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| **Preceptorship Year for Physician Associates in Primary Care  Health Education England -– South West** | | | | | |
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| **2022 - 2023 TEMPLATE** | | | | | |
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| 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  HEE Preceptorship Guidance | | | | | |
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| **Name of Supervisor:** | | | |  | |
| **Practice Name:** | | | |  | |
| **Date submitted to HEE-SW:** | | | |  | |



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| **HEE National Funding Framework - Physician Associates in Primary Care** | | | | | |
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| **Purpose of this document & Intended Audience**  The purpose of this document is to **support and provide guidance** to South West Region General Practices in their design of a Preceptorship Programme for the newly qualified Physician Associate.  **Preceptorship**As part of the 2018 - 2023 nationally agreed funding model, HEE will be investing a **£5000 education support payment** for Practices if:   **i. new PAs contract to work in Primary Care after graduating and becoming registered, and;  ii. upon receipt of a Preceptorship Programme which meets HEE Preceptorship Criteria [set out on page 7].** | | | | |  |
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| **Considerations during the first year of employment** |

**FPA Guidance - An Employer's guide to Physician Associates**<http://www.fparcp.co.uk/employers/guidance>

A 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. While a newly qualified PA should be able to deliver service, they will still require training and supervision, as would any new member of staff in a first job.   
  
Initially, a PA will require some structured learning and planned supervision, although with time this should become less necessary, as their skills and knowledge grow and your confidence and trust in the PA and their ability to make good clinical decisions increase... PAs should also have access to experiential learning in the clinical areas in which they are working, and should maintain a portfolio of cases and case discussions with clinicians, reviewed with their clinical supervisor.

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| **Practice Information** | |
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| Practice Name: |  |
| Practice Address: |  |
| Training Hub & CCG: |  |
| Lead GP [if applicable] - Name & email address |  |
| Practice Manager - Name & email address |  |
| Number of PAs currently employed at the Practice: |  |
| Number of newly qualified Physician Associates joining the Practice in August 2019 |  |
| Named Practice Lead for PA Preceptorship and email address |  |
| Named Clinical Supervisor for Preceptee and job title |  |
| Please detail the Clinical Supervisor's working pattern and availability. |  |
| The clinical supervisor will ensure they are indemnified for their educational role through their usual medical indemnity policy and provider [2.6 HEE Preceptorship Criteria]. Please confirm indemnity arrangements are in place |  |
| What opportunities have practice staff had to learn about the role of Physician Associates? |  |
| What measures does your practice take to inform patients on the range of healthcare staff who work in your practice? |  |

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| **The Physician Associate Preceptee** | |
| **PLEASE NOTE: You must have sought agreement from your PA, in writing, before sharing this information with HEE-SW** | |
| Name of PA Preceptee: |  |
| Preceptee email address |  |
| Date of PA's graduation, and name of HEI: |  |
| Please confirm that the PA has passed their university exams and the PA national exam. |  |
| Please confirm that indemnity is in place for your PA.  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. |  |

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| **HEE Preceptorship Criteria** |

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| 1. The preceptorship programme will be undertaken for a minimum of 1 year [whole time equivalent]. |
| 2. The Preceptorship is only being offered to a PA who is commencing a programme in the year after first gaining registration on the national register. |
| 3. The Preceptorship Programme should entail a minimum of 50% [or 6 months’ full time equivalent in any rotation of placements] be spent 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 of 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 |

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| **About your Preceptorship programme** |

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| **Question** | **Practice Response** |
| Is your Preceptee working full time or part time?  *The preceptorship programme will be undertaken for a minimum of 1 year [whole time equivalent].* |  |
| Is your Preceptee a newly qualified PA graduate?  *The Preceptorship is only being offered to a PA who is commencing a programme in the year after first gaining registration on the national register.* |  |
| How is your Preceptorship programme set up?  *The Preceptorship Programme should entail a minimum of 50% [or 6 months’ full time equivalent in any rotation of placements] be spent in Primary Care* |  |
| Does your Preceptee’s weekly timetable include at least 1 dedicated session for education? **Please attach a copy of the timetable with your response.**  *The weekly timetable should include at least 1 dedicated session for education.* |  |
| Who will be providing Clinical Supervision to your Preceptee?  *Placements should have an educationally approved primary care clinical supervisor who is reasonably available* | **Please delete as appropriate:**  a. an approved GP Educational Supervisor for GP Trainees b. an approved Clinical Supervisor for medical Foundation Trainees in GP c. Someone who has undertaken an approved Clinical Supervisor Course.  d. Other  **If you have selected 'other' or if you are not sure which of the options above to choose, please email** *regionaltraininghubs.sw@hee.nhs.uk* |
| Preceptees must be given protected time to meet with their Mentor on a 6-weekly basis.  *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* |  |
| Please attach a copy of the induction programme you have set up for your Preceptee and confirm you will arrange protected time for the mid-point and of programme review.  *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* |  |

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| Please confirm what system you will use to record your Preceptees progress?  *The programme should use suitable supportive records of the preceptor’s progress, for example FPA’s first year guidance* |  |
| Please confirm what arrangements you have made for appraising your Preceptee?  *The preceptor should take part in the employer's annual appraisal system.* |  |
| Please confirm which development programme your Preceptee will attend?  *Access to a professional development programme from a local HEI or equivalent should be available which will include alumni activity* |  |
| Please describe what multi-professional learning opportunities your preceptee will be able to engage with, and how you will ensure protected time to allow this?  *The preceptorship programme should enable the post–holder to engage in multi-professional learning activities* |  |
| 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. | **Your initial induction meeting with your 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 confirm that your Preceptee is registered on the PAMVR and how you will support them to remain compliant with all requirements?  *Individual post-holders will be expected to complete and maintain all of the requirements of the UK PA managed voluntary register [PAMVR].* |  |
| Please describe the expected outcomes of your Preceptorship programme.  *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* |  |

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**Appendices**

Appendix One – Supervision

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| **HEE Preceptorship Criteria 5: Placements should have an educationally approved primary care clinical supervisor who is reasonably available**  **HEE Criteria**: 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 nor the new PA may have seen the PA role developed professionally within general practice before. |
| **FPA Guidance - An Employer's guide to Physician Associates - Support and development of PAs** <http://www.fparcp.co.uk/employers/guidance>  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.   The PA will be employed as a member of the medical team in primary or secondary care and will have a clinical supervisory relationship with a named doctor, who will provide clinical guidance when appropriate. It is expected that the supervisory relationship will mature over time, and while the doctor will remain in overall control of the clinical management of patients, the need for directive supervision of the PA will diminish.   The PA will always act within a predetermined level of supervision and within agreed guidelines.  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. Therefore, it is likely that equivalent structures and processes to those used in the USA to test the maintenance of generalist knowledge will be introduced in the UK. |

The level of supervision should be tailored based on an assessment of competence. This would, typically, see a 'stepwise approach' being taken. This might see your PA:

1. Sitting in and observing GPs, Nurses and other clinicians
2. Moving onto 'swapping chairs' with the PA being observed consulting with patients and receiving feedback/debrief.
3. 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.
4. One would imagine that within this step, that there is also a 'step-wise' approach. This might see all patients being debriefed by the supervising GP before leaving the practice. this can then be expected to progress to:
   1. some patients being debriefed after they have left the building
   2. block debriefing of a number of patients
   3. selective debriefing of patients

Appendix Two – Mentoring

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| **HEE Preceptorship Criteria 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** |
| **HEE Criteria**: - 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. The mentor needs to be available for support, exact arrangements can be defined in local areas |
| **Mentoring will cover both personal development and clinical development aspects of Preceptorship. In other regions, HEE have arranged PA Mentorship. We will communicate the 2019/20 plan to you shortly.** |
| **HEE Preceptorship Programme - Potential areas for personal and clinical development** |
| * Accountability |
| * Career Development |
| * Communication |
| * Dealing with conflict/managing difficult conversations |
| * Delivering safe care |
| * Emotional intelligence |
| * Leadership |
| * Quality improvement |
| * Resilience |
| * Reflection |
| * Safe staffing/raising concerns |
| * Team working |
| * Medicines Management [where relevant] |
| * Interprofessional Learning |

Appendix Three – Weekly Educational Session

**HEE Preceptorship Criteria 4: The weekly timetable should include at least 1 dedicated session for education** [pro-rata where the programme is taking place across Primary /Secondary Care]This will form the basis of your preceptorship as you construct it and will be informed by your initial induction meeting with your PA. 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 HEE Training Hub. These sessions are an opportunity for your PA to complete DOPS, CBDs and MiniCEXs etc. These sessions should not be external courses.

Please attach a copy of the PA's weekly timetable when you submit this document.

Appendix Four – What can PAs do in Primary Care?

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|  |  |  | http://www.fparcp.co.uk/employers/guidance |
|  |  | 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. | |
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| All PAs are trained to be aware of the level of their clinical competence, and to work within their limits accordingly. Each GP practice runs differently, so a PA’s role may vary across primary care. Newly qualified PAs can see the range of patients that present to general practice; however, initially they may need more supervision and support. The level of support and supervision required should lessen in time as the PA grows in confidence, knowledge and skills.  As PAs become more experienced, they can become involved in a wide range of activities including service design and development, becoming clinical placement leads for students, undertaking minor operations and becoming involved in practice-wide education and quality improvement projects.  A mix of sessions is ideal and ensures a broad scope of practice. For instance, if a PA works ten sessions per week, there should be a mix of session types. PAs who only see acute, on-the-day cases will never progress clinically. To ensure continued interest and long-term job satisfaction, a PA would ideally be involved in the entire scope of GP practice. PAs should be allowed to see any patient who presents, with their supervising GP assisting or intervening if required. This is key to the development of a PA. | | | |
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Appendix Five – Core competencies expected at point of qualification

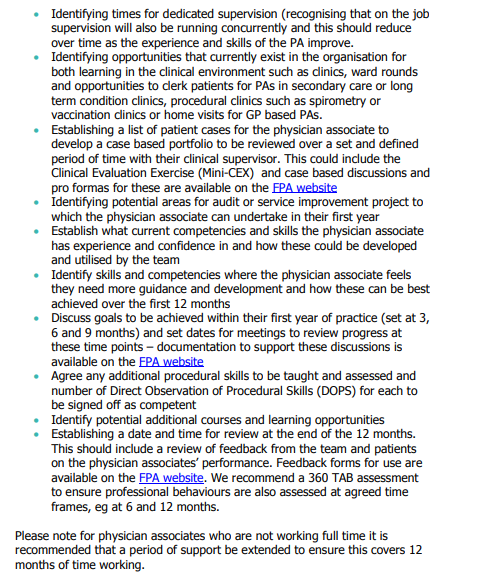
<http://www.fparcp.co.uk/about-fpa/Who-are-physician-associates>

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| Therapeutics and prescribing |
| • Working under medical delegation clauses, determine and propose appropriate therapeutic interventions from the full range of available prescription medications used in the clinical setting • Write accurate and legible prescriptions in out-patient, in-patient and primary care setting for review and signature by a supervising clinician. • On commencing intravenous infusion, write accurate and legible prescriptions for appropriate fluid regimes for review and signature by a supervising clinician • Use the British National Formulary (BNF) and local formularies appropriately and be familiar with the yellow card system for reporting side effects/drug interactions • Recognise their responsibility for facilitating patient concordance for the drug regime being proposed by them and prescribed by their supervising clinician. |
| Clinical planning and procedures |
| • Formulate and implement a management plan in collaboration with the patient, the carers and healthcare professionals • Perform clinical procedures using knowledge of the indications, contraindications, complications and techniques • Monitor and follow up changes in patient’s condition and response to treatment, recognising indicators of patient’s response. |
| Documentation and information management |
| • Initiate and maintain accurate timely and relevant medical records • Contribute to multi-professional records where appropriate. |
| Risk management |
| • Recognise potential clinical risk situations and take appropriate action • Recognise risks to themselves, the team, patients and others and takes appropriate action to eliminate/minimise danger • Value the importance of clinical governance and participate as directed. |
| Teamwork |
| • Value the roles fulfilled by other members of the health and social care team and communicate with them effectively • Effectively manage patients at the interface of different specialties and agencies, including primary/secondary care, imaging and laboratory specialties • Effectively and efficiently hand over responsibility to other health and social care professionals |
| Time/resource management |
| • Prioritise workload using time and resources effectively • Recognise the economic constraints to the NHS and seek to minimise waste. |

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| Maintenance of good practice |
| • Critically evaluate own practice to identify learning/developmental needs and identify and utilise learning opportunities • Use evidence, guidelines and audit (including significant event analysis) to benefit patient care and improve professional practice. |
| Ethical and legal issues |
| Identify and address ethical and legal issues, which may impact on patient care, carers and society. Such issues will include: • ensuring patients’ rights are protected (e.g. children’s rights including Gillick competency: patients’ right to participate in making decisions about their care) • maintaining confidentiality • obtaining informed consent • providing appropriate care for vulnerable patients (including vulnerable adults, children and families in need) • responding to complaints |
| Equality and diversity |
| • Recognise the importance of people’s rights in accordance with legislation, policies and procedures • Act in a way that: - acknowledges and recognises people’s expressed beliefs, preferences and choices; - respects diversity; - values people as individuals; - incorporates an understanding of one’s own behaviour and its effect on others • Identify and take action when own or others’ behaviour undermines equality and diversity |
| Awareness of guiding principles and current developments in the NHS |
| • Practice in a manner which is grounded in the underlying principles of the NHS as a patient centred service, free at the point of delivery• Maintain an awareness of national and local guidelines / legal requirements, both generally and, in particular, as relevant to their area of practice• Maintain an awareness of any new developments in the structure and function of the NHS and particularly in relation to their area of practice• Demonstrate an understanding of change processes within the NHS and fulfil their broader professional role by participating in national and local consultation processes |
| Public health |
| • Address issues and demonstrate techniques involved in studying the effect of diseases on communities and individuals including:  - assessment of community needs in relation to how services are provided - recognition of genetic, environmental and social causes of, and influences on the prevention of illness and disease - application of the principles of promoting health and preventing disease. |
| Moving and Handling |
| • Assess the risks to self, colleagues and the patient prior to moving and handling and act to minimise those risks by: - ensuring that there are sufficient trained staff available to carry out the action safely - using appropriate manual handling techniques for the situation - making proper use of any moving and handling aids provided |

Appendix Six – Starting Employment

## The Faculty of Physician Associates recommends that during the first week of employment, a structured programme of specific educational goals be developed. http://www.fparcp.co.uk/employers/guidance . The FPA advise that this include:



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| Please note that for PAs who are not working full time it is recommended that a period of support be extended to ensure this covers 12 months of full time working.   You may want to use the UKAPA template which can be found within the 'UKAPA Handbook'. You can download a copy [here](https://www.healthylondon.org/wp-content/uploads/2017/11/Physician-Associate-Employers-Handbook-2014.pdf). |

Appendix Seven – Transitioning from qualification through to 12 months post qualification for a Physician Associate

<http://www.fparcp.co.uk/employers/guidance>

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|  | **On Qualification** | **On Completion of ‘Internship’ [Preceptorship]** |
| **History and consultation** | Will be able to carry out focused history and produce an appropriate list of differentials. | Able to carry out a thorough focused history, and be able to identify appropriate comorbidities, 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 doctor 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 comorbidity. | Start to justify choice of medication. Able to understand the impact of comorbidities and other medications, polypharmacy) on agent choice and prognosis. Confident in explaining to patients their clinical management plan and able to modify plan according to age and comorbidity. 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. |
| **Professionalism** | Consistently behave with integrity and sensitivity, be a good role model and ambassador, maintain effective relationships with the MDT and contribute to the clinical learning environment. | Have completed a 360 TAB at 6 and 12 months and beginning to deal with ‘difficult patients’. Be part of training for other ‘internship’ PAs and/or teaching PA and other healthcare students. |

Appendix Eight – Reviews and Appraisals

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| **HEE Criteria 8 & 9**  **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.** |
| The UKAPA 'Support, Development and Educational Requirements of a Physician Associate: An Employers Handbook' advises it is left to the discretion of the supervising doctor [on discussion with the PA] as to the nature and number of Directly Observed Procedural Skills that should be covered in a given time period. |
| The handbook notes that 3 and 6 monthly reviews should constitute review of the goals set in previous meetings. Completion of DOPS, CBDs and MiniCEXs should be documented, and that any trouble in obtaining these needs to be discussed and addressed. You may want to use the UKAPA templates and forms which can be found within the 'UKAPA Handbook'. You can download a copy [here](https://www.healthylondon.org/wp-content/uploads/2017/11/Physician-Associate-Employers-Handbook-2014.pdf) |

Appendix Nine – Professional Development

**HEE Preceptorship Criteria 10: Access to a professional development programme from a local HEI or equivalent should be available which will include alumni activity.**

## The professional development programme will be informed by the individual needs of the PA and the Practice but will include aspects of educator training and development to support future PAs.

## Content of the professional development programme should be informed by:

## collated evidence from appraisals and reviews undertaken during the 2019/20 Preceptorship year;

## CPD activities undertaken by the PA during 2019/20, and their reflective practice;

## meetings between the PA and the Clinical Supervisor, and the PA and their Mentor.

## **FPA CPD Guidance for Physician Associates** <http://www.fparcp.co.uk/your-career/cpd>

## Many employers offer a study budget and allocation of study leave in addition to salary, to allow the PA to meet their CPD and personal development plan objectives for the year. The funding of this budget will depend on available resources of the employer and should be offered to PAs meeting their contractual requirements for internal mandatory training and appraisal targets. CPD should include activities both within and outside the employing institution, where there is one. In order to support Physician Associates in obtaining a proportion of their CPD outside their workplace, it is desirable to include a category of ‘external’ CPD wherever possible; for example, a minimum threshold of 25 ‘external’ CPD credits. There should also be a balance of learning methods that includes a component of active learning CPD activities should include professional development outside narrower specialty interests. Categories assist people to classify CPD and to ensure that a balance of activities is undertaken. CPD credits can be either Clinical or Non-clinical and can be derived from Personal, Internal or External activities. Further information can be found on the FPA website: http://www.fparcp.co.uk/your-career/cpd

**FPA Guidance - An Employer's guide to Physician Associates -CPD-** [**http://www.fparcp.co.uk/employers/guidance**](http://www.fparcp.co.uk/employers/guidance)  
  
All PAs are expected to maintain their CPD with a minimum of 50 hours annually, as required by the FPA. It is expected that a PA will establish a formal educational needs plan with their supervisor, which will be reviewed on a regular basis. PAs are required to keep an up-to-date CPD diary, which is available as part of the membership of the FPA.  
  
On commencing employment, PAs and their supervisors should draw up agreements on allocation of CPD-dedicated work hours, including an agreement on the frequency of tutorials (as appropriate). It is anticipated that these agreements would need to be reviewed on a regular basis.   
  
Offering training and education to PAs to enable their development is a good way of retaining PAs over a period of time. This not only benefits the PA but allows the relationship between supervising consultant and PA to develop by retaining a continuous team member.