



# **GP Supervisor and Physician Associate Guide**

**A step by step handbook for the first  
year in general practice**

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## Introduction

This document is intended to be used as guidance. Adapt as appropriate for your practice. As the role of a physician associate working in primary care is relatively new the intention is to provide you with information to help you through the initial year of the recruitment/implementation process.

You'll find a range of information for employers – local contacts, frequently asked questions and downloadable templates on the Faculty of Physician Associates website [www.fparcp.co.uk/pas-in-general-practice](http://www.fparcp.co.uk/pas-in-general-practice)

The aim of introducing the physician associate (PA) profession into the UK was to produce a generalist healthcare professional who could deliver medical care in partnership with and under the supervision of a doctor. The career structure and development since the introduction of PAs in the UK has been organic and deliberately non-prescriptive to allow for workforce innovation and the ability for organisations to be responsive to local healthcare needs. The career development for the PA has been described as a flat career structure but this does not mean that physician associates do not progress, it is just not described in the same way as other healthcare professional groups.

As a dependent practitioner PAs will always work under the supervision of and in conjunction with doctors as part of the medical team. All PAs must undertake the Physician Associate National Examination to enter professional practice. This is a competency and safety examination which tests that PAs have reached the required national standard of skills and knowledge to be able to deliver service at a safe and competent level with appropriate support and supervision as required.

The Competence and Curriculum Framework (CCF) can be found on the Faculty of Physician Associates (FPA) website <https://www.fparcp.co.uk/employers/guidance>

Currently most PA careers develop laterally. After 5–7 years, some will be classed as senior PAs. Career progression is more closely aligned with the advancement of their knowledge and skills in practice and over time, a PA is likely to see increasingly complex patients and take on more responsibility. PAs may also be offered management roles, for example in leading audit or service development or taking responsibility for coordination and mentorship of students or new members of the team. Many PAs are involved in activities related to PA education and this should be encouraged.

## Considerations for the physician associate in general practice

The practice will have researched, discussed and agreed what role the PA will undertake for the practice to maximise the use of the post. The practice will then have an understanding of the education, supervision and support that PA will require. This will help to determine the job plan going forward.

PAs in general practice can undertake a variety of jobs. They are trained in the medical model and can assess, manage and treat patients of all ages with a variety of acute undifferentiated and chronic conditions.

They are able to teach and supervise students. As well as seeing patients presenting with acute/same-day problems and offer rebooked appointments. PAs are able to:

- triage patients
- carry out telephone consultations
- make referrals, review and act on laboratory results
- carry out home visits or visit nursing and residential homes.

Some PAs offer specialised clinics following appropriate training, including (but not exclusively):

- family planning
- baby checks
- COPD, asthma, diabetes and anticoagulation.

All PAs are trained to be aware of the level of their clinical competence and to work within their limits accordingly. Newly qualified PAs can see the range of patients that present to general practice but initially they may need more supervision and support. The level of support and supervision required should lessen over time as the PA grows in confidence, knowledge and skills. As PAs become more experienced, they can take on a wide range of activities including service design and development, become clinical placement leads for students, undertake minor operations and becoming involved in practice-wide education and quality improvement projects.

## **Governance**

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

### **Please note:**

- As PAs practice medicine, they are required to have a clinical supervisor who is trained and qualified to complete a required task for example, a practice nurse can support a student PA in learning peak flow and spirometry procedures or help a qualified PA to complete a smear taking course. It's usually a GP because PA assess and treat patients in the same way.
- PAs are responsible and accountable for their practice, but answerable to the general practitioner (GP) and subsequent medical governance structures within the practice
- Currently PAs cannot prescribe medications or request ionising radiation. It is up to practices to have local policies in place to manage this and support the PA to carry out their duties safely and effectively
- 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). Anyone on this register has successfully completed the university programme and passed the PA National exam. It is advisable to only hire PAs who appear on this list, until such time that PAs gain statutory regulation
- Ensure appropriate indemnity arrangements are in place. NHS Resolution has published the governments clinical negligence scheme for general practice (CNSGP) in operation from 1st April 2019.

## **Fitness to practice**

As part of the Managed Voluntary Register the Faculty of Physician Associates (FPA) has a fitness to practice procedure and can advise on or investigate any fitness to practice issues that may arise regarding PAs on the Managed Voluntary Register (PAMVR). The FPA has also developed a Code of Conduct (including scope of practice) to ensure good standards of practice, public protection and safety.

The 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 is achieved. The Code of Conduct for physician associates is supported and informed by the four domains of the [GMCs Good Medical Practice](#) which define the principles that underpin medical appraisal, outlined below.

### **Domain 1: knowledge, skills and performance**

Develop and maintain your professional performance  
Apply knowledge and experience to practice  
Record your work clearly, accurately and legibly

### **Domain 2: safety and quality**

Contribute to and comply with systems to protect patients  
Respond to risks to safety  
Protect patients and colleagues from any risk posed by your health

### **Domain 3: communication, partnership and teamwork**

Communicate effectively  
Work collaboratively with colleagues to maintain and improve patient care  
Teaching, training, supporting and assessing  
Continuity and Coordination of Care  
Establish and maintain partnerships with patients

### **Domain 4: maintaining trust**

Show respect for patients  
Treat patients honestly and colleagues fairly and without discrimination  
Act with honesty and integrity

If you have any concerns about your PAs fitness to practice, seek advice from the FPA and you can take independent HR advice.

## **Induction**

Effective induction cannot be underestimated and is an essential part of welcoming new employees to the practice. The PA will need to take an active part in the induction making sure it meets their needs.

At the end of a successful induction, the PA should:

- have met their key colleagues

- be able to find their way around the practice and have information that allows them to understand the context of their working environment
- have a clear understanding of the requirements and expectations of the role
- identify any training and development needs to carry out their role effectively
- know what is expected of them and the way in which their work will be monitored.

See **Appendix 1** for example induction

## Training needs analysis

Undertaking an assessment of the PAs knowledge as soon as they start in post is critical. There are tools that can be used help to help establish the development and associated work plan. A copy of the Competence and Curriculum Framework for the physician associate, developed in partnership with The Royal College of Physicians (RCP) and the Royal College of General Practitioners (RCGP) can be found [here](#).

A simple self-rate form can be developed by the practice for the PA to self-rate against the curriculum which will then ensure it remains updated.

## Development plan

During the PAs first week, the induction process will enable you to assess their skills, knowledge and confidence in practice. This can be used to design a structured programme of specific educational goals to be reviewed on a 3–6-monthly basis and appraised at the annual review. PAs need access to experiential learning and maintain a portfolio of cases and case discussions with clinicians, to be reviewed with their clinical supervisor.

See **Appendix 2** for example development plan and **Appendix 10** for portfolio example

## Job Plan

It is very important that your PA has a clearly defined and agreed job plan that offers a variety of activities and the opportunity to practice across the breadth of their competencies. Review meetings can be used to discuss areas that are working well or any that need additional help and will help the PA to work to their full potential.

Reviewing the job plan will allow the supervisor and PA to consider which regular activities are undertaken and identify areas where either personal or practice objectives may be better achieved. It can help to highlight the day-to-day supervisory arrangements to enable the correct level of senior support (which will depend on their experience) and the competency level expected within the limitations of their practice.

It is useful to identify areas of interest to the PA, help develop longer term goals and identify and use any skills not currently being employed. PAs should be actively encouraged to contribute to the development of their profession. This may involve time release for activities

to develop in areas such as leadership, management and research or teaching/examining on a PA university course either as a secondment or ad-hoc.

See **Appendix 3** for Job Plan Example

## **Supervision and support**

As the medical supervisor is responsible for reviewing the PAs current knowledge and skills to develop the job plan, it is strongly recommended that this person has undertaken formal training in education and supervision to make sure the PAs learning needs are met.

The level of supervision and support will vary depending on the individual PA and their experience. This will influence how quickly they develop professionally. Adjustments to their support and supervision will be made on an individual basis through discussion and the use of the PA portfolio to evidence their development and acquisition of knowledge and skills at regular reviews and annual appraisal.

An example of a supervision schedule can be seen at **Appendix 4**

## **Prescription management**

Current legislation does not permit physician associates to sign prescriptions. This will change once Parliament enacts legislation granting them independent or supplementary prescribing rights. The process began in 2018. Working under the [GMCs delegation clause](#), your practice will need to have clear arrangements in place to allow the safe and timely issue of any prescriptions that arise from a PAs clinical work.

Each practice is different with variances in IT and duty systems, staffing, confidence, patients and even physical layout of buildings that can have an effect on facilitating safe prescribing. It is important to take time to design a written protocol that is understood in advance by the PA and prescribers. This protocol can be varied as changes within the practice and PA develop.

A PA will need access to an authorised prescriber to either sign off a prepared or generate a proposed prescription. PAs can, based on their clinical assessment, aided by patient records or other relevant information, raise a prescription either by hand or electronically and present this together with the required information to the authorised prescriber. This process is essentially very similar to established working practice in many clinical settings where otherwise highly qualified non-prescribers would suggest or indeed present a prescription to the authorised prescriber for sign off.

The authorised prescriber must be provided with sufficient information for them to be able to sign the prescription and therefore assume ultimate responsibility to include:

- age
- gender
- history of presenting complaint
- past medical history
- PAs consideration of the bigger picture for the patient
- if patient is on any other medication
- any allergies and contra-indications

The sign off process itself can either be through a brief face to face presentation with the prescriber or by using an inhouse communication system in order to keep the clinic flowing.

As part of good clinical governance, all PA proposed prescribing related to a significant event, must be documented, discussed and periodically reviewed together with other significant events and untoward incidents.

See **Appendix 5** for Proposed Prescribing Process example for amendment

## **Case based discussion**

Case based discussion is a structured interview to assess a PAs professional judgement in clinical cases and can be used as a useful tool to collect evidence for their portfolio. The PA will be responsible for selecting cases and completing the paperwork correctly including:

- children
- mental health
- cancer and palliative care
- older adults

Cases should reflect different contacts to include home visits and surgery clinics. Ideally, the PA should present cases to the supervisor a week before the discussion. The supervisor will select one for discussion and will cover as many relevant competencies as possible in the available time.

See **Appendix 6** for Case Based Discussion form example

## **Continuing professional development (CPD)**

The Faculty of Physician Associates requires documented evidence of members CPD as an essential component of the information needed to remain on the PAMVR. This evidence is required, under membership of the FPA, to be documented in the members' Royal College of Physicians (RCP) CPD diary. PAs must complete 50 hours of continuing professional development each year and pass the national recertification examination every six years to remain on the PA Managed Voluntary Register (PAMVR).

An annual 5% validation audit is carried out requiring evidence that participants have fulfilled their annual requirement.

CPD should include activities within and outside the employing practice. Type 1 is external requiring a minimum of 25 external CPD credits per year.

Employers should consider whether they are able to offer financial support and accommodate time release by offering study days and study budget to their PAs to help support their CPD requirements.

The document '[CPD Guidance for Physician Associates](#)' on the FPA website provides more detailed descriptions of the types of CPD.

PAs and their supervisors should draw up agreements and review regularly on allocation of CPD-dedicated work hours, including an agreement on the frequency of tutorials (as appropriate). Offering education and training is a good way of retaining PAs and can benefit the development of the relationship between supervising GP and PA. See **Appendix 7** and **8** for example CPD documentation

## Appraisal

All PAs should have an annual appraisal with their supervisor. Ask for feedback from the primary care team prior to appraisal to give a more rounded picture of the PA.

To inform the appraisal process, physician associates need to maintain a personal portfolio to demonstrate ongoing development. Practices are likely to have their own appraisal documentation but you'll find attached examples **Appendix 9** Appraisal Documentation and **Appendix 10** Portfolio Documentation.

## Reflection

An important aspect of a PAs learning is to reflect on clinical practice working to the relevant standards. Collecting evidence throughout the year using different examples and reflecting on the positives and challenges can help inform appraisals. It can identify areas of strength and those that need further development.

Reflective practice, further discussion and feedback can add to the learning experience and further develop the PA and supervisor's professional relationship.

Reflective writing provides a learning opportunity for an individual to explore different experiences or situations and gain new understandings and appreciation. Thinking, planning, writing, reviewing and further objective discussion can all assist in the developmental learning. Reflecting on how a PA would change or improve their work as a result, directly impacts patient care.

This table demonstrates the expected minimum number of reflections per year

Assessment	Recommendation of minimum numbers per year
Reflections	3
Reflection feedback (to be obtained from an individual trained in supervision/reflective feedback)	3

See **Appendix 11** for example of a reflective log

## Feedback

It is important for any healthcare professional to look outwards rather than inwards when assessing performance. Providing an opportunity for both colleagues and patients to provide their opinion about a PA can help to encourage a culture of openness and transparency. Putting the patient first in everything a PA does is paramount. Contributing to and working with systems to protect patients is vital. It is recommended to incorporate the following feedback methods into the PA portfolio.

This table demonstrates the expected minimum amount of feedback required per year

<b>Multi-source Feedback (MSF)</b>	1 every three years
<b>Patient Feedback</b>	5 per year

See **Appendix 12** and **13** for example of feedback forms

## Annual summative self-assessment

Self-assessment is a vital component of maintaining and improving the quality of care given by the clinician practicing within their area of expertise. Self-assessment has the potential to reinforce standards and increase accountability. PAs are expected to undertake an annual self-assessment. See **Appendix 14** for example of a self-assessment form.

## Quality improvement activity

Quality improvement allows the physician associate to demonstrate regular participation or lead in activities that review and evaluate the quality of their work, as an individual or part of the wider clinical team. Quality improvement activities should be robust and relevant to the work setting including any clinical, academic, managerial and educational roles that the appraisee undertakes. They should include an element of evaluation and action and where possible, demonstrate outcome or change.

The PA must record:

- the nature of the activity (brief description of its form and function including dates and times if applicable)
- how they participated (lead auditor, data collection etc.)
- that appropriate action has been taken in response to the outputs of the quality improvement activity
- that the activity has been evaluated and reflected on.

Examples of quality improvement activities that PAs might be involved in or lead on:

- evidence of effective participation in clinical audit or an equivalent quality improvement exercise
- improvement project using plan, do, study, and act cycles QI methodology
- review of clinical outcomes - this might include morbidity and mortality statistics and meetings or clinical review meetings
- departmental report from any external inspection agency e.g. CQC
- audit and monitor a teaching programme effectiveness
- teaching sessions delivered to other healthcare staff with feedback from attendees
- attending departmental clinical governance and managerial meetings
- contribution to local, regional or national guidance in relation to healthcare or the PA profession.

See **Appendix 15** for example of a quality improvement activity form

## Appendix 1 - Clinical Induction Checklist (*Amend as required*)

Completed (yes/no-add note)	Signed /initialled by GP supervisor and PA	Notes
Induction into the practice (values and strategic objectives)		
Allocation of a named medical supervisor		
Socialisation into the medical teams that they will be working with		
Job plan schedules- discussed and provided		
Proposing prescription management process – discussed and agreed with PA and all GPs in the practice		
Supervision schedules – discussed and provided		
Knowledge/skills assessment to identify where development needs are - discussed and completed		
Development plan to meet their needs over the next year - discussed and agreed		
Allocated a daily supervisor to work with from the medical team		
Regular review of patients seen with review of written notes and feedback- discussed and planned		
Access to regular, appropriate teaching sessions or educational opportunities – discussed and schedule provided		
Regular formal review (suggested minimum 3 monthly or more often if required) – discussed and schedule provided		
CPD provision- discussed and agreed		

Annual appraisal and review of PA career portfolio – discussed and dates agreed			
Completion of any required documentation over the year (e.g. feedback, case-based discussion, reflections or DOPS) – discussed and dates agreed			

Appendix 2 - Development Plan Example (*Amend as required*)

<b>Physician Associate Name</b>		<b>Date</b>	
<b>GP Supervisor Name</b>		<b>Date</b>	

<b>Development</b> What needs to be developed?	<b>Solution</b> How will the need be addressed?	<b>Measured By</b> How will you know that the need has been met?	<b>Priority</b> Low, medium or high	<b>Responsibility</b> Who is required to progress this activity?

<b>Physician Associate Signature:</b>		<b>Date</b>	
<b>GP Supervisor Signature:</b>		<b>Date</b>	

## Appendix 3 - Job Plan Examples

### Example 1

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>AM</b>	3-hour clinic session  (15-minute appts)	3-hour clinic session  (15-minute appts)	3-hour Docman/ correspondence action session	3-hour clinic session  (15-minute appts)	3-hour clinic session  (15-minute appts)
Reflection on mornings clinical cases	Half an hour	Half an hour		Half an hour	Half an hour
Lunchtime meetings		Practice staff team meeting		1-hour tutorial with GP supervisor and wider PC team	
<b>PM</b>	3-hour clinic session  (15-minute appts)	3-hour clinic session  (15-minute appts)	3-hour clinic session  (15-minute appts)	CPD activity	3-hour clinic session  (15-minute appts)
Reflection on afternoons clinical cases	Half an hour	Half an hour	Half an hour		Half an hour

### Week 1:

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>AM</b>	3-hour clinic session	3-hour clinic session	3-hour Docman/ correspondence action session	Home Visits	3-hour clinic session
	Observing GP supervisor	Observing GP supervisor	Observing GP supervisor	Observing GP /paramedic practitioner	Observing GP supervisor

<b>Reflection on mornings clinical cases</b>	<b>30 mins</b>	<b>30 mins</b>	<b>30 mins</b>	<b>30 mins</b>	<b>30 mins</b>
<b>Lunchtime meetings</b>		<b>Practice staff team meeting</b>		<b>1-hour tutorial with GP supervisor and wider PC team</b>	
<b>PM</b>	<b>3-hour clinic session</b>  <b>Observing GP supervisor</b>	<b>3-hour clinic session</b>  <b>Observing GP supervisor</b>	<b>Home visits</b>  <b>Observing on call GP</b>	<b>CPD activity</b>	<b>3-hour clinic session</b>  <b>Observing GP supervisor</b>
<b>Reflection on afternoons clinical cases</b>	<b>30 mins</b>	<b>30 mins</b>	<b>30 mins</b>	<b>30 mins</b>	<b>30 mins</b>

## Week 2:

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>AM</b>	<b>3-hour clinic session</b>  <b>(15-minute appts)</b>	<b>3-hour clinic session</b>  <b>(15-minute appts)</b>	<b>3-hour Docman/ correspondence action session</b>	<b>3-hour clinic session</b>  <b>(15-minute appts)</b>	<b>3-hour clinic session</b>  <b>(15-minute appts)</b>
<b>Reflection on mornings clinical cases</b>	<b>30 mins</b>	<b>30 mins</b>		<b>30 mins</b>	<b>30 mins</b>
<b>Lunchtime meetings</b>		<b>Practice staff team meeting</b>		<b>1-hour tutorial with GP</b>	

				supervisor and wider PC team	
PM	3-hour clinic session  (15-minute appts)	3-hour clinic session  (15-minute appts)	3-hour clinic session  (15-minute appts)	CPD activity	3-hour clinic session  (15-minute appts)
Reflection on afternoons clinical cases	30 mins	30 mins	30 mins	30 mins	30 mins

## Example 2

### Week 1 Induction

Monday AM	Tuesday AM	Wednesday AM	Thursday AM	Friday AM
Introduction to the practice and the practice team	Shadow clinicians either triage/face to face consultations			
Complete any outstanding paperwork for HR purposes. Familiarise self with policies and paperwork	Sit in with any other members of the team who may be running clinics – midwife, clinical pharmacist, minor surgery etc.	Sit in with any other members of the team who may be running clinics – midwife, clinical pharmacist, minor surgery etc.	Sit in with any other members of the team who may be running clinics – midwife, clinical pharmacist, minor surgery etc.	Sit in with any other members of the team who may be running clinics – midwife, clinical pharmacist, minor surgery etc.
Get IT access and smart card. Familiarisation with IT systems	Shadow duty doc or if results line those tasked with this job	Shadow duty doc or if results line those tasked with this job	Shadow duty doc or if results line those tasked with this job	Shadow duty doc or if results line those tasked with this job

Knowledge and skills baseline assessment				End of first week review and discuss skills/knowledge requirement. Build in time for education and support throughout the first year. CPD and local education- starting weekly and then monthly
<b>Monday PM</b>	<b>Tuesday PM</b>	<b>Wednesday PM</b>	<b>Thursday PM</b>	<b>Friday PM</b>
Sit in with reception/back office staff/other clinicians	Shadow on home visits – sit in consultations with other members of the GP team	Shadow on home visits – sit in consultations with other members of the GP team	Shadow on home visits – sit in consultations with other members of the GP team	Shadow on home visits – sit in consultations with other members of the GP team

## Week 2 – 12

<b>Monday AM</b>	<b>Tuesday AM</b>	<b>Wednesday AM</b>	<b>Thursday AM</b>	<b>Friday AM</b>
Start seeing patients – 30min appointments on the day acute patients	Start seeing patients – 30min appointments on the day acute patients	Start seeing patients – 30min appointments on the day acute patients	Start seeing patients – 30min appointments on the day acute patients	Start seeing patients – 30min appointments on the day acute patients
Review of patients as required and review of clinic after morning surgery	Review of patients as required and review of clinic after morning surgery	Review of patients as required and review of clinic after morning surgery	Review of patients as required and review of clinic after morning surgery	Review of patients as required and review of clinic after morning surgery
Build in administration time for paperwork, results and referrals	Build in administration time for paperwork, results and referrals	Build in administration time for paperwork, results and referrals	Build in administration time for paperwork, results and referrals	Build in administration time for paperwork, results and referrals

<b>Monday PM</b>	<b>Tuesday PM</b>	<b>Wednesday PM</b>	<b>Thursday PM</b>	<b>Friday PM</b>
Shadow on home visits				
Evening surgery as per the morning surgery and supervisor review at end of surgery	Evening surgery as per the morning surgery and supervisor review at end of surgery	Evening surgery as per the morning surgery and supervisor review at end of surgery	Evening surgery as per the morning surgery and supervisor review at end of surgery	Evening surgery as per the morning surgery and supervisor review at end of surgery

## Week 12-24

<b>Monday AM</b>	<b>Tuesday AM</b>	<b>Wednesday AM</b>	<b>Thursday AM</b>	<b>Friday AM</b>
Seeing patients on the day and maybe some regular patients with chronic conditions 20 min appointments	Seeing patients on the day and maybe some regular patients with chronic conditions 20 min appointments	Seeing patients on the day and maybe some regular patients with chronic conditions 20 min appointments	Seeing patients on the day and maybe some regular patients with chronic conditions 20 min appointments	Seeing patients on the day and maybe some regular patients with chronic conditions 20 min appointments
Reviewing as appropriate				
Build in administration time for paperwork, results and referrals	Build in administration time for paperwork, results and referrals	Build in administration time for paperwork, results and referrals	Build in administration time for paperwork, results and referrals	Build in administration time for paperwork, results and referrals
<b>Monday PM</b>	<b>Tuesday PM</b>	<b>Wednesday PM</b>	<b>Thursday PM</b>	<b>Friday PM</b>
Shadow on home visits				
Evening surgery as per the morning surgery and supervisor	Evening surgery as per the morning surgery and supervisor	Evening surgery as per the morning surgery and supervisor	Evening surgery as per the morning surgery and supervisor	Evening surgery as per the morning surgery and supervisor

review as appropriate				
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## Week 24- 36

Monday AM	Tuesday AM	Wednesday AM	Thursday AM	Friday AM
Seeing patients on the day and maybe some regular patients with chronic conditions 20 min appointments	Seeing patients on the day and maybe some regular patients with chronic conditions 20 min appointments	Seeing patients on the day and maybe some regular patients with chronic conditions 20 min appointments	Seeing patients on the day and maybe some regular patients with chronic conditions 20 min appointments	Seeing patients on the day and maybe some regular patients with chronic conditions 20 min appointments
Review as appropriate				
Build in administration time for paperwork, results and referrals	Build in administration time for paperwork, results and referrals	Build in administration time for paperwork, results and referrals	Build in administration time for paperwork, results and referrals	Build in administration time for paperwork, results and referrals
Consider some telephone triage or results line or other services offered that the PA may be able to contribute to	Consider some telephone triage or results line or other services offered that the PA may be able to contribute to	Consider some telephone triage or results line or other services offered that the PA may be able to contribute to	Consider some telephone triage or results line or other services offered that the PA may be able to contribute to	Consider some telephone triage or results line or other services offered that the PA may be able to contribute to
Monday PM	Tuesday PM	Wednesday PM	Thursday PM	Friday PM
Shadow on home visits				
Evening surgery as per the morning surgery and supervisor review as appropriate	Evening surgery as per the morning surgery and supervisor review as appropriate	Evening surgery as per the morning surgery and supervisor review as appropriate	Evening surgery as per the morning surgery and supervisor review as appropriate	Evening surgery as per the morning surgery and supervisor review as appropriate

## Week 36 – 52

Monday AM	Tuesday AM	Wednesday AM	Thursday AM	Friday AM
Seeing patients on the day and some regular patients with chronic conditions 15-20 min appointments	Seeing patients on the day and some regular patients with chronic conditions 15-20 min appointments	Seeing patients on the day and some regular patients with chronic conditions 15-20 min appointments	Seeing patients on the day and some regular patients with chronic conditions 15-20 min appointments	Seeing patients on the day and some regular patients with chronic conditions 15-20 min appointments
Review as appropriate				
Build in administration time for paperwork, results and referrals	Build in administration time for paperwork, results and referrals	Build in administration time for paperwork, results and referrals	Build in administration time for paperwork, results and referrals	Build in administration time for paperwork, results and referrals
Consider some telephone triage or results line or other services offered that the PA may be able to contribute to	Consider some telephone triage or results line or other services offered that the PA may be able to contribute to	Consider some telephone triage or results line or other services offered that the PA may be able to contribute to	Consider some telephone triage or results line or other services offered that the PA may be able to contribute to	Consider some telephone triage or results line or other services offered that the PA may be able to contribute to
Monday PM	Tuesday PM	Wednesday PM	Thursday PM	Friday PM
home visits with support				
Evening surgery as per the morning surgery and supervisor review as appropriate	Evening surgery as per the morning surgery and supervisor review as appropriate	Evening surgery as per the morning surgery and supervisor review as appropriate	Evening surgery as per the morning surgery and supervisor review as appropriate	Evening surgery as per the morning surgery and supervisor review as appropriate

Appendix 4 - Example Supervision Schedule (*Amend as required*)

<b>Dates</b>	<b>Time</b>	<b>Discussion Topic</b>
<b>Week 1: Daily</b>	Monday-12.00 and 17.30 Tuesday-12.00 and 17.30 Wednesday – 17.30 Thursday – 17.30 Friday – 12.00 and 17.30	Daily clinical case discussion, issues and concerns following observation  Tutorial session Thursday lunchtime
<b>Week 2: Daily</b>	Monday-12.00 and 17.30 Tuesday-12.00 and 17.30 Wednesday – 17.30 Thursday – 17.30 Friday – 12.00 and 17.30	Daily clinical case discussion, issues and concerns following observation  Tutorial session Thursday lunchtime
<b>Week 3: Daily</b>	Monday-12.00 and 17.30 Tuesday-12.00 and 17.30 Wednesday – 17.30 Thursday – 17.30 Friday – 12.00 and 17.30	Daily clinical case discussion, issues and concerns following observation  Tutorial session Thursday lunchtime
<b>Week 4: Daily</b>	Monday-12.00 and 17.30 Tuesday-12.00 and 17.30 Wednesday – 17.30 Thursday – 17.30 Friday – 12.00 and 17.30	Daily clinical case discussion, issues and concerns following observation  Tutorial session Thursday lunchtime
	<b>REVIEW AFTER 1<sup>ST</sup> MONTH</b>	

Supervisor Meetings Form Example (***Amend as required***)

You can provide details of your meetings with your named supervisor

<b>Name of Clinical Supervisor</b>	
<b>Job Title</b>	
<b>Date/s of Meeting/s</b>	
<b>Outcome of discussion</b>	

## Appendix 5 - Prescribing Process Example

**This guidance is designed to help you figure out what will work best in your practice**

### **Purpose**

To ensure a safe and efficient means of providing prescriptions to patients seen by the physician associate (PA)

### **The process**

- The PA will hand write or electronically send a prescription asking the duty GP/supervisor to sign on the day
- The patient can wait to pick up the signed prescription or have it sent electronically to their preferred pharmacy
- If the duty GP/supervisor is very busy, the PA will send an urgent message via the clinical system so that the GP can issue between patients
- If a patient has a more complex condition, the duty GP/supervisor can be messaged urgently via the clinical system asking the GP for a face to face discussion with the patient to allow the PA to provide the following information:
  - age
  - gender
  - history of presenting complaint
  - past medical history
  - PA to display consideration of the bigger picture for the patient
  - any other medication, allergies or contra-indications

When the GP is satisfied, the prescription can be issued

- If a prescription is not urgent for example pill checks, the PA will use the 'request issue'. Patients can either wait, come back later or collect the following day
- PAs on home visits
  - If a prescription is required it can be generated after the visit and signed by the duty GP/supervisor. The PA may wish to discuss a patient history and diagnosis before the prescription is issued. It can either be printed for collection or sent electronically to a nominated pharmacy for collection/delivery
  - PAs visiting a nursing home are likely to use a hand-held tablet with the mobile clinical system. The prescription can be raised and forwarded to the duty GP/supervisor for signature

Appendix 6 - Case Based Discussions (CBD) Assessment Form (Amend as required)

<b>Physician Associate:</b>	
<b>PA MVR number:</b>	
<b>Assessors Name:</b>	
<b>Assessors Job Role</b>	
<b>Assessors Registration No.</b>	
<b>Date of Assessment:</b>	

<b>Case setting/location</b>			
<b>Case complexity</b> (please circle)	Low	Moderate	High
<b>Summary of case</b>			

	Unsatisfactory	Satisfactory	Above expectation
<b>Documentation</b>			
<b>History taking</b>			
<b>Clinical assessment</b>			
<b>Management plan</b>			
<b>Follow-up and future plan</b>			
<b>Overall clinical judgement</b>			

Please comment on what was done well and any areas for improvement. Please note, constructive feedback is required for this assessment/learning event to be valid. It aims to identify any areas for learning and reflection.

<b>Strengths:</b>

<b>Areas for development:</b>

<b>Assessors signature</b>	<b>Date</b>

Appendix 7 - Mini Clinical Evaluation Exercise (Mini-Cex) Assessment Form (*Amend as required*)

<b>Physician Associate:</b>	
<b>PA MVR number:</b>	
<b>Assessors Name:</b>	
<b>Assessors Job Role</b>	
<b>Assessors Registration No.</b>	
<b>Date of Assessment:</b>	

State the setting for the learning event (e.g. GP surgery)

Provide a summary of the case observed

Please comment on what was done well and any areas for improvement within each category. Please note, constructive feedback is required for this assessment/learning event to be valid. It aims to identify any areas for learning and reflection.

Consultation and communication skills

Physical examination

Clinical judgement

Organisation/efficiency

--

Please comment on the overall performance of the PA including professionalism

--

What are the suggested areas for development?

--

Assessors signature	Date
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Appendix 8 - Continuing Professional Development (*Amend as required*)

CPD Evidence	
<b>RCP CPD diary</b>	Evidence certificate of completion of the annual CPD diary requirement. From 1 <sup>st</sup> April to 31 <sup>st</sup> March
<b>RCP CPD diary reflection</b>	Evidence with reflection of CPD learning. April to March
<b>Breakdown of Type 1 and Type 2 CPD</b>	List the Breakdown of Type 1 and Type 2 CPD
<b>Certificates of learning and attendance</b>  <b>Include any e-learning certificates</b>	Evidence all attendance of learning (certificates) e.g. RCP inhouse teaching, national conferences and the number of hours of teaching attended. Outline your contribution to learning

Study Leave			
Study days	Number of day(s) used	Conference/course	Date(s) attended
Total study day allowance	e.g. Day 1 & 2	FPA National CPD Conference	xx.xx.xx
5	2		
5	2	Conference	xx.xx.xx
<b>Total amount of study days used: 5</b>			
Professional Leave (at the discretion of the line manager)			
Professional leave	Number of day(s) used	Event attended	Date(s) attended
<b>Total amount of study days used: X</b>			
Personal Examinations Completed (provide certificates of evidence)			
Examination title	Result	Award	Date
e.g. FPA Recertification exam	Pass	xxxx	xxxx
MSc in PA Studies	Pass	MSc	xxxx

<b>Examiner Experience</b> (unless part of your role as a PA Educator)			
Examiner training completed		Yes / No (please delete)	
Location and date of examiner training		xxxx	
<b>Dates examined</b>	<b>Organisation examining</b>	<b>SBA vs OSCE</b>	
xx.xx.xx	e.g. FPA		
	e.g. University		

Appendix 9 - Example Appraisal Form (*Amend as required*)

EMPLOYEE DETAILS	
Employee:	
Role:	
Base:	
CLINICAL SUPERVISOR	
Clinical Supervisor:	
Role Title:	
Appraisal Period	From:                      To:
REVIEW TNAP/PDP/SET OBJECTIVES	
Date/Item	Summary/Comments
1.	
2.	
3.	
4.	
5.	
6.	

*Add more lines as necessary*

**DEVELOPMENT ACTIVITY**

*What personal development has been undertaken/is required*

**Employee Detail on Progress**

**Clinical Supervisor Summary**

**SIGNATURES**

**Employee**

Name:

Signature:

Date

**Clinical Supervisor**

Clinical  
Supervisor:

--

Signature:

--

Date:

**Setting Objectives:**

Employee:			
Clinical Supervisor:			
Date:			
No	Individual Objective	Date to be completed by:	Key measure of success
1			
2			

*Add more lines if necessary*

SIGNATURES		
EMPLOYEE		
Name:		
Signature:		Date
CLINICAL SUPERVISOR		
Clinical Supervisor:		
Signature:		Date

## Appendix 10 - Example Portfolio Template (*Amend as required*)

### Personal Details

#### Summary CV

- Breakdown of current employment and any relevant employment as a physician associate or associated role eg PA educator

### Certificates of Qualification

- University Postgraduate Diploma/MSc in Physician Associate Studies/MPAS
- Faculty of Physician Associates National Examination

### Membership of FPA

- PA MVR number

### Continuous Professional Development (CPD)

- RCP CPD diary – evidencing 50 hours of CPD and breakdown of Type 1 and Type 2 CPD
- Certificates
- Professional leave – number and documenting use
- Additional post graduate qualifications
- Certificates for acting as OSCE examiner or question writer

### Organisational Training

- Certificates (MAST training, information governance etc.)

### Work place- based assessments (numbers expected indicated)

- Case-based discussions
- MiniCex
- DOPS

### Reflections

- Reflective account
- Reflection – feedback and discussion form

### Procedure and/or surgical logbook (if applicable)

#### Feedback

- Multisource feedback (MSF)
- Patient feedback
- Review of compliments and complaints

### Quality improvement project activity (summary of outputs)

- Audits
- Quality improvement projects

### Teaching

- Record of teaching experience including teaching style, topics covered and audience taught
- Feedback information

### **Presentations**

- GP educational meetings
- Local clinical groups
- Conferences

### **Research and Publications**

- Research performed
- Poster presentations
- Publications
- Pending research publications

### **Additional achievements**

- Awards or prizes
- Other courses, diplomas, masters, leadership courses etc

### **Job Plan**

- Breakdown of daily activities during a standard week

### **Appraisal Document**

- Current and previous years

Appendix 11 - Reflection Form (*Amend as required*)

<b>Physician Associate:</b>	
<b>PA MVR number:</b>	
<b>Date of Event:</b>	
<b>Date of Reflective writing:</b>	

<b>Description</b>	<ul style="list-style-type: none"> <li>• Explain what you are reflecting on, the situation and what happened?</li> <li>• If required, provide background information to explain</li> <li>• Who was involved?</li> </ul>
<b>Feelings</b>	<ul style="list-style-type: none"> <li>• Discuss your feelings and thoughts about the experience</li> <li>• Discuss how it made you feel, during the incident and as you reflected afterwards</li> <li>• Discuss your emotions honestly</li> </ul>
<b>Evaluation</b>	<ul style="list-style-type: none"> <li>• Focus on how you think things went</li> <li>• How did you react to the situation?</li> <li>• What was good or bad about the situation?</li> <li>• Include the theory and work of other authors – it's important to include references in reflective writing</li> </ul>
<b>Analysis</b>	<ul style="list-style-type: none"> <li>• Compare your experience with the literature you have read</li> </ul>

	<ul style="list-style-type: none"> <li>• What helped or hindered the event?</li> <li>• Bring together the theory and your experience</li> </ul>
<b>Conclusion</b>	<ul style="list-style-type: none"> <li>• What have you learnt from the experience?</li> <li>• What could you have done differently?</li> <li>• Discuss whether you would have done the same thing again to gain a positive outcome</li> <li>• If the incident was negative, explain what you could have done differently and how you would avoid this happening again</li> </ul>
<b>Action Plan</b>	<ul style="list-style-type: none"> <li>• Summarise what you need to do to improve for next time.</li> <li>• Acknowledge or identify learning needs, e.g. to potentially gain some further training.</li> <li>• Discuss what can you do to be better equipped next time?</li> </ul>

Appendix 12 - Multi-Source Feedback (MSF) – Colleague extended questionnaire example (*Amend as required*)

<b>Physician Associate:</b>	
<b>PA MVR number:</b>	
<b>Date:</b>	

	<b>I have concerns</b>	<b>Below expectation</b>	<b>Good</b>	<b>Outstanding</b>	<b>Unable to comment</b>
Diagnostic skills					
Performance of practical/technical procedures					
Management of complex clinical problems					
Appropriate use of resources					
Conscientious and reliable					
Availability for advice and help					
Time management					
Committed to improving quality of service					
Keeps up-to-date with knowledge and skills					
Contribution to the education and supervision of students and junior colleagues					
Spoken English					
Communication with colleagues					
Communication with patients, families and carers					
Is polite, considerate and respectful to patients					
Is polite, considerate and respectful to colleagues of all levels					
Shows compassion and empathy towards patients and their relatives					
Values the skills and contributions of multi-disciplinary team members					
Takes a leadership role when circumstances require					

Delegates appropriately					
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Do you have any concerns about this physician associates probity or health (physical or mental) that may impact on patient care? *(if yes please specify in the text box below)*

Yes                       No

Please use the text box to give examples of observable behaviour to illustrate your answer. If you have answered any of the statements above with a 'I have concerns' you **must** give specific examples. This is a very important and useful part of the appraisal process. All your comments will be anonymous but will be fed-back verbatim so there is a risk of your identification from the nature of your comments.

Appendix 13 - Patient Feedback Questionnaire (*Amend as required*)

<b>Physician Associate:</b>	
<b>PA MVR number:</b>	
<b>Date:</b>	

	Yes definitely	Yes to some extent	Not really	Definitely not	Does not apply
Was the physician associate polite and considerate?					
Did the physician associate listen to what you had to say?					
Did the physician associate give you enough opportunity to ask questions?					
Did the physician associate answer all your questions?					
Did the physician associate explain things in a way you could understand?					
Are you involved as much as you want to be in the decisions about your care and treatment?					
Did you have confidence in the physician associate?					
Did the physician associate respect your views?					
If the physician associate examined you, did he or she:					
ask your permission?					
respect your privacy and dignity?					
By the end of the consultation did you feel better able to understand and/or manage your condition and your care?					

**11. Overall, how satisfied were you with the physician associate that you saw?**  
 Very       Fairly       Not very       Not at all satisfied

Please make any additional comments in the space below

**Thank you for your feedback**

Appendix 14 - Example Annual Summative Self-Assessment (*Amend as required*)

**What have you achieved during the past twelve months that you are particularly proud of?**

--

**In relation to your job, what has given you the greatest satisfaction and the least?**

--

**How do you feel you have performed this year? Has there been anything that has proved challenging?**

--

**What areas of your work do you feel you need further development? (Try to identify at least two areas). What do you need from your manager and/or the practice to help you achieve them?**

--

**Annual Summative Self-Assessment**

**PAs summary comments on their own performance and development over the past year**

--

**Appraisers summary comments on PA's performance and development over the past year**

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## Appendix 15 - Example Quality Improvement Activity Form

You must demonstrate that you regularly participate in activities that contribute to quality improvements. Please complete a separate form for each quality improvement activity.

**Brief description of the quality improvement activity; please include it's function, dates and times if applicable**

--

**What was your involvement in this activity?**

--

**What action have you taken in response to the results/outputs of the activity? (e.g. action plans, changes to practice)**

--

**Demonstrate evaluation and reflection on the results of the activity (e.g. reflective notes, discussion of the results with peer-supervision, contributions to your personal development)**

--

**Is any further action to be taken, such as re-audits? If so, please provide details**

--