

MAP Employer Guidelines Secondary Care 2025

Physician Associates

Co-produced by UMAPs & CMAPs

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Physician Associate Employment

Introduction

Physician Associates (PAs) are integral members of the multidisciplinary team (MDT), contributing to the delivery of effective and efficient healthcare. Their role enhances continuity of care and expands patient access to health services. PAs are trained to examine, diagnose, and treat patients semi-autonomously, thereby supporting the broader healthcare system in providing high-quality medical services [1].

PAs are one of three roles within the Medical Associate Professions [2]. The expansion of this role across the UK has played a key part in improving patient access to safe, high-quality care while addressing workforce pressures highlighted in the NHS Long Term Plan [3] and NHS People Plan [4].

Qualification

To qualify as a PA in the UK, individuals must complete a Postgraduate Diploma or Master's Degree in Physician Associate Studies from a recognised Higher Education Institution (HEI). A four-year integrated Master's Degree is also available at a limited number of universities. In order to access the post-graduate route into Physician Associate training, most HEI programmes require the applicant to have achieved a health or life science related degree. Additionally, a PA Apprenticeship route has been introduced since 2023 [5].

Upon completion of their PA degree programme, all candidates must pass the PA Registration Assessment (PARA), previously known as the PA National Exam (PANE), administered by the Royal College of Physicians Assessment Unit. Successful candidates can then join the PA register held by the General Medical Council (GMC) as fully regulated professionals.

Regulation

In July 2019, following a public consultation, the UK Government confirmed that the GMC would regulate PAs and Anaesthesia Associates (AAs) [6]. In December 2024, a two-year transition period commenced, allowing all PAs in good standing on the Physician Associate Managed Voluntary Register (PAMVR) to register with the GMC. PAs on the GMC register are recognised as fully regulated medical professionals.

Ahead of formal regulation, the Faculty of PAs (FPA) developed a revised curriculum aligned with the GMC's 'Generic and Shared Outcomes for PAs and AAs' to standardise educational requirements. This curriculum applies to all university courses commencing from September 2023. PAs who enrolled before this date were trained under the Competence and Curriculum Framework (2006, revised 2012). Both frameworks establish the minimum standards required to ensure that PAs graduate with the competencies needed for safe and effective practice.

With the introduction of statutory regulation, the PA Registration Assessment (PARA) has replaced the previous PANE. The GMC has published a PARA content map [7], which supersedes the earlier PA Matrix specification of Core Clinical Conditions [8]. The PARA

content map relates to the assessment and is not a scope of practice. It encompasses the knowledge and skills a PA needs to demonstrate to join the GMC register. It is available in the UMAPs and CMAPs Base Scope of Practice document for supervisor review.

Recruitment

PA roles in secondary care are typically advertised on the NHS Jobs website, with job descriptions detailing required qualifications, experience, and competencies. Employers who identify a business need for a PA position can proceed with recruitment and funding as with any other healthcare role.

NHS Employers Job Profiles

Preceptor Physician Associate:

Profile Suite and Label: Physician Associate Entry Level

Job Statement:

- Obtains accurate medical history and performs appropriate physical examination.
- Requests, undertakes, and interprets diagnostic tests where necessary and acts upon and develops a differential diagnosis.
- Develops treatment and management plans; where appropriate, refers to other professionals and consultants.
- Provides advice to patients, relatives, and carers on treatment and management [9].

Physician Associate:

Profile Suite and Label: Physician Associate

Job Statement:

- Obtains accurate medical history and performs appropriate physical examination for patients with complex conditions, such as multimorbidity, frailty, or higher acuity.
- Requests, undertakes, interprets, and where necessary, acts upon tests and develops a differential diagnosis.
- Develops and implements treatment and management plans of care, where appropriate, referring to other professionals and consultants.
- Provides advice to patients, relatives, and carers on a treatment and management plan [9].

UMAPs Proposed **Senior Physician Associate** (Clinical / Education / Management)

Job Statement:

- Performs all duties outlined for PAs while also contributing to the management of services, quality improvements, and line management responsibilities, or;
- Undertakes advanced procedures and provides enhanced specialty-related care through additional recognised post-qualification training and development, or;
- Engages in the education of peers from varying backgrounds to a high level, with appropriate additional post-qualification training, or;
- Plays a key role in service development, ensuring clinical governance standards and best practices are upheld within the organisation [9].

**Can focus on clinical excellence, management and leadership, or education and training as a route to seniority, with relevant postgraduate training and development to support this advancement.*

Note: Although a PA may be considered senior in one specialty, transitioning to a new specialty may necessitate a temporary adjustment to a PA's role until they rebuild the relevant scope of practice.

Pay Scales

NHS Employers outline the Agenda for Change (AfC) pay scales applicable to PAs working in NHS Trusts. According to NHS Employers, a preceptorship PA should start on Band 6, while a PA should work at Band 7 [9]. There is currently no published profile for a Senior PA. However, it is possible to match the requirements for a Band 8a to the skills of a Senior PA using the NHS Employers Job Evaluation Handbook.

Additional shifts should be billed through the bank/locum budget available to trusts at the equivalent of the band the PA is on. Where a PA works overtime on a contracted shift that is part of their permanent contract, this should be billed at the rate of their AfC contract.

It is important to note that the Senior Physician Associate Profile has not yet been published. CMAPs and UMAPs are currently reviewing the profile and will work with stakeholders to substantiate it in due course.

Clinical Governance

Governance Frameworks

Employers must implement comprehensive governance frameworks to support the safe and effective employment and practice of PAs. These frameworks should be aligned with local policies and regulatory requirements. With the transition of PAs to General Medical Council (GMC) regulation commencing in December 2024, a two-year period has been allocated to facilitate this process.

During this transition, employers should verify that PAs are listed on the Physician Associate Managed Voluntary Register (PAMVR) or the GMC Register, ensuring that all employed PAs meet the required qualifications. Additionally, newly qualified PAs must be on the GMC register or in the process of applying. Employers bear the responsibility of conducting rigorous pre-employment checks, verifying qualifications, and maintaining governance structures that support PA integration into clinical teams. Employers seeking further guidance on governance structures and specialty-specific job descriptions may consult CMAPs [10] or utilise their relationship with UMAPs to gain employment-related advice.

Induction

A structured and comprehensive induction is critical to ensuring that new PAs integrate effectively into the healthcare team. A successful clinical induction should achieve the following outcomes:

- Introduction to key colleagues, including shadowing opportunities with the wider multidisciplinary team (MDT).
- Familiarisation with the workplace, including IT system training, access to clinical guidelines, online resources, and local training events.
- Understanding of role expectations, including supervision arrangements, relevant workplace policies, and Standard Operating Procedures (SOPs) such as requesting prescriptions and ordering ionising radiation.
- Identification of any training and development needs, alongside establishing contact with the PA's Educational Supervisor for formal preceptorship and training needs analysis.
- Clear expectations regarding work monitoring, including scheduled meetings with the named clinical supervisor and job plan development.

Clinical induction should complement corporate induction, which introduces broader non-clinical policies such as HR, compliance, and organisational culture. Typically, induction should span 2-4 weeks; however, if a PA is working across multiple sites, an extended period may be required to ensure adequate familiarisation.

A probationary period, usually lasting three to six months, may be included as part of the induction phase. This period allows for the assessment of performance, identification of additional support needs, and structured review of the PA's job plan [11].

Learning Needs Analysis

Upon starting in post, an initial appraisal of the PA's knowledge and skills should be conducted. The 'Scope Mapping Tool' enables assessment of confidence and competence against the base scope of practice, identifying areas for further development. This should form part of regular appraisals between the PA and their supervisor, ensuring that professional development remains a structured and evolving process. Employers are advised to refer to the Base Scope of Practice [12] document for detailed competency expectations.

Mandatory Training

Employers should engage with trust guidelines on mandatory training to ensure that appropriate courses are booked for PAs at the start of their employment. This ensures that PAs receive the necessary training to conduct their roles safely and effectively within their clinical environment.

Employers must also provide PAs with adequate time during working hours to complete these courses, ensuring they meet recertification requirements and maintain competency. Training should not be expected to be undertaken in personal time unless specifically agreed upon and compensated accordingly.

Minimum Recommended Training Requirements

The specific mandatory training requirements for PAs will vary depending on their role, responsibilities, and service needs. However, the following courses are commonly required:

- **Adult/Child Safeguarding – Level 2 & 3**
- **Learning Disabilities and Autism Awareness**
- **Basic Life Support (BLS)**
- **Infection Control – Level 1**
- **Mental Capacity Act and Deprivation of Liberty Safeguards – Level 1**
- **Information Governance and GDPR**
- **Data Security**
- **Manual Handling**
- **Diversity and Inclusion**
- **PREVENT (Counter-Terrorism Awareness)**
- **Sepsis Awareness**
- **Managing Conflict**

Equivalent training modules are available in devolved nations, and employers should ensure compliance with regional requirements and trust policies.

Access to Clinical & IT Systems

PAs must have access to relevant IT and clinical systems required to perform their duties. Employers should provide appropriate training on these systems in accordance with local policies.

PAs should have individual profiles within clinical systems but must not have prescribing authorisation. They must have the ability to propose medications for verification in order to reduce burdens on prescribing colleagues and fulfill their roles. For clarity, the PA should request prescriptions for review and signature by an authorised prescriber in accordance with governance frameworks.

Prescription Arrangements

PAs are currently not authorised to prescribe medication in the UK. The National Health Service England (NHSE) has outlined the prescribing responsibilities of PAs [13].

During training, PAs are taught to determine appropriate therapeutic interventions and propose prescriptions for review and approval by a clinician. PAs, along with all professionals on the GMC register, are expected to follow their 'Good practice in proposing, prescribing, providing and managing medicines and devices' guidance to the extent that is relevant to their practice. The guidance covers a range of related activities that surround and support prescribing as well as prescribing itself. For all elements of prescribing activity that PAs are involved in, they are responsible for their decisions and actions, and the steps they take to ensure that prescriptions are appropriate, necessary and safe. Prescribing clinicians are responsible for verifying the necessity, appropriateness, and safety of all prescriptions they sign. [14].

PAs who held prescribing responsibilities in previous healthcare roles (e.g., registered nurses or paramedics with non-medical prescriber status) must not use these privileges in their PA role.

Patient Group Directions (PGD) and Patient Specific Directions (PSD)

Currently, PAs are not authorised to administer medication under a Patient Group Direction (PGD) [15]. This remains unchanged following GMC regulation, as it requires amendments to the Human Medicines Regulations.

However, Patient Specific Directions (PSD) may be utilised. These are instructions issued by a doctor or non-medical prescriber for the administration of medication to a specific patient following an individual assessment [16]. A PA may conduct the individual assessment when delegated in accordance with Good Medical Practice, providing an SBAR (Situation, Background, Assessment, Recommendation) to ensure the supervising doctor is fully apprised of the assessment.

For immunisations and vaccinations, PAs must follow PSD requirements and complete appropriate training, including the recognition and management of anaphylaxis [16]. All PAs involved in immunisation should be familiar with the Green Book guidance on immunisations against infectious diseases [17].

Imaging & Ionising Radiation

As regulated professionals under the GMC, PAs may request ionising radiation examinations (e.g. X-rays and CT scans) provided appropriate governance policies are in place. PAs who are not yet on the GMC register, or who are non-regulated professionals, are not permitted

to request ionising radiation. Those currently not on the GMC register can request non-ionising imaging (e.g. USS and MRI).

Employers must ensure that local governance structures include policies and Standard Operating Procedures (SOPs) regarding imaging requests. PAs must complete Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) training to request ionising imaging. Detailed guidance on IR(ME)R compliance should be referenced when developing institutional policies [18].

CMAPs will provide more guidance on requesting imaging in due course.

Supervision of Physician Associates in Secondary Care

Establishing a clear and structured framework for the supervision of healthcare professionals is fundamental to ensuring safe and effective clinical practice [19]. PAs are no exception to this principle. While PAs are responsible for their own clinical decision-making and actions, they must have access to appropriate supervision mechanisms that support their professional development and ensure patient safety [20].

Supervisory arrangements should be flexible, considering the individual PA's level of experience, the organisational structure, and the clinical setting in which they are operating. It is strongly recommended that Educational Supervisors undertake formal training in clinical education and supervision to effectively support the professional development of PAs.

For newly qualified PAs undertaking a Preceptorship Programme (see 'Preceptorship' section), supervision requirements should be clearly defined to facilitate their transition into secondary care settings.

Roles and Responsibilities in Supervision

Supervision of PAs should be divided into two distinct roles, which may be fulfilled by the same individual where operationally appropriate:

Clinical Supervisor

The Clinical Supervisor is the PA's point of contact for day-to-day clinical oversight. This role is typically undertaken by an on-call senior doctor or a designated consultant responsible for PA supervision during a shift.

Responsibilities of the Clinical Supervisor include:

- Providing timely clinical advice and guidance.
- Delegating tasks in accordance with Good Medical Practice.
- Ensuring that the PA has access to appropriate support when encountering situations beyond their competency.

PAs must follow the relevant duties in the GMC's Good Medical Practice [21] when exercising professional judgement:

- You must recognise and work within the limits of your competence. You must only practise under the level of supervision appropriate to your role, knowledge, skills and training, and the task you're carrying out.
- In providing clinical care you must consult colleagues or seek advice from your supervising clinician, where appropriate.
- If a task is delegated to you by a colleague but you're not confident you have the necessary knowledge, skills or training to carry it out safely, you must prioritise patient safety and seek help, even if you've already agreed to carry out the task independently.

Employers are responsible for ensuring that structured mechanisms are in place to facilitate timely access to supervision [22].

N.B. As part of the MDT, PAs are likely to be approached by colleagues for help or as part of their role. It is important to note, that when a PA provides clinical advice to colleagues, they must ensure that they are clearly identifying themselves, that the advice they give is within their scope of practice to give and they should consider that they remain liable and accountable for the advice and guidance given.

Educational Supervisor

An Educational Supervisor is a named General Medical Council (GMC)-registered Associate Specialist or Consultant who assumes overarching responsibility for the professional development of an individual PA. An Educational Supervisor may have multiple supervisees under their supervision at any one time and throughout the year.

Key responsibilities of the Educational Supervisor include:

- Conducting annual appraisals and reviewing the PA's clinical supervision needs.
- Supporting the PA's ongoing professional development, including Continuing Professional Development (CPD), audits, and other clinical or non-clinical activities.
- Guiding the PA's integration into the clinical team and overseeing their scope of practice.

While there is no PA-specific documentation for supervision, the principles outlined in Health Education England's (HEE) 'Enhancing Supervision for Postgraduate Doctors in Training' [23] provide a useful reference model for PA development within clinical teams. Employers may also wish to refer to the GMC standards which may be applied to PA supervision, including leadership and management guidance [24] paragraphs 66-68 in GMP on delegation, and more detailed guidance on delegation and referral [25].

Supervision Levels by Clinical Setting

The degree of supervision required for PAs will vary based on their experience level and the clinical environment in which they operate. Best practice includes regular case load debriefing, which may be conducted through annotated exchanges, structured electronic documentation, or scheduled sessional face-to-face discussions and on demand as required [26].

The following table outlines example supervision levels across different clinical settings:

Setting	Preceptor PA	PA	Senior PA
Ward-Based	Direct Observation Indirect Supervision with Supervision Immediately Available	Indirect Supervision with Supervision Immediately Available Semi-Autonomous	Semi-Autonomous
Outpatients	Direct Observation Indirect Supervision with Supervision Immediately Available	Indirect Supervision with Supervision Available as required Semi-Autonomous	Semi-Autonomous
Theatres (with appropriate training)	Observation Only Assisting	Direct Observation	Indirect Supervision Immediately Available
ED/ acute and urgent care	Direct Observation Indirect Supervision with Supervision Immediately Available	Indirect Supervision with Supervision Immediately Available	Indirect Supervision Immediately Available

Table 1. Proposed supervision requirements for PAs by seniority and setting.

The table above serves as a guideline rather than a fixed timeline, as PAs develop their skills through experiential learning, supplemented by additional training opportunities. Their exposure to different clinical environments may vary significantly based on the employer's needs. Over time, a PA may achieve seniority through substantial experience and proficiency within a specific area. This individualised expansion of scope should be taken into consideration when assessing a PA's progression and level of seniority.

For senior PAs in specialties where activities primarily take place in clinics, debriefing may occur electronically through a structured exchange with the supervising doctor, creating an audit trail that demonstrates effective supervision. In ward-based settings, debriefing may take place during board rounds or post-take ward rounds, with ad hoc supervision provided as required. In all cases, supervision should be available remotely or in person for the PA to call on.

Arrangements for Supervision

When seeking clinical advice, the PA is responsible for:

- Accurately conveying relevant clinical information to the supervising clinician.
- Appropriately implementing the advice received.
- Remaining accountable for their own clinical decisions and actions.

Many hospital settings have established supervisory frameworks, such as a 'Consultant on Call' system, which provides senior clinicians with oversight responsibilities for junior staff and PAs. In larger multidisciplinary teams, the supervising consultant may not be directly involved in patient care but will focus on providing overarching guidance. In smaller teams,

where the supervising consultant has direct patient care responsibilities, it is essential that appropriate time is allocated for supervisory duties to maintain safe and effective clinical oversight.

Supervision should be embedded within routine clinical activities, aligning with established practices such as ward rounds and outpatient clinic sessions. Supervisory responsibilities should be clearly defined and appropriately reflected in consultant job plans to ensure effective governance and workforce planning.

A structured approach to PA supervision is essential for maintaining high standards of patient care and professional development. By implementing clear supervisory roles, defined levels of oversight, and structured mechanisms for professional growth, healthcare organisations can ensure that PAs contribute effectively to multidisciplinary teams while practicing within a safe and supportive framework.

Levels of Supervision

Supervision should be tailored to the PA's level of experience, competence, and the complexity of the clinical environment in which they are working. As PAs progress in their roles, the degree of oversight required will evolve accordingly. The following levels of supervision outline the varying degrees of support and autonomy that may be applied in clinical practice, aligning with best practices for clinical supervision [27]. This has further been expanded on indirect supervision to create two subcategories to clearly display the ability to titrate supervision:

1. **Direct Supervision** – The supervisor is physically present, observing and providing immediate guidance while the PA performs clinical tasks.
2. **Indirect Supervision with Supervisor Immediately Available** – The supervisor is not physically present but is within the same clinical setting and can be called upon at short notice. In settings where patients present in an unstable condition, such as resuscitation, the medical take, or other consultant-led environments, supervision should be limited to this level. The supervising clinician must be a registrar (in the context of the medical take only), associate specialist, or consultant.
3. **Indirect Supervision with Supervisor Available (remote)** – The supervisor is not in the immediate vicinity but is accessible remotely (e.g., via phone or pager) for consultation and support.
4. **Ad-Hoc Supervision/Semi-Autonomous Practice** – The PA operates independently within an agreed scope of practice, seeking supervision only for complex or unfamiliar cases.

Scope of Practice

Core Scope of Practice

From September 2025, the Physician Associate Registration Assessment (PARA) will replace the Physician Associate National Examination (PANE), introducing an updated curriculum that supersedes the Competence and Curriculum Framework (CCF) matrix and aligns PA training with a clearly defined set of core learning outcomes [7].

Upon graduation, a PA's starting scope of practice can be assumed to mirror the content of their PA qualification and registration assessment, which includes history-taking, physical examinations, diagnosing and managing conditions, requesting and interpreting investigations, and performing clinical procedures within their training. This serves as the minimum standard for entry into practice, with individual scope evolving based on workplace experience, continuing professional development, further qualifications, and employer needs.

The UMAPs & CMAPs Base Scope of Practice Guidance document further defines the core competencies expected of PAs at qualification. Aligned with GMC guidance and the PARA Content Map, it outlines essential clinical areas, professional skills, and procedures for safe, effective practice at the point of qualification [12].

Regular meetings with an Educational Supervisor help document professional development through portfolios, training plans, and job plans. This structured approach ensures that a PA's practice remains aligned with their expertise and the evolving demands of the clinical environment [26].

Extended Skills

As PAs gain experience, their skillset expands beyond the competencies acquired at qualification. These extended skills will vary depending on specialty requirements and individual career development. Further details are provided in the Base Scope of Practice Guidance document [12].

Extended skills should be evidenced in professional portfolios through:

- Training course certificates (e.g., Advanced Life Support, Basic Surgical Skills)
- Competency assessments (e.g., Direct Observation of Procedural Skills (DOPS), Case-Based Discussions, Mini-Clinical Evaluation Exercises)
- Reflections on in-house training packages

Competency validation is often assessed by course providers, who outline revalidation standards. Employers may also establish specific protocols for verifying additional skills, especially if training is conducted in-house. For example, a PA may be required to complete a set number of successful DOPS assessments to demonstrate proficiency in a clinical procedure before being permitted to perform it independently. The process for validating extended skills should be established at a local level in collaboration with Educational and Clinical Supervisors.

Job Planning

A consultative approach should be taken in designing the PA's job plan, ensuring that it balances job satisfaction with departmental and service needs. Engaging in good-faith discussions allows all parties to collaboratively develop a job plan that supports both the PA's professional growth and the organisation's operational requirements. If all changes are approached through genuine consultation, disputes are unlikely to arise.

Should a dispute occur at any point, it is advisable for Employers and PAs to initiate dialogue early with UMAPs, who will be more than happy to mediate and assist in reaching a resolution. As with all NHS clinical professionals, careful consideration must be given to how a PA integrates within the multidisciplinary team. A job plan should include:

- A timetable of clinical and non-clinical activities
- A summary of session types (e.g., on-call, acute care, theatres, outpatient clinics)
- A breakdown of non-patient-facing duties
- Supervision arrangements for each session
- Any additional duties assigned to the PA

PA job plans should be tailored to the individual and the organisation's needs, considering the PA's level of experience and professional development. Most clinical staff benefit from a balanced mix of activities to ensure variety and manage workload stress. Job planning is a flexible process that can be adjusted as required, provided changes are agreed upon mutually.

Employment Considerations

Adjustments to a PA's job plan must align with their existing contract and comply with employment law. In secondary care settings, this includes ensuring that:

- The PA's working hours do not exceed legal limits
- Compensation is fair and aligned with their contractual agreements
- A safe and supportive working environment is maintained

Changes to a PA's role must be conducted transparently, ensuring clarity between employer and employee. Proper adherence to employment regulations helps foster a legally compliant and positive workplace, mitigating risks while supporting job satisfaction and professional growth [28].

Development

Continuing Professional Development (CPD)

After qualification, a PA's scope of practice expands through CPD, postgraduate education, and work-based learning and assessments [29] [12].

There are relevant principles in the GMC's GMP on maintaining, developing and improving performance in paragraphs 11-13, which support CPD guidance.

CPD is an integral component of professional practice and plays a vital role in maintaining high standards of patient care, competency, and safe practice. To support ongoing professional development and ensure safe and effective clinical practice, CMAPs recommends that PAs engage in 250 hours of CPD over a five-year cycle, averaging 50 CPD hours per year. This CPD should be distributed across three distinct streams:

Stream 1: Practice

- **100 hours over 5 years**
- **Focus:** Current area of practice

Stream 2: Core

- **100 hours over 5 years**
- **Focus:** Pre-registration knowledge across the 18 areas of clinical practice, as outlined in the Base Scope of Practice Document [12]

Stream 3: Impact

- **50 hours over 5 years**
- **Focus:** Leadership and management, research, and educational activities

PAs are expected to engage in CPD activities that align with their professional development plans (PDPs) and career progression. CPD activities should be logged in a portfolio and reviewed as part of annual appraisals. PAs will also be required to complete CPD as part of the GMC revalidation process. Further details can be found in CMAPs 'Continuing Professional Development (CPD) Physician Associate Framework (2025)' [29].

UMAPs Position on CPD and Employer Responsibility

UMAPs maintains that, to ensure Physician Associates (PAs) meet their regulatory Continuing Professional Development (CPD) requirements, employers should:

- Enroll PAs in trust-led teaching programmes, either those designed specifically for their profession or integrated into multidisciplinary team (MDT) training, such as grand rounds and medical education sessions.
- Provide protected SPA (Supporting Professional Activities) time, with at least one hour per week allocated for structured teaching.
- Offer additional time and financial support for CPD, ensuring PAs can access relevant training, courses, and professional development opportunities.

This structured approach ensures that PAs remain clinically competent, aligned with professional standards, and fully integrated within the broader medical team.

Portfolio

All PAs should continue to log 50 hours of CPD annually or complete a total of 250 hours within a five-year period. As with many clinical professionals, use of a portfolio is preferable to log evidence for [30]:

- Annual appraisals
- Workplace-based assessments
- Reflections
- Colleague and patient feedback
- Personal development plans

PAs who are registered with the GMC will be required to participate in revalidation and discuss and reflect on relevant documentation as part of their annual appraisal. Several portfolio providers exist, and the choice may depend on employer preferences or individual PA requirements.

The portfolio should encompass the six key categories outlined for revalidation including CPD, ensuring that PAs can demonstrate ongoing competence and professional growth. The GMC advises that PAs discuss and reflect on their CPD activities during their annual appraisal.

Transition from Student to Newly Qualified Physician Associate

Employers should provide structured support for newly qualified PAs to facilitate a smooth and safe transition from education to employment. Previously, the Faculty of PAs (FPA) issued a Preceptorship Year document with guidance for newly qualified PAs. The College of Medical Associate Professionals (CMAPs) is currently developing updated guidance to support this transition.

Preceptorships

Preceptorship provides structured support for newly registered PAs, aiming to facilitate their integration into the MDT and workplace. Preceptorship helps professionals translate and embed their knowledge into everyday practice, develop confidence, and establish a solid foundation for their careers. It is not a replacement for appraisals, formal induction, or mandatory training.

The transition from student to an accountable medical professional can be challenging. The core purpose of preceptorship is to enhance retention rates for newly registered PAs while providing support to supervisors and the wider team. It is recommended that newly registered PAs complete a six-month to one-year preceptorship following qualification. The availability of preceptorship programmes varies by region and Trust or Training Hub [31].

Secondary Care Preceptorships

NHS Trust preceptorships or internship programmes vary in structure and are tailored to the PA role and responsibilities. Many Trusts integrate pre-defined MDT teaching sessions and rotations designed for trainees to centralise educational support. It is important to ensure that the educational content is relevant to the PA role and that both the job plan and development plan are effectively supported during the preceptorship year [31].

An educational supervisor should oversee this process, working alongside clinical supervisors throughout the first year to provide guidance and structure.

Although the minimum number of interactions during a probationary period or preceptorship typically occurs at week one, month one, month three, month six, and month twelve, UMAPs recommends that preceptors meet with their educational supervisors on a monthly basis during the first six months.

This proactive approach not only enhances the supervisor's ability to integrate the PA effectively into the team and organisation, but also supports the PA's professional development, clinical competence, and overall contribution to the workplace. Regular engagement ensures higher educational quality and improves the PA's readiness and effectiveness at the conclusion of the preceptorship.

Revalidation

Until March 2023, PAs were required to pass a recertification exam every six years to remain on the PAMVR. In preparation for GMC registration, a transition was made to a revalidation model mirroring the requirements for doctors. This model includes six key components [32]:

1. Continuing professional development
2. Complaints and compliments
3. Feedback from colleagues
4. Feedback from patients
5. Quality improvement activity
6. Significant events

As part of the five-year revalidation cycle, the GMC will request confirmation from the employer that the PA has remained up to date with revalidation requirements and continues to be fit to practice.

Indemnity – GMC Guidance & UMAPs Statement

The GMC has stated that to register, applicants must demonstrate they “have adequate and appropriate insurance or indemnity arrangements in place, covering all areas of practice” [32]. Having appropriate indemnity is an ongoing requirement under the GMC’s Good Medical Practice (paragraph 101). As a result, like doctors, PAs may be covered under CNST, CNSGP, or GMPI indemnity without necessarily requiring additional personal insurance or indemnity.

UMAPs, the professional association and trade union representing MAPs, has a clear indemnity position to ensure that all PAs and employers are protected and supported. Given the evolving operational environment for PAs, UMAPs strongly recommends that all PAs secure additional cover to ensure comprehensive protection. All PAs undertaking locum work should have personal secondary indemnity.

Employers are encouraged to include PAs in their existing group indemnity scheme, if one is in place, provided it is suitable for the PA role. Alternatively, if PAs opt to seek cover from a specialist organisation, employers may wish to consider reimbursement options for these costs. UMAPs is actively working with Medical Defence Organisations ensuring that PAs are adequately protected in all aspects of their practice. For further guidance regarding indemnity, including recommendations, please contact UMAPs directly.

Fitness to Practise

Following statutory regulation, the Fitness to Practise guidelines previously held by the FPA will be superseded by the GMC requirements as set out in Good Medical Practice. The current Code of Conduct, along with the PAMVR, aimed to set out the guiding ethical and moral principles that PAs are expected to apply in their daily practice. Statutory regulation of PAs is now under the GMC.

All PAs must be familiar with Good Medical Practice and the more detailed guidance that supports it. The guidance sets out the principles, values, and standards of professional behaviour expected of everyone registered with the GMC. It's an ethical framework, which supports medical professionals to deliver safe care to a good standard, in the interests of patients.

PAs must use their professional judgment to apply the standards in GMP to their day-to-day practice.

The four domains that underpin good medical practice are outlined below [21]:

- Domain 1: Knowledge, Skills, and Development
- Domain 2: Patients, Partnership, and Communication
- Domain 3: Colleagues, Culture, and Safety
- Domain 4: Trust and Professionalism

Training Student Physician Associates

Clinical Placements and Supervision

All HEI programmes include experiential learning through clinical placements, which are subject to the GMC's quality assurance processes. PA students are expected to develop their clinical competence throughout their training, particularly during these placements. Initially, PA students will observe clinical practice (Level 1), progressing to performing directly supervised tasks (Level 2), and later performing tasks with indirect supervision (Level 3) [33]. Despite increasing autonomy, all patient care must be reviewed by the supervising named doctor.

Levels of Clinical Supervision for PA Students

Level	Supervision Description
Level 1	Observation only, no provision of clinical care.
Level 2	Acting with direct supervision – The PA student may provide shared clinical care while the supervising doctor or healthcare professional is physically present in the same clinical area, observing and ready to provide immediate assistance. All patient care must be reviewed by the doctor or healthcare professional.
Level 3	Acting with indirect supervision – The PA student may provide clinical care while the supervising doctor or healthcare professional is not physically present but is available as required. All patient care must be reviewed by the doctor or healthcare professional.

Table 2. Levels of Supervision for PA Students

Practical Skills

PA students are expected to develop a range of practical skills as part of their training. The following list outlines key skills they should be proficient in:

Emergency Management	Procedural Skills
ABCDE approach to a sick patient	Arterial blood gas sampling
Applying oxygen and nebulisers	Cannulation
Basic Life Support (BLS) – adults and children	Capillary blood glucose monitoring

First aid	Catheterisation (male and female)
Fluid resuscitation in shock (e.g., blood loss)	Peak flow/spirometry
Initial seizure management	Handwashing
Intermediate life support	Intramuscular and subcutaneous injection
Airway management	Manual handling of patients
Simple arrhythmia recognition and management	Nasogastric tube insertion
Managing electrolyte disturbances (e.g., hyperkalaemia or hypoglycaemia)	ENT and skin swabs
Recognition and reversal of poisoning	Performing an ECG
Sepsis management	Preparing IV drugs
SIMMAN scenarios	Scrubbing, gloving, and gowning, and use of PPE
	Speculum examination
	Sterile fields and blood cultures
	Suturing (single interrupted suture for skin)
	Urinalysis (including pregnancy testing) and interpretation
	Venepuncture
	Wound care and dressings

Table 3. Practical Skills for PA Students

Tariffs and Funding

Since June 2017, a single national funding model for PA placements has been in place, with funding available to all NHS-commissioned services [34]. For PA student placements within the devolved nations, it is advisable to contact the relevant bodies:

- Health Education and Improvement Wales (HEIW)
- NHS Education for Scotland
- Department of Health, Northern Ireland

If your Trust or department is interested in supporting PA students by offering clinical placements, we recommend contacting the PA Schools Council (PASC), or approaching local HEIs who have direct involvement in PA programmes.

We are aware that PASC are currently working with the GMC to review and update the PA curriculum. Amendments will therefore be made to the above information if this advice requires revision in the future.

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This document is designed to be updated as the Physician Associate role evolves, and new competencies emerge. All amendments will be communicated to registered PAs and relevant stakeholders to maintain a clear and current definition of safe practice.

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