



Placement Guidance General Practice

For Clinical Supervisors

2019/2020

**MSc Physician Associate Studies
University of Hertfordshire**

Introduction

Dear Colleagues,

Thank you for agreeing to support our new and exciting Physician Associate (PA) Studies Programme here at University of Hertfordshire. We are very excited to have you as one of our clinical partners and we hope to work ever more closely with you as the programme develops and evolves both regionally and nationally.

Your clinical contribution in helping to train and support our cohort of Health Education England (HEE) funded PA students and provides us all with an extraordinary opportunity to serve as key players and partners in the establishment of this latest and most innovative of healthcare professions which has seen such an extraordinary and exponential rise within the NHS.

Pending formal statutory regulation, which is likely to be by the General Medical Council (GMC) (Watkins, 2016, GMC, 2015), the [Faculty of Physician Associates \(PFA\)](#) (FPA, 2017c), based in the [Royal College of Physicians \(RCP\)](#) (RCP, 2015), currently act as the de-facto regulators of this exciting and innovative new healthcare profession.

The FPA promote, support and lobby for the PA profession, and oversee and support the development and application of the [national curriculum](#) (DH, 2012, DH, 2006, DH-FPA, 2017), run the [national qualifying exams](#) (FPA, 2017g) and [recertification exams](#) (FPA, 2017j), as well as managing and overseeing the [PAMVR](#) (FPA, 2017i). They have also published a [Physician Associate Programme Accreditation Standards](#) document (FPA, 2015),

Our Physician Associate Studies MSc programme, which is based in the [Department of clinical and Pharmaceutical Sciences](#) (UH, 2017b), is a 2-year full-time course, 50% of which is based in clinical practice. We follow the [national curriculum and guidance](#) which is published by the Department of Health (DH) and monitored and administered by the Faculty of Physician Associates (DH, 2012, DH, 2006, DH, 2016).

Contained within this guidance will be the key information and guidance regarding the PA's role within the multi-disciplinary team, our training programme, the curriculum, assessments, supervision, expectations while on General Practice clinical placement, and more. If you have any questions at any point, please do not hesitate to contact us. We are keen to hear from you and your colleagues about the experience of hosting our PA students and we would highly appreciate any feedback.

We are looking forward to our collaboration and we thank you again for your input and support.

Yours faithfully,

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The Physician Associate (PA) is defined as someone who is:

“A new healthcare professional who, while not a doctor, works to the medical model, with the attitudes, skills and knowledge base to deliver holistic care and treatment within the general medical and / or General Practice team under defined levels of supervision”.

PA's in General Practice

Physician Associates are trained as 'generalists' and have the potential to undertake a wide range of roles under the supervision of a GP including:

- Telephone triage
- Open surgery, managing their own lists
- Chronic disease management
- Ordering investigations
- Home visits
- Liaison and referrals with other teams and services
- Procedures such as coil fittings, contraceptive implants
- 6/52 mother and baby checks
- Minor surgery
- Complete reports: holiday cancellation forms, DWP forms and insurance medicals
- Assist GP (for example, HGV exams, DVLA forms etc which are then signed by the GP)

PA Student Placements Schedule 2020/2021

This will consist of 3 blocks which are as follows:

Block One: - January 2020 – 2 weeks

Block Two: - January 2021 – 5 weeks

Block Three: - July 2021 – 2 weeks

We expect most practices will have the same PA students for their whole GP experience, thus allowing a 'PA-Practice' relationship to form that might encourage the PA to stay working for that Surgery after graduation.

Prior to commencing block one, students would have undertaken teaching at the university in the following:

- Fundamentals of basic sciences of most of the non-specialist systems comprising of
 - Anatomy
 - Biochemistry
 - Physiology
 - Pharmacology
- Overview of common diseases within non-specialist systems
- Introduction to common clinical presentations
- Professional development and clinical communication which includes
 - Ability to take histories and perform basic examinations of most non-specialist systems
 - An understanding of the Health and Social Care world including
 - MDT working
 - Working with special groups

- Public Health
- Ethical Dilemmas
- Resource management

Before commencing block two, students would have completed:

- 1st session of their secondary care placements
- An Integrated Evidence Based module which includes
 - An understanding of how the use of evidence in clinical practice
 - The ability to critically evaluate and analyze evidence
 - The understanding of best practice in the management of chronic diseases
- In-depth teaching on the diagnosis, investigation and management of clinical presentations.

The final block three will take place at the end of the programme when students should have completed all other placements including Mental Health and Secondary Care and the block should provide students with an ideal platform to consolidate all their learning in the last two years and prepare them for the national exam.

General Practice Placements

During their placements, students must gain an overview, understanding and appreciation of Primary Care services and provision (and links to secondary, community and social care services), priorities, functions, organisation, structure and management as well as funding, education and quality assurance.

They must gain an understanding, appreciation and be able to reflect on the roles, responsibilities and duties of each healthcare professional within the multi-disciplinary team, including teamwork, communication, professionalism and the patient journey.

Clinically, they should be exposed to and gain experience in all key and major services.

The student is expected to be treated and welcomed as a full member of the team to the same extent as a medical student.

Aims and objectives of the placements include:

- Provide Induction to placement and to General Practice
- Describing and understanding the role of the GP
- Attending GP-led clinics
- Attending home visits/nursing home visits (if these become available while the student is at placement)
- Describing and understanding the role of other members of the primary healthcare team. Therefore, students are expected to spend time with other members of the team such as the practice nurse, practice managers, admin team etc. Students are expected to have sessions with other healthcare professionals working at the practice.
- Students should be taught about other healthcare services in the NHS, available to patients such as walk-in centers
- Students should be able to conduct a complete history and assessment of common clinical presentations

- Students should have opportunities to practice practical procedures commonly undertaken in the GP setting
- Develop an understanding of how multiple morbidities impact on a patient's activities of daily living and its impact on health care services
- Understand the different kinds of disability and how its effects on patients can be minimized
- Students should gain experience in advising patients on risk reduction, related to chronic disease and be able to use clinical measurements to guide this (e.g. using blood pressure recordings to advice on cardiovascular risk and management)
- Understand the impact of breaking bad news and how to deal with this
- Introduction to the different forms of communication skills required when communicating with patients within a consultation in the general practice setting
- Learning to communicate effectively with other healthcare professionals (nurses, district nurses, practice nurses, carers, colleagues and community midwives etc.).
- Learning to communicate effectively with family and relatives
- The ability to listen to patients presenting complaints, providing ample time for patients to explain their presenting complaints, but at the same time demonstrating empathy and interest.
- Ensuring a comfortable environment is created for patients to feel comfortable when explaining their presenting complaint – maintaining privacy and patient dignity at all times
- Ensuring that chaperones are offered for both male/female patients when examination is required.
- Learning about the different questioning techniques
- Learning about the importance of non-verbal communication
- Learning about how to develop a good rapport with patients

Who should they see on placement?

The make-up of primary care teams can vary widely. Part of the time on placements should be devoted to meeting the members of the team, understanding their roles and how they communicate with each other to meet the needs of their patients, after all, qualified Physician Associates and Physician Associate Students work as part of the multi-disciplinary team.

Members of the team can also get involved in some of the assessments that the students need to complete on placement, such as skills competency assessments or multisource Feedback on professionalism and team working.

Practice Team

GPs
GP receptionists
Administrators
Practice Manager

Nurses and Health care assistants

Nurse practitioners

Community teams

Midwives
Health visitors
Counsellors
Visiting community teams eg. drug and alcohol team, mental health team
District nurses, advanced practitioners and community matrons
Young person clinics
Family planning
GP with special interest clinics

Community services

Pharmacists
Dentists
Opticians
Support groups eg. Relate, Age Concern

Information to Provide to your PA Student (s)

It is important to ensure students are well informed about the practice, the local area and their placement.

I. What to tell students before they arrive...

Please ensure that students are informed of the following:

- How to find the practice
- Useful contacts (names and numbers)
- Reporting details on the first day (time of arrival/who will meet and greet them)
- Information about dress code if any
- Email students with introductions to placement/practice
- Do they need to bring anything with them (Stethoscope?)

II. What to tell students on arrival...

- What they would like to gain from their placement
- Anything in particular they need help with/more exposure to – a learning needs analysis
- Information about the practice (size/where it serves)
- Information about the local community
- Information about local amenities (for lunch)
- Information about when they will have tutorials (students should be offered to come up with topics that they would like to learn more about)

III. Timetable

- The timetable should be prepared before the students arrive. Your practice will be informed of the dates that students should be on GP placement.
- Your practice should prepare a timetable for the duration of a student's placement.
- Students should spend the majority of their time in clinical sessions to obtain as much patient and clinical exposure.
- Placements should be at a minimum 9-5pm (Min 8 hours per day) however; students should follow the practice timetable guided by their GP trainer/mentor. Therefore, start times and finish times may vary between practices.

Sessions and Activities

Students must:

- have a minimum of three formal meetings (for which there are forms) – Initial, Mid-placement and End-of-placement
- attend as many supervisory and educational meetings with their supervisor as possible but at least on a one day a week basis, in addition to regular contact in clinics, in team meetings, home visits etc
- have tutorials and be taught on consultation and communication skill
- attend practice meetings/local and regional teaching
- be given opportunities to conduct observed and supervised consultations with patients
- have learning needs identified and addressed within the initial formal meeting
- observe out of hours' sessions (if available)
- Students should attend as many consultations with the GP as possible
- Students should be given opportunities to conduct observed and supervised consultations with patients

- Practices should offer ongoing contact and support to PA students with regards to primary care

Assessments

- PA students should gain the opportunity to take histories and carry out examinations of patients who are willing to see the student first, to enable students to develop their consultation and presentation skills. This can then be used to do a **Case Based Discussion Assessment**.
- Students should be given opportunities to observe, learn and practice procedures. Any team member competent in the procedure being practised and observed can then do a **Direct Observed Procedure Assessment and complete the relevant section of the log book**.
- Students' skills in Examination should be directly assessed by a senior doctor (GP Registrar or GP trainer) and **should be signed off as completed within the log book**.
- Students should also be encouraged to do **reflections** on interesting cases or situations they experience during their placement and these should be discussed with them in formal meetings
- The student should keep a **record of attendance** for any clinic they attend, procedures they practice under supervision and record teaching and other interesting activities - these should be signed off as appropriate.
- They must provide evidence for all core aspects of the curriculum linked through their portfolio.

An overview of the content for each GP block and the intended GP placement learning outcomes is set out below:

1. At the beginning of the placement (**block 1**), the student will mostly observe and see role-modelling
 - They can rotate between different GPs (if applicable), nurse-run clinics, reception and other associated activities to see wide variety of processes.
 - A sample timetable can be found in appendix one
2. By the middle of **block 1** students should start to merge observation with practice of directed history taking and clinical skills on selected patients, overseen by the GP supervisor.
3. **Block 2** will aim to increase student exposure to patients and consultations, with the aim of increasing supervised practice in these skills.
 - The GP supervisor will be asked to observe a small number of student-patient interactions to ensure communication and history/physical skills are acceptable (approximately equivalent to the level of an 'early years' medical student in skills and supervision).
 - The student will present the patient to the GP supervisor in the room with the patient, and they will discuss differential diagnosis, treatment/management plan in collaboration with the patient.

- Students will be expected to document at minimum a short summary of the consultation for the medical record – they may do full documentation at the guidance of the GP supervisor.
4. By the end of the **year two and block 3**, students should consult with and then present patients at the GP tutor's discretion. Depending on their progression, students could start seeing patients in a 'PA-student clinic' manner – if deemed appropriate by the supervisor.
- By the end of the second-year PA students should be approximately equivalent to a '*later years*' medical student in terms of skills and attitudes.

Supervision

It is imperative that all patients seen by PA students are reviewed by the GP supervisor. The amount of direct supervision with the GP supervisor will vary over the attachments (less to start with due to sitting in with other team members, more in the latter stages of the placement because the student will be seeing patients themselves and then presenting/discussing with the GP).

Second year placements are more time-intensive to the supervisor given that the student will be present 5 days a week, although we advise time to be spent with all members of the primary care team

MSC Physician Associate Primary Care Learning Objectives

KNOWLEDGE

By the end of their training a PA would need to know about?

- Diagnosis and management of chronic conditions in the community (e.g. Diabetes, COPD, asthma, heart failure, ischemic heart disease, hypertension, leg ulcers)
- Recognition and management, especially natural resolution of, minor illness in adults and children
- Diagnosis and initial management of acute and chronic skin conditions in adults and children
- Community antenatal care
- Community recognition and initial management of common mental health disorders (e.g. depression, anxiety, grief, bereavement and dementia)
- Recognition and initial management of common gynecological and women's health problems
- Diagnosis and initial management of common ENT and ophthalmic conditions
- Recognition and initial management of acute respiratory disease in children and adults, including the indications for use of antibiotics and recognition of conservative management
- Diagnosis and initial management of common GI conditions (e.g. Irritable bowel syndrome, constipation, gastroenteritis, dyspepsia)
- Knowledge and application of "red flag" and 2 week wait criteria for possible cancer diagnosis referral

SKILLS

By the end of their training a PA would need skills in?

- Bio-psycho-social assessment
- Eliciting of Ideas, Concerns and Expectations (ICE)
- Core systematic clinical examinations appropriate for primary care
- To be able to take mental health history appropriate to Primary Care
- Assessment of suicide risk and assessment of severity of depression
- Recognise opportunities for and perform opportunistic health promotion (e.g. blood pressure and weight measurement, smoking, alcohol, exercise, immunisation and screening advice)
- Understand and be able to implement an appropriate safety netting plan
- Take a venous blood sample using appropriate technique
- Undertake respiratory function tests including peak flow measurement
- Instruct patients on the use of inhaled medication devices
- Take nose, throat and skin swabs
- Perform an ENT examination
- Obtain a cervical smear and cultures for HVS

ATTITUDES

By the end of their training a PA would need to have attitudinal, higher and organisational learning in?

- Awareness of how a 'Physician-PA' team can work in practice and how PAs can function in multi-professional teams used in the community
- Awareness of the PAs professional and clinical competence boundaries and effective team working under supervision
- Understand and recognise how workload, time management and organisation influences performance and patient care
- Understand and recognise strengths and learning challenges with personal work load and time management issues

Common Patient Presentations

PA students should be familiar with the following patient presentations upon graduation and should be able to manage/diagnose/refer appropriately as stipulated in the Competence and Curriculum Framework for PAs:

<p>Addiction Altered sensation (including loss of feeling in lower limbs) Anxiety: abnormal Appetite/weight: alteration Back pain Blood loss Breast problems (lump, pain, discharge, surface changes) Children: Failure to thrive Children: Developmental problems Children: Short stature Children: Unexplained injury Circulatory abnormalities of the limbs Collapse/reduced level of consciousness (including fits) Cough Cutaneous/subcutaneous swellings Disordered mood Disordered thinking Distension: abdominal ENT problems ENT Emergencies Eye problems Eye Emergencies Falls/faints (syncope)/dizzy turns Fertility / Infertility Fever GI disturbances including vomiting/altered bowel habit Head and neck lumps Headache Hypothermia Injury: Head & Neck Injury: Extremities</p>	<p>Injury: Abdominal & Pelvic Injury: Thoracic Joint pain/swelling Mass: abdominal Memory loss Menstrual changes / problems Micturition abnormalities (including frequency, volume, colour and incontinence) Movement: loss of/abnormal (inc. inability to walk, shaking hands) Oedema Pain: abdominal Pain: chest (including heartburn) Pregnancy: problems in Prolapse Sciatic leg pain Scrotal and groin swellings / pain Sexual dysfunction Sexually transmitted infection: concerns about Shortness of breath Skin changes: colour, ulceration, pruritis, rashes Sleep disorder Speech disturbances Swallowing difficulties (dysphagia) Tiredness Visual disturbances Voice changes Weakness (both focal and general)</p>
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Additional support and useful information

- A list of FAQ is available as an appendix to this document.
- If you have any regarding placement administration, please contact:

Natalie Andreou
 Administrator
 School of Life and Medical Sciences
 Extn: 4492 | F262 - Wright Building
 Ph: 01707 28 4492
n.andreou@herts.ac.uk

Appendix Two

Frequently Asked Questions – GP Placements

1. What is the Physicians' Associate?

“A new healthcare professional who, while not a doctor, works to the medical model, with the attitudes, skills and knowledge base to deliver holistic care and treatment within the general medical and / or General Practice team under defined levels of supervision”.

2. What is the duration for which students will be expected to attend the Practice?

For cohort 2019 - 2021 placements will be as follows:

3 blocks which are as follows:

Block One: - January 2020 – 2 weeks

Block Two: - January 2021 – 5 weeks

Block Three: - July 2021 – 2 weeks

3. What will be expected of the Practice during the placement days?

The PA student is like any other student. They are learners at this stage therefore it is expected that the practice will

- Provide an educational environment for the student
- Provide a safe environment for the student to learn within
- Supervise and support the learning of the student
- Maintain effective communication with the University on all aspects relating to the placement
- Identify appropriate learning opportunities to meet the student's learning needs, linking general learning objectives to specific experiences within the practice context as identified within the National competence framework for PAs.
- Identify a named supervisor who will be responsible for the student learning throughout the placement and will be able to give constructive feedback and mentorship to the student on a regular basis.

4. How much will the practice be paid for each student placement?

Placement funding is determined by the national tariff from Health Education England which currently stands at a maximum cost of £6,516 for 510 hours. Students will attract the following funding which will be paid pro rata according to the number of hours on placements. For the 2018 cohort, this will be 315 hours.

2019-2021	Year 1	Block one GP Placement	70 hours	2 weeks - 10 days
	Year 2	Block two GP Placement	175 hours	5 weeks - 25 days
	Year 2	Block Three GP Placement	70 hours	2 weeks - 10 days
		Total Hours	315 hours	£4,024.59

5. What sort of things should students be exposed to?

The aim of the placement is to provide the student with as much exposure to all aspects of Primary Care as possible whilst also developing their clinical skills and knowledge. This means students should ideally be exposed to all aspects of the multi-disciplinary team and wider primary care team including any local pharmacy or dental or opticians the practice may have affiliations with. Whilst not mandated, the practice may wish to offer the student opportunities for out of hours experiences if possible. Other experiences may include:

- Phlebotomy
- Home visits
- Observing the work of the receptionists
- Participating in medical report writing
- Reviewing referral letters and hospital letters
- Health visitors
- Antenatal clinics
- Child surveillance clinics
- Travel vaccine clinics

This list is not exhaustive and will depend on what services the practice offers to its patients.

6. Will the PA student need a consulting room, or will they just sit in within the GP's own consultations?

These are students and therefore still learning. In the first instance, it is expected that they will shadow the GP and other members of the practice team. Over time, they will begin to be given more learning opportunities as deemed by the supervising GP. The process will be no different from the induction and development required when training any other unqualified professional group.

7. How might the PA student be used?

The practice must recognise that at present these PAs are **STUDENTS**. They are to work under the supervision of the practice as they are not autonomous practitioners yet. When speaking of supervision, the university would wish the students to be provided the same level of supervision as any other student e.g. nursing or AHP students. It is at the practices' discretion as to when they feel the student is competent enough or able to be utilised for various activities following induction and training related to the task.

8. Will there be any requirement for the trainer/mentor to provide a write up following attendances of the MSc Physician Associate either after each attendance, or at the end of an assignment (as is for Med Students)

Each PA student will have to maintain an E portfolio and log book of their placement experience. The responsibility of ensuring all elements required for completion of the E portfolio and log book lies with the students. The university would ask that the practice support the student in completing their portfolio by signing any appropriate documentation. This would include confirmation of attendance and hours attended as well as signing off evidence of tasks undertaken. These documents do not always have to be signed by the supervising GP but by any member of staff who is able to validate and confirm the information provided.

9. How are non-attendees managed? Will we be expected to refund the training grant or host them at another time?

The students are required to a record of their attendance. It is expected that the Practice will bring any issues relating to non-attendance to the attention of the University and the University will take appropriate action to manage the situation. Depending on the reasons for non-attendance it is unlikely the practice will be expected to refund the training grant or host the student later. However, each case will need to be investigated on its own merit.

10. What do you expect the qualified associates to be able to do in the end?

At the end of their training, it is expected that the PA will be a fully integrated member of the MDT able to provide clinical care at almost the same level as a Foundation 2 doctor.

11. Who will be responsible for insuring the PA student whilst on placement?

In the UK it is a legal requirement for employers to hold employers' liability insurance and UK employer liability policies classify **work experience or placement students as employees**. This means that in the event of an accident at work arising from the placement provider's negligence, the student has the same rights as the placement provider's permanent staff. Sole traders are not legally required to have EL insurance but as soon as they offer a placement to a student they effectively become their employers. They should be asked to take out an EL policy.

This means the Practice will be required to evidence that they have employer liability with will cover the students in placement.

12. What about medical malpractice indemnity insurance?

As these as still students and not practicing clinicians, they will not be eligible for malpractice insurance however the university does hold insurance which covers the student and the university if it can be shown that a situation arose due to the negligence of the University e.g. the University not completing DBS checks on a student or not providing the placement with important information about the student which may be considered a risk to patients.

13. How much extra training they would need from us (their employer) if we were to consider employing a newly qualified associate in the future?

As will any newly qualified professional, it is expected that the employer will nurture the PA in a manner appropriate for the individual needs and the speciality they will be working in. This will vary as the PA can work across almost all speciality and sector. Whilst they are not formally required to do a preceptorship year as with other professional groups, it must be recognised that they will still be newly qualified and require support in the first few months.

14. Are the students expected to see patients or are they shadowing GP's?

In the first instance students will be expected to shadow members of the MDT however as they familiarise themselves with clinical work and environment, it is expected that they will start to gain more and more exposures to patients. This will be at the discretion of the supervising GP.

15. Who can be a supervisor?

The supervisor must be a qualified GP?

16. Would it have to be a GP trainer?

The supervising GP does not have to be a GP trainer, but the practice must demonstrate they meet the educational requirements as required by the University placement conditions.

17. What protected time would they need?

It is expected that the Practice will work with the student to develop their learning timetable. The university does not require any specific protected time to be timetabled into their schedule.

18. Will patient consent forms be required before the students can observe a consultation?

Patient consent forms is at the discretion of the practice. It is not a requirement by the university however it is good practice to inform your patients that there will be a student observing during the consultation and seek verbal consent from them.

19. What will be the process for approval if we express an interest?

The practice will be contacted by the University placement coordinator. A pre-site visit document will be sent for completion. A draft copy of the placement agreement will also be sent for consideration by the practice. If the practice wishes to go ahead, a site visit will be arranged. This visit should take no more than an hour and provides an opportunity for the university to visit the practice and for the practice to ask any further questions.

If any practice requires further information, please contact the University placement coordinator (n.andreou@herts.ac.uk) who will be able to assist further.