Physician Associates in Primary Care

***Preceptorship Application***

London region

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# **Introduction**

The concept of a preceptorship 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 into 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. [Preceptorship Guidance.]

As part of the nationally agreed funding model introduced in 2018, Health Education England [HEE] has invested a £5000 education support payment for Practices/Primary Care Networks [PCN] if:

* Physician Associates [PA] contract to work in Primary Care within the first 12 months of practice after becoming registered, and.
* upon delivery of a Preceptorship Programme which meets the Preceptorship Criteria outlined below.

Completed application forms must be submitted by email to *palondon@hee.nhs.uk.*

# **Physician Associate Preceptorship Criteria**

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| **1** | The preceptorship programme will be undertaken for a minimum of 1 year [whole time equivalent] and must entail a minimum of 50% [or 6 months’ full time equivalent] being spent in Primary Care. |
| **2** | The Preceptorship is only being offered to either:   * a PA who is commencing a programme in the first twelve months of practice after first gaining registration on the national register or * a PA taking up their first post in primary care since gaining registration. This would also include the transition of PAs from secondary care with a maximum of 3 years’ experience. |
| **3** | The Employer must have read, understood and be prepared to implement the guidance within the Faculty of Physician Associates (FPA) document ‘*Employers’ Guide to Physician Associates*’ found here: <https://www.rcplondon.ac.uk/file/7623/download?token=4C7OyR_p> |
| **4** | If being employed by a PCN, PA Preceptees must work in no more than 2 practices for the first 6 months of their Preceptorship year. |
| **5** | The weekly timetable [job plan] must include at least 1 dedicated session for education. In addition to the timetabled session, PA Preceptees must have regular access to a GP educational supervisor who will work with them to consolidate their learning through supervision, support and teaching. |
| **6** | Employers must consider a rota/job plan with a maximum of eight patient-facing clinical sessions a week for the first 6 months of the Preceptorship programme |
| **7** | At the start of employment, newly qualified PAs in Primary Care should have 30-minute patient consultation time allocation with a debrief after each patient. This should be reviewed between 3-6 months and the consultation time adjusted as appropriate. |
| **8** | PA Preceptees must have a named Primary Care Clinical or Educational Supervisor who has undertaken one of NHSE approved Clinical Supervision training. Please click on the links for further details: [Level 1 Clinical Supervisor Training](https://madeinheene.hee.nhs.uk/general_practice/Trainers/Level-1-Clinical-Supervisor-Training). Level 2 training is for GPs working in a training practice or linked to a training network e.g. [Hub & Spoke](https://madeinheene.hee.nhs.uk/general_practice/Trainers/Hub-Spoke-Model)[model.](https://madeinheene.hee.nhs.uk/general_practice/Trainers/Hub-Spoke-Model) Applicants are eligible to apply for the [Level 2 training course](https://madeinheene.hee.nhs.uk/general_practice/Trainers/Level-2-Associate-Trainer-Course)once they have completed Level 1. |
| **9** | PA Preceptees must have access to a trained mentor for the duration of the Preceptorship. The mentor should be external to the employing practice or Primary Care Network (PCN) |
| **10** | PA Preceptees must have a suitable induction period, an induction meeting with their supervisor, a mid-point and an end of programme review with their supervisor [regardless of whether they have been a PA student on placement with the practice]. A template preceptorship induction plan can be found here under ‘useful resources’ entitled ‘GP Supervisor and Physician Associate Guide’: <https://www.fparcp.co.uk/employers/pas-in-general-practice>.  ***Please include a copy of the induction timetable with your submission.*** |
| **11** | The programme must use suitable supportive records of the PA Preceptee’s progress. For example, the FPAs ‘First Year Post Qualification Documentation’ which can be accessed here: <https://www.fparcp.co.uk/employers/guidance> |
| **12** | PA Preceptees must take part in the employer's annual appraisal system. |
| **13** | The employer must offer an approved structured development plan with clear objectives, goals and a shared understanding around how the practice/PCN will support the preceptee to gain the clinical experience and skills required. For example, this could be from a local HEI or equivalent, which will include alumni activity or could also be in-house (or could be in-network). |
| **14** | The preceptorship programme will set out expected outcomes for the PA Preceptee in the form of competence acquisition or a brief curriculum which may be locally derived but based on established national guidance. This can be found within the FPA document; *First Year Post Qualification Documentation.* |
| **15** | The preceptorship programme must enable the PA Preceptee to engage in multi-professional learning activities with protected time to ensure this. |
| **16** | Where the PA Preceptee’s objectives include a further course of study, this should usually be funded from the preceptorship support payment. This could be up to the cost of a postgraduate certificate qualification if appropriate for the PA Preceptee and the service context; this funding should be used flexibly to meet the needs of the preceptor. |
| **17** | PA Preceptees will be expected to complete and maintain all of the requirements of the UK PA Managed Voluntary Register [PAMVR]. |

# **Preceptorship application**

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| ICS area |  |
| Training Hub name (this must be the lead training hub for the ICS area) |  |
| Employing Practice [if applicable] |  |
| Primary Care Network |  |
| Date of application |  |

**PLEASE NOTE: You must have sought agreement from the Preceptee before sharing this information with NHSE.**

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| **Preceptee Information** |  |
| Name of PA Preceptee |  |
| Please confirm that at least 50/% of the week [or 6 months of the Preceptorship year] will be spent working in Primary Care |  |
| Has the PA Preceptee qualified within the last 12 months? Y/N  If no, are they new to Primary Care? Yes/No  Where have they previously worked [in the capacity of a PA]? |  |
| Preceptee email address |  |
| Date of PA's graduation [month and year] |  |
| Name of HEI attended by PA [higher educational institute] |  |
| Please confirm that the PA has passed their university exams |  |
| Please confirm that the PA has passed the Faculty of Physician Associate [FPA] national exam [*or has applied to sit an upcoming exam - Please provide the date of any upcoming exams*] |  |
| Please provide the PA Preceptee’s PAMVR number [Physician Associate Managed Voluntary Register] |  |
| Please confirm that indemnity is in place for the PA Preceptee.  *Indemnity arrangements: In primary care, PAs must take out professional negligence insurance from one of the medical defence organisations: Medical Protection Society (MPS), Medical Defence Union (MDU) or Medical and Dental Defence Union of Scotland (MDDUS). Alternatively, this may be covered under a group arrangement in general practice.* |  |
| Is the PA Preceptee working full time or part time? If part time, is the PA preceptee also working in secondary care for part of the week? |  |
| Please attach a copy of the PA Preceptee’s job plan/weekly timetable with your application showing that it includes at least one dedicated education session per week and no more than eight patient-facing clinical session in any given week [where 10 sessions = 5 days]. Please ensure that the timetable clearly shows the length of sessions and the frequency of debriefs with the clinical supervisor[s]. |  |

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| **The Preceptorship Year** | |
| Planned preceptorship start date |  |
| Please confirm you will be implementing the guidance within the Faculty of Physician Associates (FPA) document *‘Employers’ Guide to Physician Associates’?* |  |
| Please attach a copy of the induction programme you have set up for the PA Preceptee and confirm you will arrange protected time for the mid-point and end of programme review.  *The initial induction meeting with the PA should be used to agree areas for development and an action plan. We would expect areas for further study to be identified during the course of the Preceptorship year.* |  |
| Please describe the development plan for the year, including how the practice/PCN will support the preceptee to gain the clinical experience and skills required.  *We recommend the structured development plan is separated into 3-month quarters, with clear objectives, goals, and a shared understanding around how the practice will support the preceptee to gain the clinical experience and skills required.* |  |
| Please describe what multi-professional learning opportunities the PA Preceptee will be able to engage with, and how you will ensure protected time to allow this? |  |
| Please describe the expected outcomes of additional development towards the end of the Preceptorship year. |  |
| Where the PA Preceptee’s objectives include a further course of study, please confirm that you will fund this from the preceptorship support payment. |  |
| Please confirm that the practice/PCN will support the PA Preceptee to remain compliant with all of the requirements of the PAMVR? |  |

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| **Employer information** | |
| Name and address of the employing organisation. |  |
| Is the PA Preceptee being employed to work across a Primary Care Network as part of the NHSE ‘Additional Roles Reimbursement Scheme’? Yes/No.  *If yes, please include the name of your PCN & the number of practices within its geography*. |  |
| If being employed by a PCN, PA Preceptees must work in no more than 2 practices for the first 6 months of their Preceptorship year; please list the two practices that the PA Preceptee will work across during their first 6 months in post. |  |
| Number of PAs currently employed at the practice/PCN [excluding the new PA Preceptee]. |  |
| Number of new PA Preceptees this application relates to. |  |
| Name and email address of the practice manager [from lead practice if Preceptee is being employed by a PCN] |  |
| What opportunities have practice /PCN staff had to learn about the role of Physician Associates? |  |
| What measures does your practice/ PCN take to inform patients on the range of healthcare staff who work in your practice? |  |
| **Clinical Supervision** | |
| Name, job role, and email address of the Clinical Supervisor. Please add details of all Named Clinical Supervisors if the PA is working across two practices. |  |
| Please detail the Clinical Supervisor's working pattern and availability. |  |
| Please provide details of the NHSE approved Clinical Supervisor training undertaken by the Named CS, and the date of this training |  |
| Please confirm indemnity arrangements are in place for the Clinical Supervisor[s]. |  |

# **Supporting information and guidance**

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| **Clinical Supervision** | * 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 by attending either the: * [Level 1 Clinical Supervisor Training](https://madeinheene.hee.nhs.uk/general_practice/Trainers/Level-1-Clinical-Supervisor-Training). Level 2 training is for GPs working in a training practice or linked to a training network e.g. [Hub & Spoke model.](https://madeinheene.hee.nhs.uk/general_practice/Trainers/Hub-Spoke-Model) Applicants are eligible to apply for the [Level 2 training course](https://madeinheene.hee.nhs.uk/general_practice/Trainers/Level-2-Associate-Trainer-Course)once they have completed Level 1. * *The PA is described as a dependent practitioner and will always work under the supervision of a designated doctor. Their detailed scope of practice in a given setting is circumscribed by that of the supervising doctor. Although there may be circumstances when the supervising doctor is not physically present, they will always be readily available for consultation.* * *Like all other regulated healthcare professionals, the PA is responsible for their own practice, although the supervising doctor always maintains the ultimate responsibility for the patient. Qualified PAs may develop specialist expertise that reflects the specialty of their supervising doctor. This will be gained through experiential learning and CPD. However, a PA is expected to maintain their broad clinical knowledge base through regular testing of generalist knowledge and demonstrated maintenance of generalist clinical skills.* <http://www.fparcp.co.uk/employers/guidance> * The level of supervision should be tailored based on an assessment of competence. This would, typically, see a ‘stepped’ approach being taken. This might include the PA observing GPs, nurses, and other members of the multidisciplinary team, as well as being observed themselves consulting with patients. * Once assessed as sufficiently competent, the PA may then begin seeing patients with indirect [opposed to direct] supervision. This may be with patients selected based on their presenting problem, past medical history and a level of competence. |
| **Core competencies expected at the point of qualification** | * 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 can see patients presenting with acute/same-day problems, as well as offering rebooked appointments. * PAs are able to triage patients, carry out telephone consultations, make referrals, and review and act on laboratory results. Many PAs also 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. PAs are also able to teach and supervise students. * The level of competence at which the PA can work will depend on their skills and experience, and the skills and experience of their supervising GP. [www.fparcp.co.uk/employers/guidance](http://www.fparcp.co.uk/employers/guidance) * The FPA set out expected core competencies for PAs across a range of areas, including therapeutics and prescribing, clinical planning and procedures, documentation and information management, risk management, teamwork, time/resource management, good practice and ethical and legal issues. Further information can be found on the FPA website: <http://www.fparcp.co.uk/about-fpa/Who-are-physician-associates> |
| **Weekly education session** | * This will form the basis of the preceptorship as you construct it and will be informed by your initial induction meeting with the PA Preceptee. * The dedicated session may vary week from week and may be informed by other activities going on within the region or being offered by your local Training Hub. * These sessions are an opportunity for the PA Preceptee to complete DOPS, CBDs and MiniCEXs etc. These sessions should not be external courses |
| **Moving from qualification to 12 months post qualification for a Physician Associate** | * The FPA has published details showing the skills and abilities PAs should have developed by the end of the first year in post. * More details can be found on the FPA website [www.fparcp.co.uk/employers/guidance](http://www.fparcp.co.uk/employers/guidance) |