

# Physician Associate Primary Care Preceptorship – mentorship guidance

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## Introduction

This document provides information relating to the delivery of mentorship for Physician Associates (PA) undergoing funded preceptorships. It was produced by the NHS England Physician Associate Ambassadors – London and reviewed and approved for national application by the PA Regional Reference Group. This guidance is intended to support the development of robust mentorship arrangements for PA preceptees, where established models may not exist.

## Background

### Physician Associates

PAs are medically trained, generalist healthcare professionals, who work alongside doctors and provide medical care as an integral part of the multidisciplinary team.

The current training pathway to become a PA in the UK is detailed below:

- Complete an undergraduate degree in a life science field
- Complete UK or US undergraduate/postgraduate education in Physician Associate Studies (MSc, PgDip, MPAS)
- Pass the Physician Associate national certification examination (PANE).
- Join the Physician Associate Managed Voluntary Register (PAMVR).
- Complete annual continued professional development and revalidation

### Preceptorships

NHSE offers a £5,000 preceptorship allowance paid to employers to support the supervision and educational needs for newly qualified physician associates working in primary care. The associated guidance includes the provision of enhanced supervision and training to PAs who are taking their first job in primary care.

### Mentorship of PA preceptees

The preceptorship guidance stipulates that *‘The Preceptee must have access to a trained mentor for the duration of the Preceptorship. The designated mentor must not hold the roles of a line manager, clinical supervisor, or educational supervisor, for the individual, and should not have direct involvement in their day-to-day responsibilities. It is recommended that the mentor is from a different department or organisation.’*

For PAs undergoing preceptorship, the mentor is an experienced guide who will usually have professional connections locally and the ability to guide PAs on professional matters. The mentor will provide pastoral and professional support. This mentorship arrangement is aimed to prepare and support PAs to work in general practice and to facilitate training and encourage personal and professional development. This role differs from that of a clinical supervisor.

Those employing PAs who are not undergoing a funded preceptorship year may wish to provide mentorship. This is good practice and NHSE encourage all PAs to be offered mentorship.

## Role of a Mentor

- Prepare and support PAs as part of their preceptorship year
  - enquiry into their clinical supervision pattern
  - timekeeping (to ensure the employer has realistic expectations/ the PA is supported).
  - This could also include routine enquiry into their health, noting literature on this and social media that could increase risk of burnout etc
- Facilitate training and encourage personal professional development.
- Offer support on topics such as:
  - issues in clinical practice
  - career opportunities
  - supporting a return to practice after a career break
  - support to develop and progress within their current role.
  - guidance to make the most of their appraisal and revalidation.
  - offering feedback on strengths, weaknesses, and progress
  - Support with identifying career progression opportunities and development opportunities

Mentors cannot provide clinical supervision, or comment on patient management. Mentoring is designed to be a career development tool. Clinical supervision differs greatly and must remain separate, this is a condition of a PAs employment. More information can be found on the following websites:

- <https://www.fparcp.co.uk/employers/guidance>
- <https://www.england.nhs.uk/long-read/supervision-guidance-for-primary-care-network-multidisciplinary-teams/>
- <https://www.gmc-uk.org/pa-and-aa-regulation-hub/advice-for-physician-and-anaesthesia-associates#Advice%20for%20supervisors>.

Clinical supervisors are also being asked to follow the 'structured development plan' outlined in the NHSE preceptorship guidance: <https://www.hee.nhs.uk/our-work/physician-associates>

## Mentor criteria

To be a PA mentor an individual must be:

- A PA on the PAMVR with relevant experience ideally more than 3 years post qualification.

- Individual must have completed specific mentorship training. Regional and national offers vary, below are examples of appropriate programmes:
  - [www.rcplondon.ac.uk/education-practice/courses/mentoring-skills-workshop](http://www.rcplondon.ac.uk/education-practice/courses/mentoring-skills-workshop).
  - [e-LfH medical mentorship](#)

### Role of a mentee

- Prepare for mentorship sessions in advance by planning an agenda
- Commit to several mentoring sessions (this will vary by individual, however 2-4 sessions per year is typical)
- Welcome feedback from the mentor.
- Reflect on the mentoring session.
- Actively progress with goals outside of formal mentoring sessions
- Engage in discussions on topics such as:
  - issues in clinical practice
  - career opportunities
  - development within current role
  - Continued professional development, appraisal and revalidation.
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### Mentorship arrangements

- It is the Employers responsibility to ensure the mentorship arrangement is in place.
- Once a preceptorship is approved, a mentor should be assigned to the preceptee, with both parties informed. The designated mentor must not hold the roles of a line manager, clinical supervisor, or educational supervisor, for the individual, and should not have direct involvement in their day-to-day responsibilities. It is recommended that the mentor is from a different department or organisation.
- A local mechanism for identifying suitable individuals for mentoring should be established. For example, this could include working with local Training Hubs or PA Ambassadors. Utilisation and upkeep of a mentoring database is recommended.
- It is the mentor's responsibility to contact the mentee and plan for ongoing mentorship. The Employer should ensure this contact has taken place.
- The Employer should agree and ensure adequate protected time to participate in mentorship.
- On completion of the preceptorship, future requirements and development plan should be agreed by the mentee and mentor and will become part of ongoing personal development plan and/or annual appraisal process.
- If further mentorship is required, this is agreed and managed outside of this preceptorship process.

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# Mentoring template document

Date:	Mentor:
Location:	Mentee:

## Planned agenda

*The issues/events that you would like to focus on at this meeting.*

## What has happened since the last session?

*Has there been any key developments i.e. new insights or learning; new issues or decisions that have arisen?*

## Reflecting on the last sessions agenda how have you moved forward?

*Look at the last sessions agenda. How have you progressed with your previous goals. Any successes? Any barriers encountered?*

## What issues for action have been identified this session?

*Where are you stuck? Have your goals shifted? How can you move forward? Where do you need your mentors input?*

# Mentee reflection template document – post-session

**What are the key issues that arose in this session?**

**What areas/outcomes have you planned to tackle?**

*What areas have you identified for further development; what actions are you planning; how will you achieve this and by when.*

**Did any unexpected issues arise?**

*Did you find these issues challenging? How did the session make you feel? Why?*

Once completed keep this form safe for future reflection, you might like to share this form with your mentor.