UK ASSOCIATION OF PHYSICIAN ASSOCIATES

Support, Development & Educational Requirements of a Physician Associate:

An Employers Handbook

Including material for review meetings

Introduction

The relationship between a PA and the supervising doctor is organic and synergistic. In order for the PA, the supervising doctor and the team as a whole to gain the most from this new role, there has to be an appropriate level of support. This pack outlines how to support and develop a PA under your supervision.

The degree of supervision a PA requires will vary according to the individual and is dependent on a number of factors including, but not limited to, their past health care experience and years of experience as a PA. A new graduate will require more intensive supervision compared to an experienced PA. This document provides a development framework, regardless of speciality and outlines the basic requirements for PAs to progress through their careers and fulfil their CPD requirements. However, we strongly encourage doctors and PAs to modify these documents to serve the specific needs of their practice speciality.

Unlike doctors who may choose to specialise, PAs are required to maintain general medical knowledge and demonstrate that knowledge on a recertification examination every six years. Therefore, Continuing Professional Development (CPD) is essential for every PA, particularly for PAs who work outside of general medicine or general practice.

Should you like some further advice on supporting your PA in your particular specialty then please do get in touch with UKAPA. We're happy to help.

Sincerely,

The UKAPA Board

Contents

1. Supporting and Developing a PA in Their First 'Internship' Year or on Entering a New Post

First Year of Qualification: Internship

Newly qualified PA should be provided with a supportive learning environment in which they can consolidate and expand their skills and competencies in their chosen field. The first year post qualification is an 'internship' year where greater supervision and structured learning is required. Setting out a structured programme of specific educational goals within the first week is recommended. (See Appendix for a recommended document for this meeting).

Table 1 in the Appendix outlines the progression that should be made throughout their first year. It can be used as a tool during appraisals to judge progression and highlight areas for improvement.

Entering A New Specialty

Entering a new specialty as a PA initially necessitates a greater degree of supervision and guidance from the supervising Doctor. PAs who may well have been practicing for several years in varying areas of medicine or surgery will undoubtedly have picked up a breadth of skills and knowledge. However, there will be new skills and procedures to be learnt and knowledge to be gained and therefore it may be appropriate to follow a review timetable more like that of an "internship" year.

Reviews and Appraisals

Page 13 Appendix details a timeline for reviews and appraisals in the 'internship' year and thereafter.

It is left to the discretion of the supervising Doctor on discussion with the PA as to the nature and number of DOPS (Directly Observed Procedural Skills) that should be covered in a given time period. A form for documenting the completion of a DOPS can be found in the appendix on page 18.

3 and 6 monthly reviews should constitute review of the goals set in previous meetings. Completion of DOPS, CBDs (Case Based Discussions) and miniCEXs (mini Clinical Examination

Exercise) should be documented. Any trouble in obtaining these should be discussed and addressed.

Documents for recording review meetings and appraisals can be found in the Appendix on page 14.

Continuing Professional Development

All PAs are expected to maintain their CPD with a minimum of 40 hours annually, as required by the PA Managed Voluntary Register (PAMVR). This should include 20hrs type 1 and 20hrs type 2.

Type 1 is classified as:

- Standardised courses – e.g. Advanced Life Support (ALS), Immediate Life Support (ILS), ALERT
- UKAPA conferences and CPD days
- Other courses approved by other organisations – e.g. Royal College of General Practitioners (RCGP), Royal College of Physicians (RCP), Society for Acute Medicine (SAM)
- Conferences and CPD events approved by UKAPA for Type 1 Credit

Type 2 is classified as:

- Teaching students
- Reading journal articles and writing a reflective log
- Undertaking clinical audits
- Reflective case studies
- Lobbying activities on behalf of the PA profession

It is expected that a PA will establish a formal education needs plan with their supervisor which will be reviewed on a regular basis.

On commencing employment PAs and their supervisors should draw up agreements on allocation of CPD dedicated work hours, including agreement on frequency of tutorials. It is anticipated these agreements would need to be reviewed on a regular basis.

2. Organisations Supporting the PA Role

There are several organisations that facilitate the functioning and growth of the PA role in the UK.

UK Association of Physician Associates (UKAPA)

UKAPA was established in 2005 and functions as the professional body for Physician Associates. UKAPAs' main function is to promote and support the PA profession and its development in the UK. Currently UKAPA is involved in securing statutory regulation for PAs in the UK, running the PA Managed Voluntary Register (PA MVR) and establishing and arranging continuing professional development. UKAPA works closely with the UKIUBPAE, the PA MVR and other professional bodies to help achieve its aims.

UKAPA is run by Physician Associates elected into post by members of the organization. Elections are held annually and all UKAPA members are invited to nominate and vote persons into office. All positions are voluntary unpaid posts.

www.ukapa.co.uk

United Kingdom and Ireland Universities Board for Physician Associate Education (UKIUBPAE)

The UKIUBPAE evolved out of the Higher Education Steering Group following the successful Certificate level pilot programmes.

Members of this group are drawn from all of the PA education programmes in the UK.

The remit of the board is to:

- Develop the education of PAs in the UK.
- Advance and support academic governance.
- Continually improve education standards.
- Develop and oversee the national examination and re-certification for all programs and graduates in the UK.

www.ukiubpae.sgul.ac.uk

PA Managed Voluntary Register Commission

The PA Managed Voluntary Register Commission (PAMVRC) was established to oversee the running of the PAMVR and manage any fitness to practice issues arising from this.

The PAMVRC was jointly founded by UKAPA in conjunction with the UKIUBPAE through the formation of a joint board in June 2010.

The primary purpose of this venture towards statutory regulation of the PA profession is to provide public protection and safety, set standards for education and development and to protect the PA title.

The PA MVR is a precursor to statutory regulation, although without the full protection of legislation. Representations to the Government for statutory regulation of the PA profession are underway.

Joining the voluntary register will provide both the public and employers with some reassurance regarding PA educational and professional standards. The register serves as a means for public protection and safety as there is a Fitness to Practice mechanism as well as a Code of Conduct and Scope of Practice for Physician Associates.

It is strongly recommended that all Physician Associates join the PAMVR and that all employers specify registration as a 'necessary' component of employment. The register is hosted by St George's University of London and is accessed via the PA MVR website.

www.pamvr.org.uk

3. PAs Internationally

USA
The USA has over 45 years experience with the PA model. Currently there are approximately 90,000 PAs nationally, fully integrated into all sectors of medical care, civilian and military, in acute care, hospital-based, and under-served primary care settings.

Canada
The PA role is long established within Canadian Forces. Civilian PA training started at two universities 2008.

The Netherlands
There are PA training programmes at the Academie Gezondheidszorg in Utrecht and the Universities of Arnhem/Nijmegen, Groningen, and Leiden. PAs in The Netherlands provide care in hospital and community settings. PAs have statutory regulation and are able to prescribe.

Euro-PAc

Currently there are Physician Assistant/Associate programmes in The Netherlands, Germany and the UK. In the Netherlands there are five PA programmes and over 800 qualified PAs. In Germany the first PA students will graduate in 2014.

Euro-PAc promotes the PA concept across Europe. A key aim is to develop common core definitions of the PA profession. Euro-PAc aims to promote common Europe wide educational and professional standards so that patients, employers and fellow health care professionals can put their trust in PAs. It is hoped that in the future PAs can enjoy the freedom to work across Europe.

The EuroPAC board currently represents PAs from the Netherlands, Germany and the UK.

www.euro-pac.eu

Appendix

Ionising Radiation

PAs currently lack statutory regulation and therefore are unable to order ionising radiation. The use of ionizing radiation has been subject to specific legislation since 1988. Guidance on the Ionising Radiation (Medical Exposure) Regulations 2000 and amendments made in 2006, known as IR(ME)R can be found on the Department for Health website. These regulations are intended to:

- protect patients from unintended, excessive or incorrect medical exposures
- ensure the benefits outweigh the risk in every case
- ensure certain patients receive no more than the required exposure for the desired benefit, within technological limits

It is clearly set out in the 2006 amendments that only registered healthcare professionals are able to order ionising radiation.

UKAPA are working hard to gain regulation and with it the ability to order X-rays, CT's or MRI scans, as appropriate for each specialty.

Prescribing

PAs in the UK are currently not able to prescribe medication, similar to the situation in the early days in the United States. Close work with supervising physicians and arrangements developed individually allow for flexible ways of working and continuation and expansion of quality patient care. For instance, many PAs working in general practice have the ability to quickly interrupt their supervising physician for a signature and then continue their work. If further advice on a case is required, the GP and physician associate take time out to discuss it and/or see the patient together to come to a decision on further treatment.

In the hospital setting, PAs are able to write drug charts which require countersignature from a doctor, or propose medications on an electronic prescribing system.

Table 1: Transitioning from Qualification Through 'Internship Year'

	On Qualification	On Completion of 'Internship'
History and consultation	Will be able to carry out focused history and produce an appropriate list of differentials.	Will be able to carry out a thorough focused history, and be able to identify appropriate co- morbidities, predisposing/risk factors in order to interpret most likely differential and reasons.
Examination (general)	Starting to be able to abbreviate their examination to become more focused. Becoming confident in ability to distinguish normal from abnormal during clinical examination.	Supervising Dr. has confidence in PA findings and in the PA using their clinical findings to justify the differential diagnosis.
Interpreting evidence and investigation.	Understand diagnostic tests to rule out key negatives. Become aware of the limitations of investigations.	Confidently articulate findings and investigation results.
Clinical judgment and risk management.	Able to narrow list of important differential diagnoses. Consistently identify high risk conditions requiring immediate attention.	Identify main diagnosis and justify reasoning. Aware of best venue to nurse patient e.g. ITU versus medical ward.
Therapeutics and prescribing	Broader understanding of medication choice for presentations of common and important conditions. Aware of contraindications, interactions and monitoring. Learn to develop and explain to patients their clinical management plan and be able to modify plan according to age and co morbidity.	Start to justify choice of medication. Able to understand the impact of co-morbidities and other medications (poly pharmacy) on agent choice and prognosis. Confident in explaining to patients their clinical management plan and able to modify plan according to age and co morbidity. Developing consultation skills to enable shared patient practitioner decision making.
Clinical planning and procedures.	Aware of risks and benefits of common procedures, have basic competence in simpler procedures and some experience of seeing this in action.	Able to implement management plan including proficient basic procedures and develop more advanced procedures. Beginning to be able to manage complications and review patient.

Commencement of Employment Meeting

Date _____

Supervisor _____

Physician Associate _____

PAMVR Number _____

Clinician to whom PA is responsible to within given clinical environments

Current Skills and Competencies

Allocated Time for Tutorials/Teaching

Commencement of Employment Meeting *Contd.*

Areas for Development and Action Plan

Area For Development	How this will be Achieved

Agreed Date for next review

_____

Signed

Supervisor _____

Physician Associate _____

Timetable for Reviews and Appraisals

‘Internship’ Year			
Timing	**Number of CBD/Mini CEX**	**Date**	**Signed as Complete**
Commencement Meeting	N/A		
3 months	3x CBD, 3x miniCEX		
6 months	A further 3x CBD, 3x miniCEX		
1 year	An overall total of 8x CBD, 8x miniCEX		

Regular Reviews and Appraisals (6 monthly for years 2-3, yearly thereafter)			
Timing		**Date**	**Signed as Complete**
Year 2			
6 monthly review	3x CBD, 3x miniCEX		
Yearly Appraisal	6x CBD, 6x miniCEX		
Year 3			
6 monthly review	1x CBD, 1x miniCEX		
Yearly Appraisal	2x CBD, 2x miniCEX		
Year 4 and onwards			
Yearly Appraisal	2x CBD, 2x miniCEX		

Review Meeting

Date _____

Supervisor _____

Physician Associate _____

PAMVR Number _____

Length of employment _____

	Number Required	Number Achieved	Comments
DOPS			
CBDs			
miniCEXs			
Type 1 CPD hours			
Type 2 CPD hours			

Goals Set at Previous Meeting	Progress	Date Goal Achieved

Review Meeting *Contd.*

Goals Set for Next Meeting	How will this Be Achieved

Agreed Date for next meeting:

_____

Signed

Supervisor _____

Physician Associate _____

mini CEX Assessment Form

Physician Associate:			**Date of Assessment:**	
Assessors Name:			**Assessor GMC Number:**	
Setting (please circle):	In-patient	Out-patient	Emergency	Other:
Case complexity (please circle):	Low	Moderate	High	
Patient problem/Diagnosis:				

	Unsatisfactory	Satisfactory	Above expected	Not observed
Medical interviewing skills				
Physical examination skills				
Professional qualities/ communication				
Organisation/efficiency				
Overall clinical competence				

Strengths:	**Suggestions for development:**
PA signature:	**Assessor's signature:**

CBD Assessment Form

Physician Associate:			**Date of Assessment:**	
Assessors Name:			**Assessor GMC Number:**	
Setting (please circle):	In-patient	Out-patient	Emergency	Other:
Case complexity (please circle):	Low	Moderate	High	
Patient problem/Diagnosis:				

	Unsatisfactory	Satisfactory	Above Expectation
Record Keeping			
History taking			
Clinical Assessment including findings and interpretation			
Management plan			
Follow-up and future plan			
Overall clinical Judgment			

Strengths:	**Suggestions for development:**
PA signature:	**Assessor's signature:**

DOPS Assessment Form for Physician Associates

Physician Associate: _____ PAMVR Number _____

Procedure: _____

Date & Location: _____

N = Not observed or not appropriate, D = Development required, S = Satisfactory standard

Awareness of indications, anatomy, procedure and potential complications	N	D	S
Gains appropriate consent	N	D	S
Administers effective analgesia or safe sedation	N	D	S
Technical ability	N	D	S
Aseptic technique & safe use of instruments and sharps	N	D	S
Deals with unexpected event or seeks help when appropriate	N	D	S
Standard of communication and professionalism	N	D	S
Organisation & efficiency	N	D	S

Circle appropriate level of competency			
Unable to perform procedure	**Competent to perform procedure under direct supervision**	**Competent to perform procedure with minimal supervision**	**Competent to perform unsupervised (able to deal with possible complications)**

Observer: _____ Cons☐ SpR☐

Signed: _____ GMC Number: _____

Yearly Appraisal Document

The purpose of this document (provided as a separate attachment) is to provide a mechanism to formally appraise Physician Associates in clinical practice. Please note that this is a draft document which is still evolving; we have released this document to PAs to obtain feedback around how it functions. If you have any feedback regarding using this tool please contact us through the UKAPA website or forum.

The document comprises of four sections –

1. Background details
2. Current Medical Activities
3. Record of Development Action
4. Summary of Appraisal Discussion

It is recommended that the Physician Associate fill in forms 1-3 prior to their appraisal. Section 4 is to be filled in by their appraiser during the appraisal process. Form 3 involves a summary of action points and achievements from the Physician Associate's previous appraisal/interim meeting. This form should be left blank if it is the first appraisal/meeting to set aims.

This document is made available from UKAPA as a tool to aid the development of the Physician Associate role. UKAPA do not hold any responsibility for the contents of this document and do not keep copies. It is the responsibility of the Supervising clinician and Physician Associate to review this document and update at an agreed interval.