

Physician Associates in Primary Care

A short handbook to aid in the introduction of
Physician Associates into Primary care



Contents

Introduction	2
What is a Physician Associate (PA)?.....	3
What training do Physician Associates have and what does their training entail?	4
Limitations of the PA role and how these can be managed in a primary care setting	6
Prescriptions	6
Ionising Radiation.....	6
Funding a Physician Associate in the workplace.....	7
Salary.....	7
Additional Roles Scheme	8
Preceptorship scheme	8
BSol internship	9
Pre-employment considerations	11
Indemnity.....	11
Clinical Supervisor	11
The Physician Associate Managed Voluntary Register (PAMVR).....	11
Annual leave.....	12
Study days/leave.....	12
Physician Associate Induction.....	13
What your PA's day could look like.....	14
The future of Physician Associates	16
Appraisal	16
Regulation	16
Further training/skills/ roles	17
Lead PA.....	17
Lecturing/similar role.....	17
Specialist clinics.....	17
Practice Partner	17
Useful resources and documents – appendix.....	18

Introduction

This is a short induction handbook aimed at General Practitioners and Practice Managers who are considering employing a Physician Associate (PA). We hope this handbook will give insight and aid in the transition of introducing and establishing a Physician Associate in your practice.

Feel free to contact the Training Hub if you require any additional support or have any other queries.

Sana'a Zabir (PA-R and PAA)

Mobile: 07799636293

Email: Bsoltraininghub.physicianassociate@nhs.net

Follow us at @BSolTraining

What is a Physician Associate (PA)?

“Physician Associates are medically trained, generalist healthcare professionals, who work alongside doctors and provide medical care as an integral part of the multidisciplinary team. Physician Associates are dependent practitioners working with a dedicated medical supervisor, but are able to work autonomously with appropriate support.” Faculty of Physician Associates.

PAs were introduced to the NHS workforce in 2002 with the first UK pilot programme taking place in 2007/8. Currently approximately 20% of qualified Physician Associates are based within primary care, and the current training pipeline aims to deliver 3,200 PAs by 2020. A Physician Associate should not be mistaken as a substitute for a GP but has been stated in The GP Forward Plan View as one of the healthcare professionals to aid in the management of primary care workload and pressures.

What training do Physician Associates have and what does their training entail?

All UK trained PAs have either a Postgraduate Diploma or Msc in Physician Associate Studies which consists of two years of training (approx. 50:50 theory and placement). Prior to commencing post-graduate studies in this area, the majority of Physician Associates require an undergraduate degree in a life science such as Biomedical Science at a 2.1.

The PA curriculum covers the following areas including theory and examination skills:

- Cardiology
- Respiratory medicine
- Gastrointestinal medicine
- Endocrinology
- Neurology
- Haematology
- Dermatology
- Women’s health
- MSK
- Reproductive health
- Obstetrics and gynaecology
- Urology and renal medicine
- Mental health/psychiatry
- Infectious diseases
- ENT

Please note: this list is not exhaustive.

Practical skills include:

- Venipuncture
- Subcutaneous injection
- Intramuscular injection
- Cannulation
- Vaginal Swabs
- Basic life support (both child and adult)
- Intermediate life support (adult only)
- Oropharyngeal airway
- Nasopharyngeal airway
- LMA airway device
- Bag valve mask ventilation
- Initiation of oxygen therapy
- Urinary catheterisation
- Nasogastric tube
- Wound care
 - Cleansing and dressing (basic)
 - Closure: adhesive strips
 - Closure: wound glue
 - Closure: Sutures
- Arterial Blood gas sampling
- Blood glucose measuring
- Blood cultures
- Urinalysis
- Wound and microbial swab testing
- Nebulised medication
- Subcutaneous/intramuscular/intravenous/intraosseous cannulation
- Infusion pump set up
- Local anaesthetic infiltration
- Ring block

Please note: this list is not exhaustive.

In addition to University training, PAs must complete a total of 1600 hours in various specialties. They include community medicine, surgery, and emergency medicine - to name but a few.

Following successful completion of their post-graduate studies, to practice as a PA the individual must complete a two-part national examination consisting of an OSCE exam and multiple-choice paper. The Physician Associate would then require to re-certify every 6 years to ensure a good generalist medical knowledge. Re-certification may be subject to change following GMC regulation in 2021. This is correct at time of writing.



Limitations of the PA role and how these can be managed in a primary care setting

There are many advantages of PAs. These include continuity of care, and due to the generalist nature of the medical training having the ability to “mould” the role into what is best suited for the needs to the workplace. PAs can provide a skill mix that can ultimately broaden the GP’s role and capacity. Due to the fairly new nature of the profession the current limitations of the role are discussed below.

Prescriptions

Currently PAs are not able to prescribe but they do receive basic pharmacological training. The majority of Physician Associates transcribe following development and trust between their supervisors.

PAs are able to approach their supervising GP during clinic to have a prescription signed on their behalf. Depending on the level of experience, this may or may not require discussion. Alternatively, a prescription can be sent to the supervising GP electronically, which can be reviewed and signed at a later time. The relationship of trust is developed between the supervising clinician and the PA over time. Prescriptions/cases can always be discussed prior to approval if the PA requires additional support or the GP has queries.

Ionising Radiation

PAs are unable to request X-Rays and CT scans due to the element of ionising radiation associated with these scans. PAs can submit the clinical reasoning for the scan to their supervising doctor who can then authorise it on their behalf.

The reasoning for the scan can either be discussed in person, via screen message or “task”. This depends on the many contributing factors such as patient case, time or preference.

Physician Associates can currently request ultrasound and MRI scans. Please note: this may vary slightly based on Trust policies.

Funding a Physician Associate in the workplace

Salary

As with any role, salary can vary greatly depending on experience. Secondary care posts have been evaluated at a band 7 on Agenda for Change and although not compulsory, many primary care posts are at the same or similar salary.

Some employers hire Physician Associates at a band 6 at an internship level. Internships tend to offer a 12-month structured programme consisting of 2.5 days in primary care, 2 days in secondary care and 0.5 of a day for structured teaching. Physician Associate internship schemes are a new and upcoming concept still in its early stages in many areas of the UK.

The Bsol Training Hub has just come to the end of the completion of its first cohort of PA interns. Early discussions for a second cohort are now taking place.

The current Band 7 salary on the Agenda for Change banding is £38,870. The salary can be

<https://www.nhsemployers.org/articles/annual-pay-scales-202021>

<https://www.healthcareers.nhs.uk/working-health/working-nhs/nhs-pay-and-benefits/agenda-change-pay-rates/agenda-change-pay-rates>

Additional Roles Scheme

The additional roles scheme allows PCNs to access funding to support the recruitment of a total of 5 roles. One of these roles includes PAs. From April 2020 PA funding is available for those employed within a PCN. PCNs will be able to claim in any given year reimbursement of 100% of actual full-time equivalent salary plus employer on-costs (NI and pension).

Reimbursement can be claimed up to the maximum amounts as outlined in the table below and within their overall Additional Roles Reimbursement Sum.

The rules are that reimbursement can only be claimed for either 70% or 100% of actual salary plus employer on-costs (NI and pension) up to the maximum amount for the relevant role, as outlined in the Network Contract DES Specification.

	Afc Band	Percentage reimbursement	Max annual reimbursable amount (£)			
Role			2020/21	2021/22	2022/23	2023/24
Clinical Pharmacist	7-8a	70%	38,969	39,844	40,657	41,487

Social prescribing link worker	Up to band 5	100%	35,389	36,193	36,941	37,703
Physiotherapist	7-8a	70%	38,969	39,844	40,657	41,487
Physician Associate	7	70%	37,607	38,452	39,237	40,039
Paramedic	6	70%	N/A	31,479	32,125	32,784

Preceptorship Scheme

Newly qualified PAs understandably require more support than PAs who are more established within their role. Due to this practices who hire PAs within their first year post qualification are eligible for preceptorship funding of up to £5000. This is to help the extra support required in training their PA.

The eligibility criteria for this funding includes:

- 1) The preceptorship programme will be undertaken for a minimum of a 1 year (Whole time equivalent)
- 2) Open to all PAs commencing a programme in the year after first gaining registration on the national register.
- 3) Normally the preceptorship programme will be wholly in primary care, but a minimum of 50% or 6 months' full time equivalent in any rotation of placements should be 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 (guidance to be developed of clinical pharmacist programme).
- 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 UKFPA's first year qualification guidance.
- 9) The preceptor should take part in the employer's annual appraisal system.
- 10) Access to 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. 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.
- 12) Individual post –holders will be expected to complete and maintain all the requirements of the UK PA managed voluntary register (PAMVR).
- 13) 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. For example, UKFPA.

Please contact your Training Hub for the application form/further information.

BSol Internship

In March 2020 the first cohort of PA interns were recruited by the Birmingham and Solihull Training Hub. These Physician Associates are all newly qualified (<12 months) and have an essentially 50:50 split between primary care roles and secondary mental health roles. They are provided with a afternoon protected per week for dedicated teaching time to aid in their further development

This cohort is due to complete their internship year in July 2021. There are currently the early stage-discussions regarding a further cohort

Please contact the Training Hub for further information regarding taking part as a host-practice.



Pre-employment considerations

Indemnity

PAs require professional indemnity coverage and according to a Faculty of Physician Associates census, the employer covers this in majority of cases.

The cost of indemnity varies from PA to PA based on many factors such as: level of experience, hours and location worked to name a few. The Medical Protection Society (MPS), Medical Defence Union (MDU) and Medical and Dental Defence Union of Scotland (MDDUS) all provide professional indemnity for qualified Physician Associates. It is advised that the practice contact their own indemnity provider for further information, as the Physician Associate indemnity may be able to be added on as a “top up”.

Clinical Supervisor

All Physician Associates must have a allocated clinical supervisor. This is to enable an accurate job plan to be developed and ensure any learning needs are met

The Physician Associate must have a supervisor during every clinic. This is to allow for any potential patient discussions and senior reviews that may need to take place. The Physician Associate will also require prescriptions to be signed/authorised by the supervising doctor. Supervision day-day can be conducted by the PA’s clinical supervisor, the on-call doctor or an alternate GP on site. The level of supervision the PA would require is strongly dependant on the level of experience they have. This should hopefully reduce over time.

It is important to remember that newly qualified Physician Associates require a much more intense level of support and it should be ensured that there is sufficient capacity to provide this support.

Clinical supervisors would be responsible for conducting appraisals for their PA which would include case based discussions, Mini-cexs (Mini clinical evaluation), and professional development plans to name a few (see below). Newly qualified Physician Associates should have a appraisal/review at 3, 6 and 12 months. Following the first year appraisals can be done annually.

The Physician Associate Managed Voluntary Register (PAMVR)

It is strongly advised that all PAs should be on the managed voluntary register (this is usually arranged and funded by the Physician Associate themselves).

The PA-MVR was established in 2010 as a public register where employers are able to ensure their potential PA is fully qualified and fit to practice in the UK.

This register is updated regularly and the link to the site is available in the appendix section of this booklet.

Annual leave

As NHS workers a full time Physician associate in primary care would have a similar amount of annual leave to their colleagues. This is around 27 days (excluding Bank Holidays).

Study days/leave

Physician Associates are required to record a minimum of 50 hours of CPD per year. This CPD can be obtained from internal practice learning/sessions, personal learning or external conferences/training. These sessions can be based around education needs discussed with their supervisor or areas which interest the PA.

How study leave is allocated can vary from practice to practice. These can be a set number of days (equating to the 50hrs) within the contract, or can be allocated as a needs basis.

Occupation health checks and DBS checks as per any other Healthcare role will also need to be done as with any healthcare role.



Physician Associate Induction

As with any new employee, formal introduction to the team and shadowing should take place at the earliest opportunity. Shadowing should occur with mainly GPs and PAs already in the practice. It may also be useful for the Physician Associate to spend some time shadowing any ANPs as the roles do overlap and may benefit the PA observing a multidisciplinary team.

The amount of time spent shadowing may vary based on level of experience your PA may have for example: PAs qualified more than a year may only require 1-2 weeks shadowing whereas newly qualified physician associates would require around 3-6 weeks. Of course, this can be adjusted based on the individual needs of the PA.

The induction period would consist of the PA becoming familiar with the computer systems (EMIS, SystemOne etc) as well as completing any outstanding Trust training. Indemnity should be arranged prior to the PA beginning their own clinics.

Physician Associates can see a variety of presentations. It may be useful to conduct a training needs analysis with your Physician Associate (regardless of the stage of their career) to ensure that only appropriate presentations are booked with the PA. You would also be able to adjust the PA clinic to the needs of your practice/PCN such as home/care home visits etc. There are some resources in the appendix to aid in setting up the Physician Associate clinics.

What your PA's day could look like

The length per appointment will depend strongly on the level of experience the Physician Associate has prior to starting at your practice. See below for guidance on appointment length:

Level of experience	Appointment length (per patient)
Newly Qualified	30 min
3-6 months	20 min
6 months or more	15 min

It is important to remember that during the first few weeks and months post qualification, Physician Associates should be discussing every single patient case with their allocated supervisor to ensure patient safety. Physician Associates with more experience may discuss patients on an ad-hoc basis when more support is needed and then as a debrief at the end of clinic. The majority of prescriptions are authorised electronically, which allows supervising doctors to review consultation documentation prior to the prescription request being approved.

Examples of Physician Associate clinics are presented below.

Please note: these are presented as clinics commonly done following the COVID-19 pandemic.

<u>Appt Time</u>	<u>Appointment</u>
9.00	Tele Appt – Routine/follow-up
9.15	Tele Appt – Routine/follow-up
9.30	Tele Appt- Routine/follow-up
9.45	Tele Appt – Routine/follow-up
10.00	Tele Appt – Routine/follow-up
10.15	Tele Appt – Acute book-on-the day
10.30	Tele Appt – Acute book-on-the day
10.45	Tele Appt – Acute book-on-the day
11.00	Tele Appt – Acute book-on-the day
11.15	Tele Appt – Acute book-on-the day
11.30	Tele Appt – Acute book-on-the day
11.45	Face-to-face appt in AMBER hub
12.00	Face-to-face appt in AMBER hub

12.15	Face-to-face appt in AMBER hub
12.30	Face-to-face appt in AMBER hub
14.00	Tele Appt – Routine/follow-up
14.15	Tele Appt – Routine/follow-up
14.30	Tele Appt- Routine/follow-up
14.45	Tele Appt – Routine/follow-up
15.00	Tele Appt – Acute book-on-the day
15.15	Tele Appt – Acute book-on-the day
15.30	Tele Appt – Acute book-on-the day
15.45	Tele Appt – Acute book-on-the day
16.00	Tele Appt – Acute book-on-the day
16.15	Face-to-face appt in AMBER hub
16.30	Face-to-face appt in AMBER hub
16.45	Face-to-face appt in AMBER hub
17.00	Face-to-face appt in AMBER hub

A newly qualified Physician Associate's clinic may follow the template below:

<u>Appt Time</u>	<u>Appointment</u>
9.00- 9.30	Patient Appt
9.30-9.40	Supervisor discussion/Senior review
9.40-10.10	Patient appt
10.10-1.020	Supervisor discussion/Senior review

The future of Physician Associates

Appraisal

Newly qualified Physician Associates should have mini-appraisals at the 3 month, 6 month and 12 month mark to monitor their progression during their preceptorship year.

Appraisal documents can be found in the appendix and it is both the responsibility of the PA and the clinical supervisor to ensure this is completed.

Please note: the appraisal process may alter slightly following GMC regulation.

Regular appraisals will allow aid in the progression of your PA as well as help with employee retention.

Regulation

Physician Associates are due to be regulated by the General Medical Council (GMC) in early 2021.

Following regulation, the process for PAs to be granted prescribing rights can be commenced as well as authorisation on requesting scans.



Further training/skills/roles

Lead PA

A role present in PCNs/practices who have more than one PA employed. The exact job description of a lead PA does vary from workplace to workplace but responsibilities include:

- Day-to-day supervision of PAs
- Leading Teaching/tutorials for PAs
- Arranging PA student placements
- Point of contact for PAs
- Further recruitment
- HR duties such as annual leave, sick leave etc

Lecturing/similar role

With the rapid increase in PA training programs, many PAs now have dual roles in which they spend part of the week clinical and part training PA students.

Specialist clinics

Based on the special interest of the PA the service needs of the workplace PAs are able to complete further training to “specialise”. PAs can complete further training in women’s health, minor surgeries, diabetes etc to be able to provide more specialised clinics/services.

Practice Partner

In the spring of 2021, NHS England announced the “Golden Handshake Scheme” has been extended to include PAs. This now allows PAs to take up GP partnership role with the practice.

Useful resources and documents – appendix

Matrix of Core Clinical Conditions

- Split into 1A, 1B, 2A and 2B – May aid in triage and allocation of appropriate appointments to your PA.
- Also available on the official website under employer resources

<https://www.bfwh.nhs.uk/onehr/wp-content/uploads/2016/07/DoH-PA-Curriculum-Matrix.pdf#:~:text=Matrix%20of%20Core%20Clinical%20Conditions%20by%20system%20theme,responsibility%20the%20PA%20has%20in%20management%20of%20the>

Voluntary register for Physician Associates

<https://www.fparcp.co.uk/pamvr>

FPA PA employer documents including

- First year post-qualification documentation
- Who are Physician Associates?
- Employer guidance
- Code of conduct

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

Appendix 2 Physician Associate (PA) Job Description)

JOB TITLE: Physician Associate (PA) Primary Care

REPORTS TO: THE PARTNERS (Clinical)
THE PRACTICE MANAGER (Admin)

HOURS: 37 hours per week (full time)

Job summary

As a PA you will be acting within your professional boundaries, providing care for patients from initial history taking, clinical assessment, diagnosis, treatment and evaluation of their care under the supervision of a GP. You will demonstrate safe, clinical decision-making and expert care for patients within the general practice, in consultation with the duty GP. You will work with the multi-disciplinary general practice team to support the delivery of policy and procedures and meet the needs of patients.

Mentorship and supervision will be provided by designated senior medical personnel. The level and type of supervision will be dependent on the post holder's skills and knowledge and determined by the organisation's clinical governance arrangements. You will follow recommended annual appraisals and continuing professional development set out by the Faculty of Physician Associates (FPA).

1. SCOPE AND PURPOSE OF THE ROLE

- To deliver a high standard of patient care using advanced autonomous clinical skills with in-depth theoretical knowledge and evidence based practice working under the supervision of a GP
- To manage a clinical caseload and deal with presenting patient's needs in a primary care setting
- To provide clinical leadership where appropriate within the practice and support other members of the team to develop and maintain clinical skills appropriate to your role and expertise.

2. KNOWLEDGE, SKILLS AND EXPERIENCE REQUIRED

See person spec

3. PRIMARY DUTIES & AREAS OF RESPONSIBILITY

Clinical

The post holder will under appropriate supervision:

- Provide first point of contact for patients presenting with undifferentiated, undiagnosed problems, utilising history taking, physical examination, problem-solving and clinical decision-making skills to establish a working diagnosis and management plan working in partnership with patients.
- Undertake as agreed surgery based consultations for emergency or routine problems including management of long term conditions. In addition, undertake telephone

consultations / home visits and participate in duty rotas

- Instigate necessary invasive and non-invasive diagnostic tests or investigations and interpret findings/reports within the scope of a PA's practice. Discuss the result and implications of laboratory investigations with patients
- Utilise clinical guidelines and promote evidence-based practice
- Offer a holistic service to patients and their families, developing where appropriate an on-going plan of care/support with an emphasis on prevention and self-care
- Refer patients directly to other services or agencies using appropriate referral pathways
- Ensure safe handover of care within and outside the practice as appropriate
- Work directly with members of the practice primary health care team and support integrated patient centred care through appropriate working with wider primary care / social care networks
- Identify community health needs and participate in the development of patient/family-centred strategies to address them
- Contribute to the practice quality targets to consistently achieve high standards of safe, evidence-based, cost-effective patient care and service delivery

Training and development

- Participate in continuing professional development opportunities to keep up-to-date with evidence-based knowledge and competence in all aspects of the role to meet clinical governance guidelines for Continuing Professional Development (CPD) and a Personal Development Plan (PDP) utilising a reflective approach to practice. This requires 50 hours of CPD every year: a minimum of 25 hours must be in accredited direct learning programmes
- Undertake a variety of research and analysis tasks associated with the improvement of clinical care, medical diagnosis and treatment where appropriate using the following means.
 - Audit of clinical practice
 - Significant event review / root cause analysis
 - Review of relevant literature
 - Research unusual symptoms and treatment options through consultation with general practitioners, physicians and other specialists
- Promote and support a learning culture within the practice and assist in clinical instruction, mentoring and supervision of medical, nursing or physician associate students and other learners that may periodically be attached to the practice
- Contribute to regular multi-disciplinary and or practice educational meetings
- Participate in multi-disciplinary protocol and patient group directions (PGDs) development as appropriate
- Work closely with other clinical staff and administrative managers in the setting up and/or improving of practice systems for monitoring/measuring performance against Clinical Governance and Quality Indicator targets

Administration

- Fully document all aspects of patient care and complete all required paperwork for legal and administrative purposes in accordance with relevant standards
- Work in accordance with internal administrative systems relating to but not limited to the management of clinical data,

- Send and receive written information on behalf of the practice relating to the physical and social welfare of patients
- Work closely with other clinical staff and administrative managers in the setting up and/or improving of practice systems for monitoring/measuring performance against Clinical Governance and Quality Indicator targets and work to deliver the NHS contract pertinent to the practice including the terms of the Quality and Outcomes Framework and locally enhanced services
- Ensure that all practice policies are fully implemented
- Support, contribute to and participate in external inspections

4. Professional

- Take the UK PA National Re-Certification Exam every six years - required for Physician Associates **AND** maintain your professional registration working within the latest Code of Professional Conduct (CIPD)
- Undertake statutory and mandatory training as required by the practice
- Demonstrate clinical leadership
- Pro-actively promote the role of the PA within the practice and externally to key stakeholders and agencies
- Respect patient confidentiality at all times and not divulge patient information unless sanctioned by the requirements of the role.

5. Health and Safety

- Comply at all times with the practice health and safety policies by following agreed safe working procedures and reporting incidents using the organisations Incident Reporting System (IRS)
- Comply with the Data Protection Act and the Access to Health Records Act (1990).

6. Equality and Diversity

- Co-operate with all policies and procedures designed to support equality of employment. Co-workers, patients and visitors must be treated equally irrespective of gender, ethnic origin, age, disability, sexual orientation, religion etc.

7. Communication and working relationships

- Establish and maintain effective communication pathways with all practice staff and visiting clinical team members such as district nurses, modern matrons, health visitors etc.

8. Job Description

- This job description is intended to provide an outline of the key tasks and responsibilities. There may be other duties required of the post-holder commensurate with the position. This description will be open to regular review and may be amended to take into account developments within the practice.

Our commitment to you

- We will provide a supportive learning environment, especially structured in the first preceptorship year
- We will help you set out and revise specific educational goals
- We will ensure appropriate clinical supervision
- You will receive regular appraisals,
- You will be supported and financed to attend agreed CPD i.e. 25 hours courses/conferences and expected to do another 25 hours of learning which can be practice based audits, teaching students or personal study and reflection
- We will develop a system to facilitate a smooth process for the management of signing off X-ray requests and prescriptions

Appendix 3 Mini Clinical Evaluation Exercise

Name of physician associate:

Date:

Date of Assessment:

PA Name:

PA MVR number:

Assessor's Name:

Assessor's Email Address:

Assessor's Registration Number (e.g. GMC, NMC, GDC, MVR):

State the setting for the learning event (e.g. acute admission, ward round, night shift):

Provide a summary of the case observed:

Please comment on what was done well and the areas for improvement within each category. Please note, constructive feedback is required for this assessment/learning event to be valid, and aims to identify areas for learning and reflection.

Consultation and communication skills:

Physical examination:

Clinical judgement:

Organisation/Efficiency:

Please comment on the overall performance of the PA:

What are the suggested areas for development and the agreed action plan: