

Physician Associate Graduate Preceptorship Guidance

Professor John Howard

Health Education England (HEE) Funding for Physician Associates Preceptorships for new PA graduates in Primary Care

1.0 Introduction

1.1 The NHS England GP Forward View and HEE's Primary Care Commission both recognised the requirement for a wider clinical workforce in primary care to support service transformation. This is needed due to the unprecedented challenges facing the NHS, including the increase in complex co-morbidity in an aging population, limited resources and an aging clinical workforce.

1.2 As a result of the limited number of general practitioners and nurses available to general practice HEE was set a mandate target of ensuring that there were 1000 physician associates working in primary care by 2020, in parallel with the requirement to achieve an additional 5000 doctors working in primary care by the same date. Previously each HEE Local Office has set its own workforce plans and funding frameworks for PA courses have not been consistent.

1.3 To support this target HEE has introduced a new national funding framework for universities offering physician associate diploma/masters courses for cohorts entering from January 2018 in England. The framework incentivises PAs to go in to general practice as new graduate but also supports secondary care placements. Across the 2 year programme:

- the clinical time in general practice will increase from 180hrs to a maximum of 510hrs
- Primary care placement fees have been raised to match undergraduate payments, i.e. £6516 per programme plus market forces factor
- Secondary care placements are paid at the non-medical tariff, i.e. £3112 per programme plus market forces factor
- Each student has a £5000 study support payment paid to the University in addition to their graduate loan for Masters programmes
- If a PA student contracts to work in primary care on qualification, they also attract an additional £5000 payment to the employer for a preceptorship year

2.0 PAs and Preceptorship

2.1 The concept of a preceptor year is increasingly used across clinical professions to support the development of both clinical and professional skills in complex clinical environments. Having completed their pre-registration education, support for new graduates on entry in to the workforce has been demonstrated to enhance confidence and competence, providing a bridge between the supervision of the pre-registration learner and the mature clinician.

2.2 There is a dedicated general practice page under the employer's section of the [Faculty of Physician Associates website](#) :

<http://www.fparcp.co.uk/employers/pas-in-general-practice>

This includes answers to specific frequently asked questions about PAs working in general practice and includes new graduate support and preceptorships.

2.3 **Clinical supervision** is a well understood role which is a key part of a preceptorship. The responsibility for providing this appropriately rests with the employer. Supervisors should be trained and formally recognised through local educational governance systems. Given the small number of established PAs in practice and the current structure of general practice, most clinical supervisors will not be PAs but general practitioners. Inter-professional supervision will reliably produce clinical development; but in order to develop mature clinicians who will make up the local Faculty of PAs support for individual professional development will also be required. Neither the practice or the new PA may have seen the PA role developed professionally within general practice before.

2.4 Local professional support can best be provided through a senior PA in the locality acting as a **Mentor** for the PA preceptee. There are a variety of definitions of a mentor. Essentially the role is an experienced guide who will usually have professional connections to the PA Faculty locally and nationally with the ability to guide the new PA on professional matters. This is usually a more long term relationship than the specific role of the clinical supervisor during the preceptorship year. The mentor will provide pastoral and professional support outside the clinical relationship. The mentor could be a local PA ambassador, someone in the university or within the Faculty. This has been a very positive feature of pilot schemes (e.g. Yorkshire and the Humber) and is good educational practice. The mentor needs to be available for support, exact arrangements can be defined in local areas.

2.5 Both the supervisor and the placement site as a clinical learning environment will require formal approval of their status in accordance with current national educational governance. This not only protects the supervisors by facilitating compliance with accepted practice but equips them to use their practice as a learning environment and their supervisory skills for other learners, directly contributing to the development of the primary care workforce. The mentor by comparison does not have an accepted national framework and does not need formal approval.

2.6 The clinical supervisor will ensure they are indemnified for their educational role through their usual medical indemnity policy and provider.

3.0 HEE National Criteria for PA Preceptorship programmes in primary care which attract £5000 programme support

3.1 Criteria

The following are a list of criteria to be met by PA preceptorship programmes to attract the additional £5000 support funding when employed in primary care:

1. The preceptorship programme **will be undertaken for a minimum of a 1 year** (Whole time equivalent)
2. Open to all PAs commencing a programme in the **year after first gaining registration on the national register**
3. Normally the preceptorship programme will be wholly in primary care, but a **minimum of 50% or 6 months' full time equivalent in any rotation of placements should be in primary care**
4. The weekly timetable should include at least **1 dedicated session for education**
5. Placements should have an **educationally approved primary care clinical supervisor** who is reasonably available
6. The programme should have a **mentor** available from an appropriate education organiser (e.g. HEI, HEE, TH) and describe a process for preceptees to feed back on their programme

7. The preceptor should have an **induction** period, an induction meeting with their supervisor, a mid-point and an end of programme review with their supervisor
8. The programme should use suitable supportive **records of the preceptor's progress**, for example FPA's first year guidance
9. The preceptor should take part in the employer's **annual appraisal** system
10. Access to a professional **development programme** from a local HEI or equivalent should be available which will include alumni activity
11. The preceptorship programme should enable the post-holder to engage in multi-professional learning activities
12. Where the post-holder's objectives include a further course of study, this should usually be funded from the support payment. This could be up to the cost of a postgraduate certificate qualification if appropriate for the preceptor and the service context; this funding should be used flexibly to meet the needs of the preceptor
13. Individual post-holders will be expected to complete and maintain all the requirements of the **UK PA managed voluntary register (PAMVR)**
14. Ideally the preceptorship programme will set out **expected outcomes for the preceptor** in the form of competence acquisition or a brief curriculum which may be locally derived but based on established national guidance, e.g. the FPA guidance

3.2 Process

It is recommended **new preceptorship programmes** should be developed in consultation with Training Hubs, new registrants and local PA course providers.

The process for payment will be:

1. Employers draw up draft preceptorship programmes based on the criteria and guidance to include supervision and education costs (education costs agreed with local HEI / equivalent provider(s))
2. This is shared with the local Training Hub to ensure alignment of the preceptor programme from an educational and governance perspective across STP/ local office areas
3. The local Training Hub notifies the HEE Local PA/primary care lead when an appropriate preceptorship package has been received and approved
4. The additional £5000 student support package is administered via the local training hub paying the employer and HEI/equivalent provider
5. Local Training Hubs will collate preceptorship programme details against the criteria and will administer the formal national evaluation process of actual vs expected outcomes
6. The evaluation will be managed nationally by arrangement with HEE's central primary care team

The HEE local office lead for PAs and the local GP Director will provide support to Training Hubs should there be any concerns raised arising from the development of preceptorships. Where there is disagreement between a Training Hub and a preceptorship provider, the PA local lead and the GP Director will jointly provide arbitration; their decision will be final.

4.0 The future of PA preceptorships

4.1 As physician associate numbers in all sectors increase and university courses continue to develop, there will be a need for the development of a local PA educator faculty. PAs will

wish to support a professional infrastructure for the PA role to feed in to CPD provision in the locality, supporting placement development, mentoring junior colleagues and developing inter-professional learning. It is hoped that practices and PAs taking part in the preceptorship scheme will recognise this need and allow PA preceptees to engage with universities and Training Hubs to ensure infrastructure development for the profession.

4.2 HEE's national primary care team is developing a prospective evaluation of the preceptorship programme from 2018 onwards. This will be an evaluation of the preceptorship programme, not an evaluation of the role of the PA in general practice which has been reviewed elsewhere. It is anticipated that the evaluation will collect data on:

- Clinical and professional confidence
- Clinical and professional competence
- Transition in to the service provision role

4.3 The evaluation is likely to include a baseline confidence assessment on clinical knowledge and skills with a "self-efficacy" assessment; a mid-point "self-efficacy" assessment and an end-point clinical confidence and "self-efficacy" assessment with parallel questionnaires for the GP supervisor and/or the practice manager. These will be developed as Bristol on-line surveys through the national team so that data can be collected in real time without excess workload; completion will be a condition of receipt of funding. Anonymised collated results will be available to local HEE PA leads and Training Hubs.

4.4 Finally, PA preceptorships should be the commencement of life-long post-registration learning which will support the five-yearly re-licensing requirements of the Faculty of Physicians Associates. It is expected that Training Hubs and universities will as part of the professional infrastructure developments described above support the emergence of uni- and inter-professional educational programmes to this end.

5.0 Appendices – further useful information

There are plans to develop a similar 'working in primary care' section on the Faculty student page:

<http://www.fparcp.co.uk/pa-students>

to help raise awareness of the benefits of working in general practice. Partner websites such as the BMA contains general information:

<https://www.bma.org.uk/collective-voice/policy-and-research/education-training-and-workforce/physician-associates-in-the-uk>

Further information about preceptorships is available on the NHS employers website:

<http://www.nhsemployers.org/your-workforce/plan/education-and-training/preceptorships-for-newly-qualified-staff>

The UK Association of Physicians Associates guide to the first year for a registrant is here:



PA internship first
year of practice.pdf

Helpful multi-professional guidance is contained at:

<https://www.hee.nhs.uk/our-work/preceptorships>

https://heeoee.hee.nhs.uk/wps/norfolk_preceptorship



West Midlands HEE
Multi-professional Pre

An existing preceptorship programme is the Staffordshire Moorlands programme. This also includes rotational placements:

<https://www.nsgpfed.org.uk/projects/staffordshire-physician-associate-internship/>