

Physician Associates in Primary Care

INTRODUCTION

Physician Associate Preceptorships are an initiative from NHS England (formerly HEE) to support newly qualified ¹ Physician Associates along with those who are, post qualification but new to Primary Care having previously worked elsewhere. It enables them to work in a supportive environment within a structured programme as they start their career in Primary Care and / or transition from student to practitioner.

Aims:

- Allow the Physician Associate time to develop skills, knowledge and experience with support and supervision.
- Provide direction and focus.
- Gives clear guidance to newly qualified PAs and General Practices.
- Provide employers with the opportunity to employ and develop newly qualified PAs with financial assistance and to gain an understanding of how the new roles can be deployed.
- Increase the proportion of PAs recruited to and retained in Primary Care.

Benefits of the preceptorship Physician Associate programme

- Develops confidence in newly qualified professionals.
- Preceptees feel like they belong and are valued.
- Provides enhanced patient care and improved experiences.
- More confident and skilled staff.
- Provides employers who are not familiar with PAs clear guidance to help them to form realistic expectations of the role and to prepare them to support a new PA.
- An increase in Physician Associates staying and working in the North West post-graduation, which will greatly benefit the North West in terms of patient care and waiting times for appointments.
- Employing a PA does not mitigate the need to address the shortage of GPs or reduce the need for other practice staff, but Physician Associates can perform a valuable role as part of the extended primary care team. There is scope for them to take some pressure off GPs by performing some defined clinical tasks.

¹ Newly qualified means since qualifying the PA has worked clinically for less than 12 months.

NHSE- Physician Associate Preceptorship Criteria

1	The preceptorship programme will be undertaken for a minimum of 1 year (whole time equivalent) and must entail a minimum of 50% (or 6 months' full time equivalent) being spent in Primary Care.
2	The Preceptorship is only being offered to either. (a) a PA who is commencing a programme in the first twelve months of practice after first gaining registration on the national register or (b) a PA taking up their first post in primary care since gaining registration. This includes the transition of PAs from secondary care.
3	The weekly timetable must include at least 1 dedicated session for education.
4	The PA preceptee must work under GP clinical supervision during their day-to-day clinical practice. They must also have access to a GP Clinical Supervisor to support their professional development and undertaking of any portfolio-based assessments (GP CS training available if not accredited at time of appointment of PA).
5	The Preceptee must have access to a trained mentor for the duration of the Preceptorship. The designated mentor must not hold the roles of a line manager, clinical supervisor, or educational supervisor, for the individual, and should not have direct involvement in their day-to-day responsibilities. It is recommended that the mentor is from a different department or organisation.
6	If being employed by a PCN, PA Preceptees must work in no more than 2 practices for the first 6 months of their Preceptorship year.
7	PA Preceptees must have a suitable induction period, an induction meeting with their supervisor, a mid-point and an end of programme review with their supervisor (regardless of whether they have been a PA student on placement with the practice).
8	The programme must use suitable supportive records of the PA Preceptee's progress. This may include the current E Portfolio or its equivalent from the GMC post regulation
9	PA Preceptees must take part in the employer's annual appraisal system.
10	You should offer an approved structured development plan with clear objectives, goals and a shared understanding around how the practice will support the preceptee to gain the experience and skills required. This could be from a local HEI or could also be in-house or in-network.
11	The preceptorship programme will set out expected outcomes for the PA Preceptee in the form of competence acquisition which may be locally derived or based on regulator guidance.
12	The preceptorship programme must enable the PA Preceptee to engage in multi-professional learning activities with protected time to ensure this. E.g. your internal clinical meetings. Please ensure that the PAs weekly timetable reflects this.

13	Where the PA Preceptee's objectives include a further course of study, this should usually be funded from the NHS E support payment. This could be up to the cost of a postgraduate certificate qualification if appropriate for the PA Preceptee and the service context; this funding should be used flexibly to meet the needs of the preceptor.
14	Individual post-holders will be expected to complete and maintain all the requirements of the UK PA Managed Voluntary Register (PAMVR) or subsequent register.
15	At the start of employment, newly qualified PAs in Primary Care should have 30-minute patient consultation time allocation with a thorough debrief after each patient with a clinical supervisor. This should be reviewed between 3-6 months and the consultation time adjusted as appropriate.
16	Employers must consider a rota/job plan with a maximum of eight patient-facing clinical sessions a week for the first 6 months of the Preceptorship programme.

Applications for the funding can be made through this [online form](#)

- Please ensure you are applying for funding at the start of the preceptorship year.
Retrospective applications may not be approved and are dependent on funding being available.
- Please send any queries to england.physicianassociates.nw@nhs.net
- The amount of funding available to support a preceptee is £5100. Payment may be made directly to the practice or via the Lead Training Hub
- The FPA is closing, and the GMC is scheduled to begin regulation in December 2024. This creates an interim period during which access to national guidance may be limited. As linking to the FPA is not feasible due to their upcoming closure, and no guidance is currently available from the GMC, this change may limit some of our existing references to guidance.