



First Year Post Qualification Guidance for Physician Associates and Physician Associate Employers

This document intends to provide additional advice and guidance for physician associates and their supervisors for first-year post qualification. It also provides useful information and advice for physician associates and their supervisors who have moved to a new speciality. This document should be read in conjunction with the [FPA's Employers Guide to Physician Associates](#). The aim of this document is to provide guidance for both physician associates and their supervisors, thereby providing support to enable both to have their expectations and aims realised.

Background to this guidance

In order to gain the most benefit from the developing working relationship between a physician associate, their supervisor and the multidisciplinary team, the newly qualified physician associate, or those beginning work in a new specialty, should be provided with a supportive learning environment to develop and expand their skills and competencies in the current clinical area. Appendix 1 to this document highlights the potential transitioning from qualification through to 12 months post qualification for a physician associate.

As with all new employment, it is recommended that a newly qualified physician associate or physician associate moving to a new speciality be offered a more structured first year of support and on-the-job training. It is hoped that this will enable the physician associate to consolidate their core knowledge and skills and demonstrate their competence to practice. It is also suggested that this will enable the physician associate supervisor to foster a mutually beneficial working relationship with their physician associate. It will allow them to identify areas for personal development, and areas where the physician associate can help support service and patient developments within the multidisciplinary team.

General Recommendations

It is recommended that, during the first week of employment, a structured programme of specific educational goals be developed to help support the first year of employment. It is advised that this planning should involve:



- Identifying times for dedicated supervision (recognising that on the job supervision will also be running concurrently and this should reduce over time as the experience and skills of the PA improve).
- Identifying opportunities that currently exist in the organisation for both learning in the clinical environment such as clinics, ward rounds and opportunities to clerk patients for PAs in secondary care or long term condition clinics, procedural clinics such as spirometry or vaccination clinics or home visits for GP based PAs.
- Establishing a list of patient cases for the physician associate to develop a case based portfolio to be reviewed over a set and defined period of time with their clinical supervisor. This could include the Clinical Evaluation Exercise (Mini-CEX) and case based discussions and pro formas for these are available on the [FPA website](#)
- Identifying potential areas for audit or service improvement project to which the physician associate can undertake in their first year
- Establish what current competencies and skills the physician associate has experience and confidence in and how these could be developed and utilised by the team
- Identify skills and competencies where the physician associate feels they need more guidance and development and how these can be best achieved over the first 12 months
- Discuss goals to be achieved within their first year of practice (set at 3, 6 and 9 months) and set dates for meetings to review progress at these time points – documentation to support these discussions is available on the [FPA website](#)
- Agree any additional procedural skills to be taught and assessed and number of Direct Observation of Procedural Skills (DOPS) for each to be signed off as competent
- Identify potential additional courses and learning opportunities
- Establishing a date and time for review at the end of the 12 months. This should include a review of feedback from the team and patients on the physician associates' performance. Feedback forms for use are available on the [FPA website](#). We recommend a 360 TAB assessment to ensure professional behaviours are also assessed at agreed time frames, eg at 6 and 12 months.

Please note for physician associates who are not working full time it is recommended that a period of support be extended to ensure this covers 12 months of time working.



Suggested Timetable for Reviews and Appraisals

Timing	Number of CBD/Mini-CEX	Date	Signed as Complete
Commencement Meeting	N/A		
3 months	3x CBD, 3x Mini-CEX		
6 months	A further 3x CBD, 3x Mini-CEX		
1 year	An overall total of 8x CBD, 8x Mini-CEX		



Appendix 1: Transitioning from Qualification through 12 months post qualification

	On Qualification	On Completion of 'Internship'
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 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 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.



<p>Therapeutics and prescribing</p>	<p>Broader understanding of medication choice for presentations of common and important conditions. Aware of contraindications, interactions and monitoring.</p> <p>Learn to develop and explain to patients their clinical management plan and be able to modify plan according to age and comorbidity.</p>	<p>Start to justify choice of medication. Able to understand the impact of co-morbidities and other medications, poly-pharmacy) on agent choice and prognosis.</p> <p>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.</p>
<p>Clinical planning and procedures</p>	<p>Aware of risks and benefits of common procedures, have basic competence in simpler procedures and some experience of seeing this in action.</p>	<p>Able to implement management plan including proficient basic procedures and develop more advanced procedures.</p> <p>Beginning to be able to manage complications and review patient.</p>
<p>Professionalism</p>	<p>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.</p>	<p>Have completed a 360 TAB at 6 and 12 months and beginning to deal with 'difficult patients'.</p> <p>Be part of training for other 'internship' PAs and/or teaching PA and other healthcare students.</p>