			
Investigations			
Diagnosis			
Management			
General			
Communication			
Professionalism			
Overall			
Things done well			
Areas for improvement			
Signed			
Learning and Reflective Points (To be completed by student)			

Consultation Observation 1

Assessor Student:	Position	Date
Presenting Problem		

	Needs Further Development	Doing Well	N/A
Introduces self & ensures correct patient			
Uses interpersonal skills to develop rapport			
Finds out why the patient has come			
Clarifies details of the problem(s)			
Includes or excludes significant condition			
Explores how the problem(s) affect the patient, their job, their family, etc			
Discovers the patient's ideas, concerns, expectations and health beliefs			
Summarises & clarifies ensuring all information is included & checks if patient agrees			
Use of appropriate physical examination			
Makes an appropriate working diagnosis			
Explains the problem in appropriate language			
Use of verbal and non-verbal communication skills			
Things done well			
Areas for improvement			
Signed			
Learning and Reflective Points (to be completed by student)			

Formative Assessment Descriptors	Unsatisfactory	Borderline	Satisfactory Year 1 / Year 2	Excellent
History & Examination Has the student gathered all the relevant information and identified the important features?	Unfocussed or inaccurate presentation which may miss significant areas. Fails to make link between history and examination. Fails to identify gross physical signs.	Student has some deficiency or deficiencies that make you feel unsure whether they are good enough to pass or poor enough to fail.	Clear history with key points identified. Examination identifies relevant findings.	Concise, accurate presentation of the history. Understanding of the relevance of physical signs.
Clinical Reasoning Has the student related the clinical evidence to the underlying disease processes to develop a differential diagnosis?	Poor attempt at developing a reasonable differential diagnosis		Clear differential diagnosis with appropriate ranking. Appropriate investigations.	Comprehensive differential with clear explanation of the rational for the ranking. Explicit links back to basic science.
Management Plan Has the student related the evidence to modern treatments and proposed a reasonable management plan?	Imprecise management plan. Inappropriate therapeutic interventions.		Reasonable management plan. Key therapeutic interventions identified. Strategy to review progress.	Clear, precise, negotiated management plan. Optimal therapeutic plan.
Identification of Uncertainty Has the student been able to discuss the limitations of the evidence and propose further relevant investigations?	Fails to appreciate uncertainties related to diagnosis investigations and management. Inappropriate investigations proposed.		Some appreciation of uncertainties, related to diagnosis, investigation and management.	Fully appreciates uncertainties related to diagnosis, investigation and management. Identifies own uncertainties and anxieties and manages them.
Professionalism Are the professional skills and behaviour demonstrated by the student consistent with the PA "Competence and Curriculum Framework: Professional Behaviour & Probity".	Student does not demonstrate politeness and respect OR Concern for dignity OR Treat/consider the patient as an individual OR Sensitivity to needs and feelings OR respects ethical issues e.g. patient's right to privacy, confidentiality and consent	Student does not consistently demonstrate politeness and respect, maintain patient's dignity, treatment/consideration of patient as an individual, sensitivity to needs and feelings OR respects ethical issues e.g. patient's right to privacy, confidentiality and consent	Student is polite and respectful showing concern for dignity, treating/considering the patient as an individual, whilst addressing patient's needs and feelings and respects ethical issues e.g. patient's right to privacy, confidentiality and consent	Student is polite and considerate showing respect and protecting patient's dignity, treating and considering the patient as an individual with excellent sensitivity to patient's needs and feelings and respects ethical issues e.g. patient's right to privacy, confidentiality and consent

End of Unit Placement Supervisor's Review
Student:

In completing this, you may wish to note anything especially good as well as any areas for concern. This can include information about attendance, professionalism and team working. It should also include the information from the multi-source feedback.

Unit One:

Unit Two:

Unit Three:

Unit Four:

Overall Comments for the Year:

Supervisor: **Position:** **Date:**

End of Year Sign-Off

	Complete	Incomplete	Comments
16-24 Solo Consultations			
20 Other patients seen			
3 Case Based discussions			
2 Consultation Observations			
3 Patient feedback questionnaires			
Other clinical experiences			
Multi-source feedback			
Signed (Supervisor): **Name:** **Position & GMC #:** **Date:**			

Seven - Primary Care Learning Objectives

KNOWLEDGE
By the end of their training a PA would need to know about?

- Diagnosis and management of chronic conditions in the community (e.g. Diabetes, COPD, asthma, heart failure, ischaemic heart disease, hypertension, leg ulcers)
- Recognition and management, especially natural resolution of, minor illness in adults and children
- Diagnosis and initial management of acute and chronic skin conditions in adults and children
- Community antenatal care
- Community recognition and initial management of common mental health disorders (e.g. depression, anxiety, grief, bereavement and dementia)
- Recognition and initial management of common gynaecological and women's health problems
- Diagnosis and initial management of common ENT and ophthalmic conditions
- Recognition and initial management of acute respiratory disease in children and adults, including the indications for use of antibiotics and recognition of conservative management
- Diagnosis and initial management of common GI conditions (e.g. Irritable bowel syndrome, constipation, gastroenteritis, dyspepsia
- Knowledge and application of "red flag" and 2 week wait criteria for possible cancer diagnosis referral

SKILLS
By the end of their training a PA would need skills in?

- Bio-psycho-social assessment
- Eliciting of Ideas, Concerns and Expectations (ICE)
- Core systematic clinical examinations appropriate for primary care
- To be able to take mental health history appropriate to Primary Care
- Assessment of suicide risk and assessment of severity of depression
- Recognise opportunities for and perform opportunistic health promotion (e.g. blood pressure and weight measurement, smoking, alcohol, exercise, immunisation and screening advice
- Understand and be able to implement an appropriate safety netting plan
- Take a venous blood sample using appropriate technique
- Undertake respiratory function tests including peak flow measurement
- Instruct patients on the use of inhaled medication devices
- Take nose, throat and skin swabs
- Perform an ENT examination
- Obtain a cervical smear and cultures for HVS

ATTITUDES
By the end of their training a PA would need to have attitudinal, higher and organisational learning in?

- Awareness of how a 'Physician-PA' team can work in practice and how PAs can function in multi-professional teams used in the community

- Awareness of the PAs professional and clinical competence boundaries and effective team working under supervision
- Understand and recognise how workload, time management and organisation influences performance and patient care
- Understand and recognise strengths and learning challenges with personal work load and time management issues

Eight - Patient Presentations in the National Curriculum

PA students should be familiar with the following patient presentations upon graduation and should be able to manage/diagnose/refer appropriately as stipulated in the Competence and Curriculum Framework for PAs:

Addiction Altered sensation (including loss of feeling in lower limbs) Anxiety: abnormal Appetite/weight: alteration Back pain Blood loss Breast problems (lump, pain, discharge, surface changes) Children: Failure to thrive Children: Developmental problems Children: Short stature Children: Unexplained injury Circulatory abnormalities of the limbs Collapse/reduced level of consciousness (including fits) Cough Cutaneous/subcutaneous swellings Disordered mood Disordered thinking Distension: abdominal ENT problems ENT Emergencies Eye problems Eye Emergencies Falls/faints (syncope)/dizzy turns Fertility / Infertility Fever GI disturbances including vomiting/altered bowel habit Head and neck lumps Headache Hypothermia Injury: Head & Neck Injury: Extremities	Injury: Abdominal & Pelvic Injury: Thoracic Joint pain/swelling Mass: abdominal Memory loss Menstrual changes / problems Micturition abnormalities (including frequency, volume, colour and incontinence) Movement: loss of/abnormal (inc. inability to walk, shaking hands) Oedema Pain: abdominal Pain: chest (including heartburn) Pregnancy: problems in Prolapse Sciatic leg pain Scrotal and groin swellings / pain Sexual dysfunction Sexually transmitted infection: concerns about Shortness of breath Skin changes: colour, ulceration, pruritis, rashes Sleep disorder Speech disturbances Swallowing difficulties (dysphagia) Tiredness Visual disturbances Voice changes Weakness (both focal and general)

Nine – FAQs: Who should they spend time with on placement?

There is a vast amount of information and resources of the Faculty of PAs webpage here

And I would strongly advise you to look over the "**GP Supervisor and PA Guide**" in the above link

The make-up of primary care teams can vary widely. Part of the time on placements should be devoted to meeting the members of the team, understanding their roles and how they communicate with each other to meet the needs of their patients, after all, qualified Physician Associates and Physician Associate Students work as part of the multi-disciplinary team.

Members of the team can also get involved in some of the assessments that the students need to complete on placement, such as DOPS assessments or multisource feedback.

Practice Team	Community teams	Community services
GPs	Midwives	Pharmacists
GP receptionists	Health visitors	Dentists
Administrators	Counsellors	Opticians
Practice Manager	Visiting community teams eg. drug and alcohol team, mental health team	Support groups eg. Relate, Age Concern
Nurses and Health care assistants	District nurses, advanced practitioners and community matrons	.
Nurse practitioners	Young person clinics Family planning GP with special interest clinics	

What can PAs in General Practice do?

Physician Associates are trained as 'generalists' and have the potential to undertake a wide range of roles under the supervision of a GP including:

- Telephone triage
- Open surgery, managing their own lists
- Chronic disease management
- Ordering investigations
- Home visits
- Liaison and referrals with other teams and services
- Procedures such as coil fittings, contraceptive implants
- 6/52 mother and baby checks
- Minor surgery
- Complete reports: holiday cancellation forms, DWP forms and insurance medicals
- Assist GP (for example, HGV exams, DVLA forms etc which are then signed by the GP)

FAQs: PAs in primary care

How much time do PAs have with a patient per appointment?

This is dependent on a PA's experience. If registrars with 8 years' experience (five years of medical school, two foundation years and an ST year) start on 30-minute appointments, then it follows that new graduate PAs should be given similarly reasonable times. They may also need time to get signatures for medications or imaging. Appointment times should decrease every few months in the beginning – with negotiation and based on a PA's comfort and experience.

Over time, PAs should have 10-minute appointments, but how the individual surgery deals with signing medication/imaging will affect times. If a PA is required to discuss medication, but only has a 10-minute appointment, then in essence they are being asked to see patients faster than a doctor, as a PA has to wait to speak about the medication with their supervising GP within the 10-minute appointment time.

What is the difference between a PA and an advanced nurse practitioner (ANP)?

A PA has a biomedical science background, and is trained in the medical model specifically for the position in medicine. The PA is not an extended practitioner. They do not work to set protocols and can see a wide variety of undifferentiated patients.

An ANP has trained in nursing and has usually spent many years in healthcare learning the skills for the job, completing courses to advance their knowledge. They tend to work in a specialist area and have a mixed skill set.

ANPs tend to be able to prescribe. PAs have the requisite knowledge and skill to prescribe, although lack of statutory regulation currently renders them unable to do so. There are enough patients in the system to enable all professional groups to work in a complementary way to deliver high-quality patient care.

Is one GP assigned for providing prescriptions for a PA, or is this done by the next GP with free time?

This depends on how the surgery works and if they discuss the medications. Ideally, this should be the next free or duty doctor. A new PA should always discuss every medication recommendation until the doctor is completely happy with the medication proposals.

Do any PAs do minor surgery / coil insertion / specialist clinics?

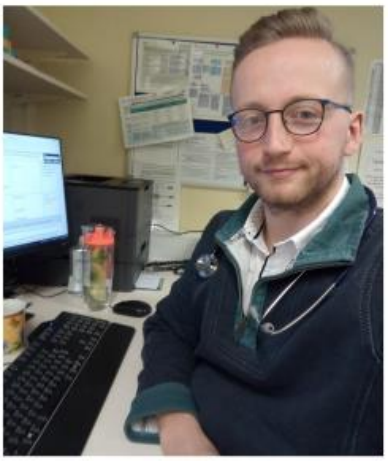
Some PAs run the minor surgery weekly clinic, but *only* if the one GP with up-to-date skills is in the building. The clinic cannot run if the appropriate doctor is not in the building. This is a safety issue.

Is one GP assigned for cases that need discussion with a PA, or is this decided dependent on which GP is next available?

PAs should be able to discuss patients with any GP. If a surgery runs a duty doctor system, that person should be the supervisor for the session.

Taken from FPA
'An Employers Guide to Physician Associates'
http://www.fparcp.co.uk/employers/guidance

A Day in the Life of some of our Alumni Working in Primary Care



James Willis PA-R (class of 2018)

Crest Family Practice, Bristol

"Day-to-day practice has changed considerably during the Covid-19 pandemic. At Crest Family Practice, we have moved to a total remote consultation model. This means that all consultations start as either a telephone triage call, or a videophone call. Typically I will do anywhere from 10-15 of these per day, depending on the workload coming through our booking lines in the morning.

"From these remote consultations I then decide whether the patient needs to be seen face-to-face. If I'm certain there is little-to-none Covid-19 risk to the patient and myself, I will invite the patient to the practice for a brief face-to-face consultation where I will revisit the pertinent positives and negatives in their clinical history, before conducting a focussed examination or procedure. If, on the other hand, I feel as though there is a risk of the patient presenting with Covid-19 then I will discuss the case with a senior GP and we will decide together the next steps.

"If we suspect a patient has Covid-19 then we invite the patient to the practice to run a 'car-park assessment'. This means that either myself or the GP will invite the patient (provided they are fit and well enough to do so) to drive to the practice car park, and remain in their car whilst we obtain a basic set of observations. We are especially interested in the patient's temperature, heart rate and oxygen saturations. If these are satisfactory we direct the patient to return home with self-isolation advice and safety-netting that if they deteriorate they can call us back in hours or speak to NHS 111 out of hours.

"However, if the patient is unwell and we have a high degree of suspicion of Covid-19 then we arrange for them to be admitted via the medical admissions unit. Thus far I have had to do this only for a couple of patients, but have gained invaluable experience from doing so.

"Away from clinical practice, I've also worked with the team here to do an audit on our patients who receive B12 intramuscular injections. This is a procedure which was recommended be suspended during the Covid-19 pandemic to mitigate risk to both patients and clinical staff. I worked on a project analysing which of our patients had critically low B12, and who had antibody positive pernicious anaemia. For these patients, we continued their B12 injections as there was a clear need to do so. For all other patients, we switched them to oral B12 supplementation. This has not just been good from reducing patient and staff risk during the pandemic, but has also helped the practice to offer more cost-effective treatment for patients."

Sarah Bruce PA-R (class of 2019)

Tinkers Lane Surgery, Wiltshire

"I started as a new Physician Associate (PA) in a GP practice in Wiltshire back in November 2019 so have been in my role just under 6 months. I am the first PA the practice has employed and they originally approached UWE and were interested in incorporating the role into their team. I work 5 days a week whereas all the doctors in the surgery work less than 3.5 days a week so I can provide good continuity of care and follow up patients in a timely manner. Working in General Practice is unique as a PA can mould to the specific workload gap that needs filling. My usual day consists of a combination of routine and emergency appointments with several long term condition reviews in the afternoon which involve reviewing blood test results and assessing patients for any signs/symptoms of their disease and managing risk factors such as hypertension, hypercholesterolaemia and lifestyle choices. I also cover shift gaps in the triage rota alongside two advanced nurse practitioners where we take all clinical calls into the practice and either manage on the phone or book into emergency slots for on the day review. As I've grown into the role I've started assisting the Diabetic Nurse with reviewing the diabetic cohort of patients, being trained up to perform annual Diabetic reviews and adjust medications to optimise their blood sugars. I have great supervision from the GPs in the practice and work within my scope of practice asking for advice when required. I really enjoy the variety of my job and feel very lucky to work for the NHS and in such a friendly practice. At my 3 month appraisal my GP mentor was delighted with my progress in gaining more competencies and commended my flexibility to adapt to the evolving role."

Mark Ashton PA-R (class of 2018)

"I've been working as a PA in Montpelier Health Centre since 2018 – My typical day looks like:

10:00 – 13:30 Morning clinic 10 patients, mixture of same day and 2-week pre bookable appointment, dealing with a range of acute and chronic presentations, all 15-minute appointment, telephone calls following up for patients already seen in the previous couple of weeks. Currently see a wide range of presentations and age groups, ranging from paediatrics to geriatrics.

13:30 – 15:00 After morning clinic I have 1 home visit slot, this tends to be filled most days, interpretation, filing and contacting patients regarding laboratory results or radiology investigations, writing referral letters, reviewing hospital discharge letters, responding to tasks from other members of the team.

15:00 – 17:30 pm clinic 10 patients, mixture of same day and 2/52 bookable appointments.

17:30 – 18:00 – Late home visit slot, or an extra 2 urgent face to face appointments, or helping the on-call GP with phone calls."

Mariana Pasquali Godoy PA-R (class of 2019)

St Augustine's Medical Practice, Bristol

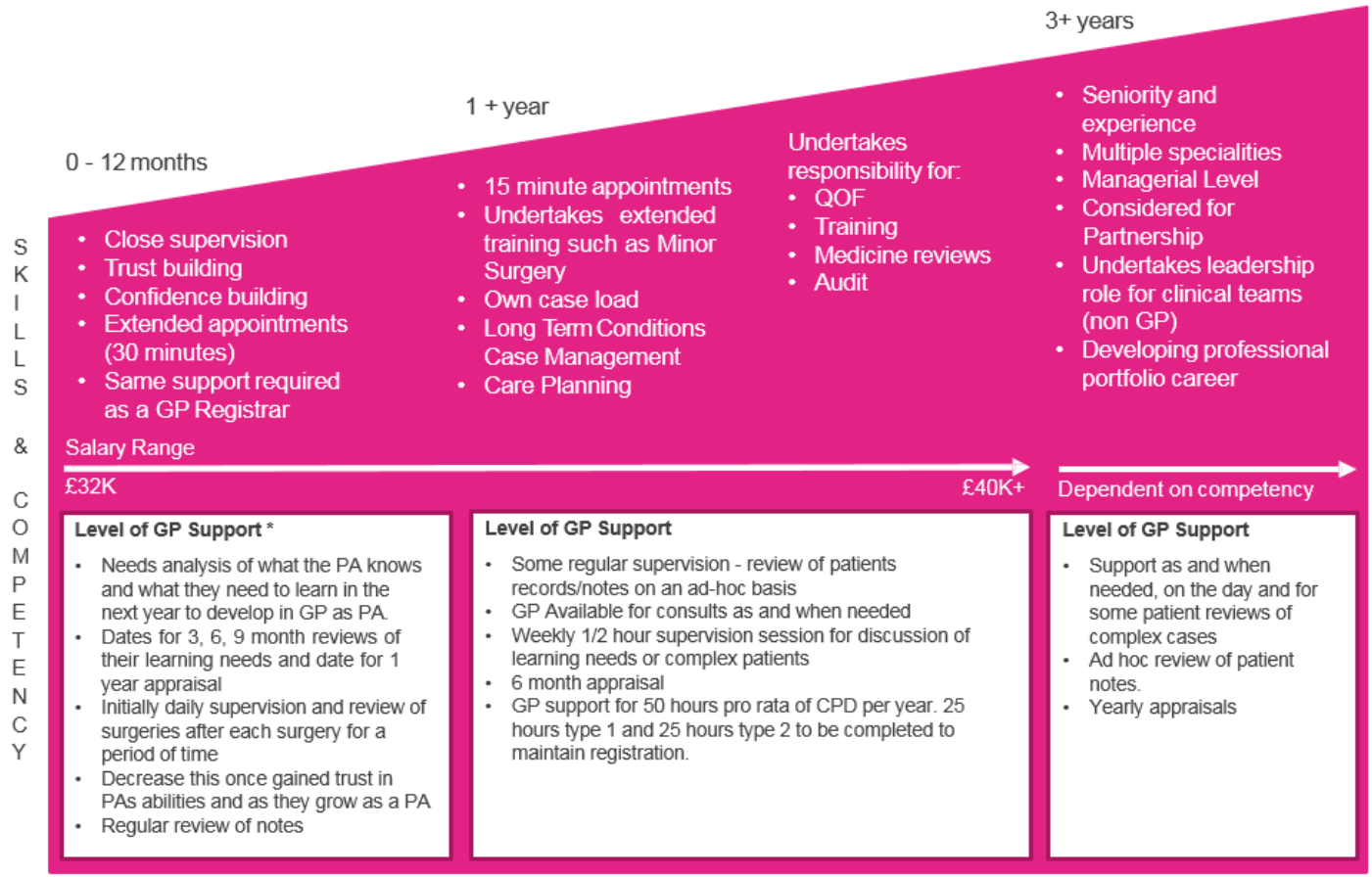
"I have been working in primary care since January 2020, having been the first PA to be employed by the surgery. I work under the supervision of different GPs and I have a designated GP mentor as well.

My clinics are mainly 'on the day' slots, which means I tend to see more acute problems, although this can sometimes be hard to triage and I end up seeing quite complex chronic cases.

My appointments alternate between 20 and 30 minutes long during a 4-hour surgery and I have two designated slots for discussion with the supervisor if needed. This means I see 8 patients in each of my surgeries. This was the arrangement until the coronavirus outbreak when I had to start working from home. The idea was to reduce all my appointments to 15-20 minutes allowing me to see a few more patients. This will have to be done when the outbreak resolves.

Within the practice, my surgery allows the GPs to have more slots available for their follow-ups, telephone appointments and other more complex patients because they can share with me the 'on the day' cases. I think this has had a good impact on the surgery and patient satisfaction as it allowed a higher number of urgent slots to be available. I also have two hours of tutorial with joint observed surgery every week."

Example of potential career progression for a PA



*** Guidelines for GP employers of PAs in their first year are currently under development with Faculty of Physician Associates**