

FAQ – PA Town Hall Engagements

- 1. How should employers’ evidence the competence and capabilities of a PA?**
 - a. Practices should note the starting point for a PAs competency is set out in the GMC PARA content map and to assess competencies
 - b. The NHS acknowledges the evolving scope of practice as PAs gain experience, allowing employers to map out progression and future competencies for their PAs.
 - c. Employers are encouraged to contextualize PA capabilities to fit the specific environment and job roles within their services by NHSE. Employers and PAs should collaboratively define a scope of practice and a job plan.
 - d. Within this, employers may chose to take consideration of other frameworks.

- 2. Can you provide an update on NHSE PA preceptorship funding for 2024/25?**
 - a. London Training Hubs have received allocations for 11 preceptees per ICS region, with NCL Training Hub aiming to distribute this evenly across boroughs. This means roughly 2 positions per borough, with flexibility for one additional allocation.
 - b. NCL Training Hub continue to advocate for the need for ongoing investment in this space with NHS England
 - c. NCL Training Hub is developing a multiprofessional preceptorship programme to maximise resources across various workforce groups.

- 3. What local approaches are being used to record how a PA is discussing a case with a clinical supervisor?**
 - a. Local practices highlighted the SNOMED code “Discussed with clinical supervisor, 765061000000105 ” as being a helpful way to explicitly document this, including free texting the name of the clinical supervisor. Some practices have created a local EMIS protocol to enable swift automation of this.
 - b. It was also noted by some practices that when investigated about clinical supervision, regulators may ask for evidence of who the clinical supervisor was on the day and whether that clinical supervisor documented any supervision.
 - c. Clinical supervisors in practices have started making an entry into the clinical notes to record any advice they have given. The SNOMED code “Patient care record reviewed by clinical supervisor, 1894181000006105” to support auditing of this.
 - d. It was noted that this may create additional workload however it was recognise being able to explicit document the nature of any supervision helps ensure clarity if there is a case is ever being reviewed.

- 4. How do we mitigate the risk of inappropriate responses or rejections from secondary care regarding PA referrals?**
 - a. To reduce such risks, the NCL Clinical Interface Group have recommended including a statement indicating that the referral has, co-signed by the PA’s GP clinical supervisor.

5. **How do we support practices where GPs, including locums, are not comfortable supervising a PA, particularly when no other GPs are on-site?**
 - a. GP locums are able to provide clinical supervision to PAs but it is important that they understand their scope of practice and feel comfortable to provide that support
 - b. It was noted that GP Locums may refuse to provide this support and it is important for the GP Practice to clarify this.
 - c. PAs should always have access to a GP clinical supervisor daily whenever they are consulting patients
 - d. Local practices explained approaches where a PA may conduct non-patient facing activities should a GP Clinical Supervisor ever not be on-site (e.g. due to sickness)

6. **Are there plans for NCL Training Hub to establish local minimum induction or supervision requirements, tailored by experience level?**
 - a. NCL Training Hub is developing an induction toolkit for newly qualified staff, including ARRS roles, to ensure consistent support across practices. This will include standardised inductions, structured tutorials, and training within accredited learning environments.

7. **Are there anticipated development opportunities for PAs, such as advanced practice or prescribing?**
 - a. NCL Training Hub is collaborating with NHSE to explore apprenticeship options and additional funding for preceptees. Efforts include working with PCNs and practices to identify workforce learning needs and create consistent induction, education, and training opportunities across the clinical workforce.

8. **How does delegation work with PAs in an extended access service when there is no triage process for booking into a PA appointment?**
 - a. According to GMC's Physician Associate Registration Assessment (PARA), clear communication to practices is essential. When booking patients into PA appointments, it should be clear what types of cases PAs are trained to manage. Emphasis should be placed on matching patient needs with the PA's competencies.

9. **Given the MDU advice indicates that a GP is not responsible after delegating within a PA's competency, does the GP clinical supervisor still retain some level of clinical accountability?**
 - a. The GP clinical supervisor retains the overarching responsibility for the clinical care of the patient. If that supervisor has delegated care to a PA within their scope of practice the PA is then responsible for the care that they provide and have a duty to escalate if they feel the activity is outside of their scope of practice
 - b. See Q3 for further detail

10. Are other GP Federations employing PAs in extended access services, where they work with patients from multiple practices and alongside GPs they may not regularly work with?

- a. We are not aware of other local GP Federations using PAs in extended access services. Some PCNs may be using ARRS roles as part of their Enhanced Access service provided they can ensure suitable clinical supervision.

11. Is there any information around what needs to be completed in a PAs annual appraisal or if there will be any revalidation?

- a. The appraisal portfolio, currently under the RCP Faculty of Physician Associates, will continue to require 50 hours of CPD, reflective learning, and case-based discussions. This structure should be maintained and evidenced by the employing practice until further updates are provided by the next professional body assuming portfolio oversight.
- b. There is currently no formal guidance on in-house PA appraisals. The portfolio requirements and CPD standards should be followed as a framework.
- c. The General Medical Council (GMC) has outlined a proposed revalidation approach for Physician Associates (PAs), focused on maintaining high standards and supporting ongoing professional development.
- d. Key Components for revalidation are likely to include:
 - Annual Employer Appraisals: Regular assessments by the employer to monitor progress and competence.
 - Reflections: Self-reflective practices to support continuous learning and development.
 - Local Clinical Governance: Evidence to support safe and effective practice through structured clinical oversight, including:
 - Direct Observation of Procedural Skills (DOPS)
 - Mini Clinical Evaluation Exercise (mini-CEX)
 - Case-Based Discussion (CBD) Forms
 - Collection of Multi-Source Feedback (MSF) and Patient Feedback Forms

12. What are the steps a provider seconding PAs employed by another provider should take to assure themselves of safe and effective clinical standards (e.g. a GP Federation/PCN using PAs employed by a local practice as part of an enhanced access service).

- a. The responsible provider should ensure they undertake their own clinical audits and supervision arrangements to ensure all clinical staff working within the service meet their regulated standards of care.

13. Are monthly education meetings for PAs still provided through the Training Hub?

- a. Yes, the NCL PA Ambassador runs a monthly PA forum. You can reach out to Chaima Hale for details at chaima.hale1@nhs.net.

14. What support is available for PAs locally in NCL?

- a. A range of support is available including wellbeing support, a celebration event, monthly education sessions and more championed by our PA Ambassador
- b. Please see [NCL Training Hub](#) for more information

Resources:

- GMC PA Registration Assessment:
https://www.gmc-uk.org/-/media/documents/pa-registration-assessment-content-map_pdf-87634361.pdf
GMC Good Medical Practice Professional Standards Jan 2024 around delegation & accountability
[Good medical practice - professional standards – GMC](#)
- MAPs Capabilities Framework:
<https://www.hee.nhs.uk/sites/default/files/documents/June%202022%20MAP%20Core%20Capabilities%20Framework%20FINAL.pdf>
- NHSE Guidance Ensuring Safe & Effective Integration of PAs in Primary Care:
<https://www.england.nhs.uk/long-read/ensuring-safe-and-effective-integration-of-physician-associates-into-general-practice-teams-through-good-practice/>
- NHSE Supervision Guidance for Primary Care MDT: <https://www.england.nhs.uk/long-read/supervision-guidance-for-primary-care-networkmultidisciplinaryteams/#:~:text=A%20named%20senior%2Fexperienced%20clinician%20solely%20provides%20advice%20and%20support,session%20of%20supervision%20each%20day>
- NHS Resolution Clinical Negligence Scheme for GPs & PA cover:
[Clinical Negligence Scheme for General Practice \(CNSGP\) - NHS Resolution](#)
- MDU guidance on delegation and accountability in the healthcare team, June 2024:
[Delegation and accountability in the healthcare team - The MDU](#)
- Regulated activities by the Care Quality Commission (CQC), June 2024:
<https://www.cqc.org.uk/guidance-regulation/providers/regulations>
- Health and wellbeing support to staff working in NCL:
[NCL Training Hub](#)