

# MAP Employers Guidelines General Practice 2024

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## Physician Associates

Co-produced by UMAPs & CMAPs

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## About

This document of consolidated information and applicable references has been written to support employers of Physician Associates (PAs).

The information consists of all known accepted literature regarding PA employment and will be made available with an additional download pack that will provide employers with all referenced material. This will remain under regular review as new guidelines and updates are released.

Please note that the BMA and RCGP Scope guidance have not been referenced or included in this document. Neither of these documents are based on GMC approved PA Registration Assessment (PARA) content map (scope on qualification) nor do they represent the post qualification skills of Physician Associates [in General Practice]. We are aware that the 'scope' content of these documents has been responsible for unlawful contract changes for PAs which have been successfully challenged.

We have produced this document to support employers and GP supervisors as well as present evidence-based information in one place.

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# Physician Associate Employment

## Introduction

Physician Associates (PAs) are generalist, medical professionals who provide care as part of the multidisciplinary team. They work under the supervision of a Consultant or General Practitioner within primary care, NHS trusts and the community where they assess, diagnosis and manage a range of conditions in varied patient populations[1].

PAs are one of three roles that form the medical associate professions (MAPs)[2]. The introduction and expansion of this role across the UK is contributing to the provision of safe, accessible and high-quality care and helps alleviate workforce pressures outlined in the NHS Long Term Plan[3] and NHS People Plan[4].

## Qualification

To qualify as a PA in the UK, students must complete a postgraduate diploma or masters degree in Physician Associate Studies from a UK Higher Education Institution (HEI). A four-year undergraduate integrated masters degree is also available at a small number of universities[5].

Once they have completed a PA degree programme, all candidates must pass the PA Registration Assessment (PARA), previously known as PA National Exam (PANE), which is currently delivered by the Royal College of Physicians Assessment Unit. At this point a PA will be able to join the PA register (Managed Voluntary Register (MVR) held by the Faculty of Physician Associates until December 2024\*)

## Regulation

In July 2019, following a public consultation process, the UK Government announced that the General Medical Council (GMC) would regulate two of the MAPs roles - PAs and AAs[6]. A two-year transition period will begin in December 2024, at which point PAs on the PAMVR will be invited to join the GMC register[7].

In preparation for regulation, the FPA have also created a new curriculum[8] to provide a standardised framework, aligned to the GMCs 'Generic and shared outcomes for PAs and AAs'[9] – a set of standards which PAs will be required to meet to join their register. This applies to all courses with a start date of September 2023 or later. PAs registered on the MVR who enrolled in a programme of study before September 2023 were trained in line with the Competency and Curriculum Framework (2006, revised 2012)[10]. Both frameworks set out minimum standards to ensure PAs graduate with the same skills and knowledge required to provide safe and effective care.

At the start of regulation, the PANE will be replaced by the PA Registration Assessment (PARA). The GMC have published the PARA content map[11] which replaces the previous 'PA Matrix specification of Core Clinical Conditions[12]'.



## **Transition From Student to Newly Qualified Physician Associate**

It is important to consider the additional support that may be required from employers, for newly qualified PAs, to ensure a smooth and safe transition from education to employment. The Faculty of Physician Associates (FPA) have previously published a preceptorship year document providing advice and guidance for newly qualified PAs. The following sections look at clinical governance advice for PAs including preceptorship guidance.

## Recruitment

Where a practice has identified a business need that could be filled by a Physician Associate recruitment can proceed and the role funded as with any other employee.

However, where a practice is located in England, and is a member of a Primary Care Network (PCN), then there may be the possibility of accessing funding to fully or partially cover the salary and on-costs via the Additional Roles Reimbursement Scheme (ARRS) as contracted under the PCN DES[13].


### General Practice Example Job Description

The candidate should meet the following standards:

1. Has completed a post-graduate physician associate course (PGDip. or MSc);
2. Intends to maintain or has maintained professional registration with the Faculty of Physician Associates Managed Voluntary Register (PAMVR) or the General Medical Council following implementation of statutory regulation, working within the latest code of professional conduct (from December 2024);
3. Participates in continuing professional development opportunities by keeping up to date with evidence-based knowledge and competence in all aspects of their role, meeting clinical governance guidelines for CPD, and
4. Is working under supervision of a registered CCT GP as part of the medical team, to deliver the key responsibilities outlined in the key roles section below.

The successful candidate will:

1. Provide first point of contact care for patients presenting with undifferentiated, undiagnosed problems by utilising history-taking, physical examinations and clinical decision-making skills to establish a working diagnosis and management plan in partnership with the patient (and their carers where applicable) in accordance with the local scope of practice (see 'clinical governance')[13];
2. Support the management of patients' conditions through offering specialised clinics following appropriate training including (but not limited to) family planning, baby checks, COPD, asthma, diabetes, minor surgery and anticoagulation;
3. Provide health promotion and disease prevention advice, alongside analysing and actioning diagnostic test results;
4. Develop integrated patient-centred care working with the wider primary care multi-disciplinary team and social care networks;
5. Utilise clinical guidelines and promote evidence-based practice and partake in clinical audits, significant event reviews and other research and analysis tasks;
6. Participate in duty rotas; undertaking face-to-face, telephone, and online consultations for emergency or routine problems as determined by the PCN, including management of patients with long-term conditions;
7. Undertake home visits when required; and
8. Develop and agree a personal development plan (PDP) utilising a reflective approach to practice, operating under appropriate clinical supervision.



As with all clinical employees, it is expected that they have been reviewed by and met Occupational Health standards and completed an Enhanced DBS check. Further governance is detailed below.

## **Pay Scales**

NHS Employers detail Agenda for Change (AfC) pay scales for Physician Associates working in NHS Trusts starting at band 7. However, General Practice often does not officially align with AfC but should be aware of AfC banding as a guide to help identify a starting point for newly qualified PAs and ensure they are offering parity of remuneration for PAs in General Practice versus secondary care[13,14].

Pay progression for clinical roles is explained in more detail by NHS Employers.

The pay for PAs in primary care is determined by several factors. Firstly, pay progression within and between bands is largely based on experience. Newly qualified PAs start at the lower end of the scale, with potential for annual increments within their band. The specific duties and responsibilities assigned to a PA can influence their pay band. PAs taking on a more complex or specialised role, or those with additional managerial duties, may be placed in a higher band. Pay can also vary based on geographical location, with adjustments for cost of living in different parts of the UK.



## Clinical Governance

To help GP employers standardise the minimal requirements expected in practice, please refer to CQC 'Guidance for Physician Associates in General Practice' [15]. Specific details are outlined below.

### Induction

An effective induction cannot be underestimated and is an essential part of welcoming new employees to the workplace. The PA will need to take an active part in the induction making sure it meets their needs. At the end of a successful clinical induction, the PA should:

- Have met and shadowed their key colleagues and met the broader MDT.
- Be able to find their way around the workplace and have information that allows them to understand the context of their working environment including IT system navigation training and access to local clinical guidelines, online platforms, and registration for local training events such as Protected Learning Time (PLT) in General Practice. They will also require time for workplace mandatory training.
- Have a clear understanding of the requirements and expectations of the role and the wider contractual expectations such as clinical and education supervision, workplace policies and procedures and any relevant Standard Operating Procedures (SOPs) e.g., for prescribing and ordering ionising radiation and signing medical notes. In accordance with the job plan, there may be additional training and policies around home visits, care home ward rounds, clinical procedures etc.
- Identify any training and development needs to carry out the role effectively and confirm contact details for the education supervisor for a formal preceptorship and/or training needs analysis
- Know what is expected of them and the way in which their work will be monitored including scheduled meetings with their named clinical supervisor and development of a job plan.
- It is likely that the clinical induction will sit alongside the normal corporate induction which will introduce the PA to non-clinical policies and procedures such as HR, culture, facilities, compliance, benefits and may include generic mandatory training such as fire safety, health and safety etc. [16].

An induction of 2-4 weeks ensures that the employee has a good understanding of their role and for communication within the workplace (especially if this is a new role in the surgery or department). There must also be time to build relationships with clinical and education supervisors and to align expectations of supervision and education therein.



Additionally, introducing the employee in team meetings and explaining the role and its integration into the wider team, will help team members understand how and where the PA is working and the clinical and non-clinical responsibilities. If the PA is employed by a PCN or is working across sites, the induction period may need to be longer to ensure this process is applied at all sites.

The probation period is considered part of the induction period. This, whether at 3 or 6 months is the opportunity to check in on performance and agree on any further support with a programme of timed goals. A review of the job plan at this point is also recommended[17].

### **Learning Needs Analysis**

Undertaking an assessment of the PA's knowledge as soon as they start in post is essential. There are tools that can be used to help establish the development plan and associated job plan such as the Curriculum Framework for the Physician Associate[9], a simple self-rate form can be utilised by the PA to assess themselves against the curriculum which can be updated throughout their employment as required. This can be used alongside regular correspondence between a PA and their supervisor to ensure the development plan remains a dynamic living document.

### **Mandatory Training**

Mandatory Training for clinical staff will be determined by the area in which the PA is working, their role and responsibilities and the needs of the service users: The minimum recommended clinical, mandatory training requirements are listed below:

- Adult/Child safeguarding – level 2 & 3
- Training to support autistic people and people with a learning disability – as determined by the Health & Care Act 2022 Oliver McGowan Training online eLfH module is available The Oliver McGowan Mandatory Training on Learning Disability and Autism – e-learning for healthcare ([e-lfh.org.uk](http://e-lfh.org.uk))
- Basic Life Support
- Infection Control – Level 1
- Mental Capacity Act and Deprivation of Liberty safeguards - Level 1
- Information Governance including GDPR, Data Security
- Manual Handling
- Diversity and Inclusion
- PREVENT
- SEPSIS Awareness
- Managing Conflict

These modules are England specific, equivalent modules are available in the devolved nations.

## Access to Clinical / IT Systems

The PA should have access to all relevant IT systems to fulfil the expectations of their job. This will include the following:

- Main IT system for patient notes e.g. System One, EMIS and SMART Card

There are many free online training courses for both systems. Consider setting cases for the new starter to navigate the system using a 'dummy patient'.

Other systems access includes:

- NHS.net email address for secure communication
- Administration system – access to patient documents, letters etc. e.g. DOCMAN
- Patient contact system – text and email patient directly e.g. AccuRX
- Appointment slot configuration set to 'PA'
- Other (as required)

Please note that on the clinical system the PA should NOT be able to authorise prescriptions but may be able to add them to the system to be reviewed and signed by a prescriber (see prescribing section).

## Physician Associate Specific Governance

The practice will have its own governance framework in place in addition to supporting policies and procedures. Please note:

- PAs are required to have a GP clinical supervisor.
- PAs are responsible and accountable for their practice, but answerable to the general practitioner and subsequent clinical governance structures within the practice[19].
- Currently PAs cannot prescribe medications or request ionising radiation. It is up to practices to have SOPs for arranging prescriptions in place to manage this and support the PA to carry out their duties safely and effectively. Requisition of ionising radiation can be in the PA's name and signed by the GP; this way the results can be returned to the PA to interpret as appropriate (subject to local radiology guidelines and requirements).
- Ensure pre-employment checks are carried out. It is strongly advised for GP practices to check that candidates appear on the Physician Associate Managed Voluntary Register (PAMVR) /GMC register. All Physician Associates listed on the PAMVR /GMC registered have successfully completed an HEI programme of study and have passed the PA National Exam. It is advisable to only employ PAs who appear on this list prior to GMC statutory regulation commencing 13th December 2024.

### Arranging Prescriptions – electronic/written

Both the FPA and NHSE have reaffirmed and described the prescribing capacity of Physician Associates in the UK[20,21]. In the document “Faculty of Physician Associates – ensuring safe and effective integration of physician associates into the clinical workforce” the FPA states:

“PAs are NOT legally able to prescribe medicines”.

As part of a PA's pre-qualification training, all student PAs are expected to learn how to ‘determine and propose appropriate therapeutic interventions from the full range of available prescription medications’ and ‘write accurate and legible prescriptions in out-patient, in-patient and General Practice setting for review and signature by a supervising clinician.’ PAs should have access to both national and local prescribing guidance.

The GMC Good Medical Practice has clear guidance for doctors around prescribing at the recommendation of a colleague. Doctors ‘must be satisfied that the prescription is needed, appropriate for the patient and within the limits of [their] competence’. Doctors may ‘delegate the assessment of a patient's suitability for a medicine’, but that they must be ‘satisfied that the person you delegate to has the qualifications, experience, knowledge and skills to make the assessment. The doctor ‘will be responsible for any prescription [they] sign.’

Additionally, it is recommended that people who are qualified to supply or prescribe medicines gained from a previous healthcare professional role (e.g. registered nurse or paramedic with independent prescriber status) do not use these responsibilities when practising as a PA.

### **Patient Group Direction**

As noted above, “The professional body is clear regarding administering medication to patient groups in that ‘PAs are currently unable to administer medication via a patient group direction (PGD) and this will not change immediately post regulation, as it requires a change to the Human Medicines Regulations”[22].

All healthcare professionals advising on immunisations or administering vaccines should receive appropriate training including recognition and treatment of anaphylaxis. For PAs, vaccines/immunisations would need to be prescribed as per patient specific direction as above and PAs cannot legally administer vaccinations/immunisations via patient group directions[22]. All PAs should be familiar with ‘immunisations against infectious disease’ -Green Book[23]

### **Imaging & Ionising Radiation**

In 2024, the Royal College of Radiology, reaffirmed advice that non-regulated professionals should not be ordering ionising radiation examinations. This includes but is not limited to, X-rays, CT and nuclear imaging[24].

The employer’s local governance must have a policy and SOP for requisition of imaging for PAs prior to regulation and IR(ME)R training.

**\*\*[IR(ME)R: Ionising Radiation (Medical Exposure) Regulations]**

### **Medical Notes**

Currently Physician Associates cannot sign ‘fit notes’ (Med3 forms).

For patients who require a fit note; as with a defined SOP for prescribing or ionising radiation requests, the request for medical note to be signed by the supervising GP after the PA has assessed the patient would be required. It is the responsibility of the GP to review the notes prior to signing documentation.

## Supervision of Physician Associates in General Practice

In any clinical organisation, defining an appropriate structure for the supervision of individuals within a team is essential to ensuring safe practice[25]. Physician Associates are no different in this regard, and whilst responsible for their own decision-making and actions[26], require access to an appropriate supervision[27]. The exact arrangements can be flexible and will be derived by virtue of the individual PA's experience[28], the size and configuration of the organisation, and the type of activity being undertaken. It is strongly recommended that the supervisor has therefore undertaken formal training in education and supervision.

For newly qualified PAs undertaking a Preceptorship Programme\* (See 'Preceptorship' section) the requirements for supervision are quite clearly defined and are designed to support the individual's successful introduction into General Practice.

Supervision can be divided into two roles that can be delivered by one individual if such an arrangement is operationally appropriate:

### Clinical Supervision

- On-the-day point of contact, often the Duty Doctor but can be a GP assigned to supervision of colleagues. It is the PAs responsibility to identify where uncertainty exists or where a situation falls outside of their core knowledge and competencies[29]. In that situation the PA has an obligation to seek advice from a qualified GP, and it follows that the organisation has an obligation to ensure a structure is in place where that advice can be obtained in a timely fashion either in person or remotely. The supervisor will maintain an overview of the work being undertaken (remaining in control of patient management[30]) but is not responsible or accountable for patient management where the PA has not sought advice or prescription[19].

### Educational Supervisor

- A named GMC registered doctor who takes overall responsibility for the line management and practice of an individual PA, likely in collaboration with the practice management team which may include a Lead PA. The Educational Supervisor is usually a partner or senior GP who is in a permanent lead position and will conduct appraisals and review clinical supervision and support. A monthly supervision meeting is recommended to discuss case reviews, audits or other clinical or non-clinical work. Although not aimed at PAs, there are sufficient parallels in the HEE document 'Enhancing Supervision for Postgraduate Doctors in Training[31] for it to act as a useful model in understanding the context of how PAs should be supervised within a clinical team.

Additionally, HEE 'Standards in supervision' details an overview of expectations for excellent supervision compared with that which is 'below expected'[32].



Over time, the degree of supervision will vary depending on the supervisor's assessment of the PA's knowledge and skills. Best practice is for regular debriefing of the PA's case load, and this can take various forms depending on the type of activity being undertaken, and again, on skills and experience and is similar to that which would be undertaken for GP training.

For more experienced PAs the debrief could take place as a noted review by the supervising doctor, with comments and feedback provided electronically. In practice this can take the form of an electronic task sent to the supervising doctor which has the benefit of creating an audit trail, which helps demonstrate effective supervision, with debriefing sessions reserved for more complex and difficult cases.

PAs should also be expected to present particularly interesting or challenging cases at practice MDT meetings and should become experienced in presenting succinctly and seeking feedback from the wider clinical team. Formal review and appraisal should be recorded in the PA's e-portfolio.

### **Practice Arrangements for Supervision**

It is notable that where advice is given, the PA retains responsibility for their own decisions and judgement and is responsible for providing accurate information to the individual from whom they are asking advice[33], and for implementing the advice received. The clinician providing advice is responsible for the advice they give, and where doubt exists is responsible for arranging for that patient to be further reviewed[34].

Many practices already provide this function through a 'Duty Doctor' system or supervising GP role. In larger practices with substantial and well-established multidisciplinary teams the GP may well not be consulting with patients directly and will be involved solely in providing supervision to the wider team. However, particularly in smaller practices, or where the GP is providing direct patient care in addition to supervisory activities, it is important that the burden of supervision and expanded clinical decision-making is adequately reflected[35,36] within the GP's work plan so that there is sufficient time to give high quality, safe, advice without adding to stress or clinical risk.

A proposed, most appropriate way of balancing the need to provide supervision with direct patient care is to include dedicated time for this type of activity, distributed throughout the Supervising Doctor's clinic template. The National Slot Type Categories[37] allow practices to reflect this activity using the category of 'Practice – Admin & Staff Activities – Providing training / mentoring / supervision'. The number and type of these slots will be contingent on the number of staff likely to require advice at any given time.

## Developing Safe Supervision

It is essential to give careful thought to how these roles will work within the context of an individual practice, giving consideration both to the needs of PAs themselves, the named Clinical Supervisor, and those providing clinical support. This is particularly true for practices where PAs, Advanced Nurse Practitioners (ANPs), Paramedics, Advanced Clinical Practitioners (ACPs) and others are a relatively new development, often by virtue of the transition to Modern General Practice facilitated via the Network Contract DES ARRS scheme where applicable. In such cases, further training should be provided, a useful starting point is the short course 'Supervision for Multi-Professional Teams' available via e-Learning for Health[38] or the RCGPs 'Multidisciplinary Team Working Toolkit'[39].

## Scope of Practice

The Physician Associate curriculum is the scope of practice upon qualification. In 2012, the Competence and Curriculum Framework (CCF) and the running of the PAMVR was held by 'UK Association of Physician Assistants', (now the Faculty of Physician Associates). The CCF set out expectations of PA educational programmes and those of the placement providers. The CCF recognised the requirement of the HEI to ensure all students undertake the minimum hours in clinical learning (practice and simulation) over a 90-week period and included Community Medicine, General Hospital Medicine, Acute Medicine, Mental Health, General Surgery, Obstetrics and Gynaecology and Paediatrics.

The Physician Associate Registration Assessment (PARA) will replace the Physician Associate National Examination (PANE) in January 2025. As a move from PANE to PARA, the curriculum was updated to achieve a set of core learning outcomes for PA's and Anaesthesia Associates (AA), combined with a specific PARA curriculum which supersedes the CCF matrix.

The educational standards of the HEI's are overseen by the PA Schools Council (PASC). PASC members have moved to the latest (2022) GMC/FPA curriculum in the past 2 years.

An individual's scope of practice upon employment will build on their graduate level and will be based on local needs, will have been agreed by the PA and their Education Supervisor and will naturally evolve over time. Of note, it is important that this evolution is evidenced by CPD and recorded in the PA's portfolio, development plan and job plan. It is good practice therefore to have regular meetings with the Education Supervisor to facilitate this process.

## Extended Skills

A PAs skill set is not limited to those obtained as a student. As a PA develops, so will their skills. These skills will vary between PAs as they evolve to fit the needs of their chosen specialty.



Extended skills should be evidenced in portfolios, this could be through training course certificates (for example, Advanced Life Support), or through competency assessments (e.g., Direct Observation of Procedural Skills - DOPS, Case-Based Discussion - CBD, Mini-Clinical Evaluation Exercise - Mini-CEX). Often the skills or course provider will assess competency upon completion and assessment and will outline standards for future revalidation.

Employers may establish specific protocols for validating these skills if not explicit by the course provider or if in-house teaching is provided; such as requiring a minimum number of successful DOPS assessments to demonstrate competence in performing a procedure without direct supervision. Such protocols are to be determined at a local level. It must be noted that if a PA is utilising their extended practice within clinic; there must be a GP supervisor accessible who is able to supervise within the same scope.

## **Job Plan**

In common with other NHS clinical professionals, to be deployed effectively, it is essential to give careful thought to how a PA will contribute to a multidisciplinary team.

A job plan comprises at least:

- A timetable of activities
- A summary of the type of session (for example on-call, acute patients, chronic disease management etc)
- A summary of non-patient-facing activities/duties
- The supervision arrangements in place for each session
- Any other duties

There are not any specific restrictions around the configuration of a PA's job plan as each should be individualised to the needs of the person and organisation. Most clinical staff usually prefer a mix of activities to ensure variety and to manage stress. The job planning process is not fixed and can be amended to suit the organisation and individual as needed if agreed mutually following employment law.

# Development

## Continuing Professional Development (CPD)

At present, a PA must complete 50 hours of CPD per year within the minimum of 18 core areas to demonstrate that they are able to maintain the required knowledge and skills to work as a competent, safe, and effective PA, and remain on the PAMVR/GMC register. This equates to 250 hours over a five-year period. Further information on CPD can be found within the FPA document ‘Guidance for continuing professional development (CPD) for physician associates[40]’.

## Workplace-Based Assessments and Appraisal

In July 2019, Health Education England, alongside Royal College and faculty partners, established common standards for CPD, assessment and appraisal[42]. This guidance was created to enable PAs, with the support of employers, to plan, institute, maintain and evidence their ongoing clinical, academic, and professional learning to common standards via their commitment to their professional development. At the time, this guidance was also supported by a personal and professional toolkit which included annual recommendations for workplace-based assessments[41]:

Assessment		Recommendation of minimum numbers per year	Numbers of assessments obtained in 1 year
CBDs	Total of 10 per year, with even distribution	4	
Mini-CEXs		3	
DOPS		3	

CBD = Case based discussions; DOPS = direct observation of procedural skills; Mini-CEXs = Mini clinical evaluation exercises

These documents are no longer hosted on the FPA website, following the launch of the e-Portfolio. However, in the absence of further guidance on workplace-based assessments, it would be reasonable to follow these recommendations to evidence further knowledge, skills, education and training.

Clinical appraisal should include (but not limited to) review of clinical notes from previous discussions and/or more formally as a clinical note audit. This will also contribute to review of the development and job plan. The appraisal should also include review of patient feedback and colleague feedback (360), learning need events, significant events, CPD and revalidation, supervision and well-being.

## Preceptorships

Preceptorship is a structured start for newly registered Physician Associates. The main aim is to welcome and integrate newly registered practitioners into the MDT and place of work. Preceptorship helps professionals to translate and embed their knowledge into everyday practice, grow in confidence and have the best possible start to their careers. Preceptorship is not designed to replace appraisals or be a substitute for a formal induction and mandatory training.

The progression from student to accountable practitioner is known to be challenging. The core purpose and expected outcome of preceptorship is improved retention for newly registered PAs and providing support for clinical supervisors and the wider team. It is recommended therefore that newly registered PAs complete at least ONE year preceptorship after qualification. The availability of preceptorship programmes will depend on geographical area and Trust or Training Hub.

### General Practice Preceptorships

NHSE-funded preceptorships in general practice are also open to PAs who are taking up a new post in general practice since qualifying. The funding is currently £5000 and providers must meet contractual NHSE Primary Care Preceptorship Year guidance criteria to ensure appropriate and diverse training is provided.

The general practice preceptorship funding and suggested programme aims to provide invaluable support for the PA and employer and includes both clinical and educational components such as (not limited to):

- Provision of weekly education
- Access to supervision(s) to support professional development and portfolio-based assessments
- Access to a trained mentor
- A suitable induction period
- Approved structured development plan
- Defined job plan

A structured programme is often delivered or overseen by the local Training Hub and/or PA Ambassador in partnership with primary care education providers[42].

### Supervision During the Preceptorship

The requirement for both clinical and education supervision is exactly the same as for any newly qualified PA however the contract with NHSE stipulated defined points of review, provision of time and method for education and work-based assessments and often if the PA joins a preceptorship programme, the contact points for all supervision is well defined during the year(s). Additionally, PAs on a preceptorship have time in ONE practice to help build supervisor/supervisee relationships and embed into the general practice environment[42,43].

## Revalidation

Until March 2023 PAs were also required to pass a recertification exam every 5-6 years to remain on the PAMVR. In anticipation of registration with the GMC a decision was made to move towards a revalidation model instead. This model mirrors the six categories required by doctors[44]:

- Continuing professional development
- Complaints and compliments
- Feedback from colleagues
- Feedback from patients
- Quality improvement activity
- Significant events.

## ePortfolio

All PAs must continue to log 50 hours of CPD annually. As with many clinical professionals, use of an ePortfolio is preferable to log evidence for:

- Annual appraisals
- Workplace-based assessments
- Reflections
- Colleague and patient feedback
- Personal development plans


Upon transfer of PAs from the PAMVR to the GMC register, the requirement to log evidence of CPD, revalidation documentation and appraisal will continue. There are several different portfolio providers, the choice of which may depend on the employer or PA.

## Indemnity – GMC Guidance & UMAPS Statement

The GMC has stated that in order to register, applicants must demonstrate they “have adequate and appropriate insurance or indemnity arrangements in place, covering all areas of practice”[45]. This means that, like doctors, there is an ability for PAs to practice utilising a letter stating they are covered by CNST/CNSGP/GMPI indemnity without the need for additional Insurance or Indemnity.

However, UMAPs, the professional association protecting the employment rights of MAPs across the country is currently laying out it’s indemnity position. Due to the current operating environment for PAs in both general practice and secondary/tertiary care, it is imperative that PAs take out additional cover to enhance their protection through the form of indemnity or insurance; it is especially important that PAs make sure their indemnity/insurance provides contingency indemnity.

Advice to employers from UMAPs states that it would be best practice for PAs to be added to the group indemnity the employer may already have if appropriate to the PA role. However, employers may wish to allow PAs to work with a PA specialist indemnifier/insurer - in which case may consider/explore reimbursement for the PA.



In the context of organisations creating uncertainty around whether indemnifiers will protect MAP employers, for employers to utilise MAPs at the top of their skill set, please contact us to help refer you to defence organisations who support the contribution and scope MAPs can bring to the MDT.

### **Fitness to Practice**

Following statutory regulation, the Fitness to Practice guidelines currently held by the FPA will be superseded by the GMC requirements as set out in GMC – Good Medical Practice 2023[46].

The current Code of Conduct along with the PAMVR aims to set out the guiding ethical, moral principles and values that physician associates are expected to apply in their daily practice until statutory regulation and details conduct around physician delegation. The Code of Conduct[29] for Physician Associates is supported and informed by the four domains of the GMCs Good Medical Practice which define the principles that underpin what makes a good medical professional and which are reviewed at medical appraisal: outlined below:

Domain 1: Knowledge, Skills and Development

Domain 2: Patients, Partnership and Communication

Domain 3: Colleagues, Culture and Safety

Domain 4: Trust and Professionalism.

## Training Student Physician Associates

All HEI programmes include experiential learning in the form of clinical placements and all programmes are subject to the GMC's quality assurance processes. PA students are expected to develop their clinical competence throughout their training, particularly through attending their clinical placements. Initially, it is expected that PA students will spend some time in a strictly observational role (level 1) and will move to performing directly supervised tasks (level 2) before progressing to perform tasks with indirect supervision (level 3)[47]. Despite the level of supervision required, all patient care must be reviewed by the supervising named doctor.

Levels of Clinical Supervision for PA students	
Level 1	<b>Observation only</b> No provision of clinical care
Level 2	<b>Acting with direct supervision</b> The PA student may provide shared clinical care, but the supervising doctor or healthcare professional is physically within the same clinical area, observing the student's activity and available to provide immediate assistance if required. All patients must be presented to and reviewed by the doctor or healthcare professional
Level 3	<b>Acting with indirect supervision</b> The PA student may provide clinical care when the supervising doctor or healthcare professional is not physically in the same immediate clinical area but is available, as required, to provide direct supervision. All patients of a PA student must be presented to and reviewed by the doctor or healthcare professional

Table 1: Levels of Clinical Supervision for PA Students – adapted from [47].



Practical Skills	Emergency Management
<ul style="list-style-type: none"> <li>• Arterial blood gas sampling</li> <li>• Cannulation</li> <li>• Capillary blood glucose monitoring</li> <li>• Catheterisation (male and female)</li> <li>• Peak flow/spirometry</li> <li>• Handwashing</li> <li>• Intramuscular and subcutaneous injection</li> <li>• Manual handling of patients</li> <li>• Nasogastric tube insertion</li> <li>• ENT and skin swabs</li> <li>• Performing an ECG</li> <li>• Preparing IV drugs</li> <li>• Scrubbing, gloving, and gowning and use of PPE</li> <li>• Speculum examination</li> <li>• Sterile fields and blood cultures</li> <li>• Suturing (single interrupted suture for skin)</li> <li>• Urinalysis (including pregnancy testing) and interpretation</li> <li>• Venepuncture</li> <li>• Wound care and dressings</li> </ul>	<ul style="list-style-type: none"> <li>• ABCDE approach to a sick patient</li> <li>• Applying oxygen and nebulisers</li> <li>• BLS (adults and children)</li> <li>• First aid</li> <li>• Fluid resuscitation in shock (e.g. blood loss)</li> <li>• Initial seizure management</li> <li>• Intermediate life support</li> <li>• Airway management, simple arrhythmia recognition and management</li> <li>• Managing electrolyte disturbance (eg hyperkalaemia or hypoglycaemia)</li> <li>• Recognition and reversal of poisoning</li> <li>• Sepsis management</li> <li>• SIMMAN scenarios</li> </ul>

Table 2: Practical Skills and Emergency Management for PA Students – adapted from [48].

## Tariffs and Funding

Since June 2017, a single, national funding model for Physician Associates has been in place and funding is available to all NHS Commissioned services[49].

If your practice is interested in supporting PA students in offering clinical placement, it is often most useful to get in contact with their local training hub or directly with the local HEI to discuss placement dates and expectations. It is notable that practices who regularly host PA students have often very successfully recruited PAs within their practice.



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**UMAPs Ltd**

Windsor House Troon Way Business Centre  
Humberstone Lane  
Leicester  
United Kingdom  
LE4 9HA

[umaps.org.uk](http://umaps.org.uk)  
[info@umaps.org.uk](mailto:info@umaps.org.uk)

[cmaps.org.uk](http://cmaps.org.uk)  
[info@cmaps.org.uk](mailto:info@cmaps.org.uk)

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