

# Primary Care Placement Handbook: (Master's in Physician Associate Studies)



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## Introduction

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Welcome to the Primary Care Placement Handbook for Supervisors. This resource is designed to support you in your role as a clinical placement supervisor, providing essential information about the role of Physician Associates (PAs), our current programme our students are studying, the significance of clinical placements, your expectations, and the key learning objectives our students aim to achieve.

Our students are engaged in a comprehensive academic program that combines theoretical knowledge with practical application, specifically tailored to prepare them for the unique challenges of primary care. Through their clinical placements, students will have the opportunity to apply their classroom learning in real-world settings, enhancing their skills and competencies in patient care and community health.

As clinical placement supervisor, your role is vital in guiding students as they transition from theory to practice. You will help shape their experiences, provide valuable mentorship, and foster their professional growth. This handbook outlines the expectations we have for you in this role, highlighting the importance of creating a supportive learning environment, offering constructive feedback, and encouraging students to reflect on their experiences and learning.

The learning objectives for students during their placements are categorized into three key areas: Knowledge, Skills, and Attitude.

Knowledge: Students will be expected to demonstrate a solid understanding of primary care concepts, including the role of healthcare systems, preventative care, and management of chronic conditions. They will learn to apply this theoretical knowledge to assess patient needs and develop appropriate care plans.

Skills: Students will develop essential clinical skills, such as effective communication, patient assessment, and health promotion. They will practice conducting thorough patient evaluations, managing care across diverse populations, and utilizing evidence-based practices in their decision-making.

Attitude: Students will cultivate a professional attitude characterized by empathy, respect, and ethical responsibility. They will learn the importance of patient-centred care and cultural competence, fostering positive relationships with patients, families, and healthcare teams.

Your guidance will be instrumental in helping students achieve these objectives, ensuring they are well-prepared for their future careers as Physician Associates.

Thank you for your commitment to supporting our students in their educational journey. Your involvement is crucial in helping them gain the confidence and competence needed to excel as compassionate healthcare professionals. We look forward to working together to create meaningful and impactful placement experiences for our students.

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## Physician Associate (PA) and their Role

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### What is a Physician Associate?

'Physician associates (PAs) are clinically trained healthcare professionals who work under supervision, and provide medical care as an integral part of the multidisciplinary teams, in community, primary or secondary care. They develop their skills through on the job experience, under the day to day supervision of appropriately qualified and experienced clinicians.' - GMC

### What can a PA do?

PAs work alongside the multidisciplinary team to provide medical care to patients, via the supervisory authority of a doctor and can:

- formulate a differential diagnosis based on history and physical examination;
- develop and deliver appropriate treatment and management plans in collaboration with the supervising physician;
- perform diagnostic and therapeutic procedures;
- propose medications (prescribe in time subject to the necessary legislation);
- Request and interpret diagnostic tests

PA training is designed to ensure that PAs are:

- aware of the limits of their competence and committed to acting within these limits;
- highly skilled at working in a multi-professional team environment;
- life-long learners who engage in active professional development.

The PA operates under predetermined supervision levels and adheres to nationally agreed-upon guidelines. Their scope of practice is defined in collaboration with their supervising physician and is limited by the physician's own practice boundaries. While there may be situations where the supervising doctor is not physically present, they remain accessible for consultation.

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## Programme Overview

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Physician Associates participate in a two-year postgraduate master's program aligned with the PA national curriculum (The Competence and Curriculum Framework) and in line with GMC regulations. Students typically hold a first degree in a biomedical or healthcare-related field, and some may already have clinical experience. Students divide their time between practical and simulation-based learning as well as academic coursework.

During year 1, student will cover all of theory as well as primary care placement while year 2 will focus on predominantly secondary care placement.

Over the 2 years of the programme students undertake the following modules:

**All7043 General and Adult Medicine as a Physician Associate**

**All7044 Specialist and Acute Medicine as a Physician Associate**

**All7045 Core Clinical Skills and Applied Knowledge as Physician Associate**

**All7046 Evidence-based Practice for the Advanced Practitioner**

**All 7047 Professional, Personal Development and Patient Safety**

**All7048 Applied Pharmacology**

**All7027 Negotiated Major Project**

**ALL7052 Physician Associate Placement 1 (Primary Care)**

**ALL7061 Physician Associate Placement 2 (Secondary Care)**

**All704X Core Clinical Skills and Applied Knowledge as Physician Associate 2**

Throughout both years of the programme students will be subject to a range of formative and summative assessments. These will be written and practical assessments. In clinical placement assessment will be demonstrated through a placement portfolio. Progression on the programme will depend on successful completion of assessments.

Upon successful completion of all modules and clinical placements students will be eligible to enter the National Physician Associate Examination. This is a two-part assessment comprising a written multiple-choice question single best answer examination and a 14 station OSCE. Candidates must pass both elements to be eligible to enter professional practice. Graduates work in an area of their choosing with a supervising physician, deepening, and refining their professional and clinical skills throughout their professional career.

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### **Expectations from Placement Supervisors**

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As part of our commitment to providing a high-quality learning experience for students, we have established clear expectations for supervisors. These expectations are designed to ensure that students receive the support and guidance they need to develop their skills effectively during their placements. A summary of these expectations is outlined below.

- Ensure that a comprehensive induction is provided to the student and properly documented.
- Coordinate suitable individuals to supervise the student, demonstrating and teaching evidence-based practices.
- Provide opportunities for students to complete all portfolio tasks and demonstrate the outcomes set for each placement block.

- Conduct initial meetings with the student to discuss expectations and development goals.
- Facilitate end-of-placement sign-off to evaluate student performance and learning outcomes.
- Document any concerns regarding the student's performance and communicate these with the Primary Care Placement Lead.

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## **Role of Clinical Placement**

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Clinical placements are essential for preparing Physician Associate (PA) students to address health issues confidently and professionally across diverse healthcare settings. These placements enable students to actively engage with the healthcare team, gaining hands-on experience in patient care rather than simply observing. Supervisors play a crucial role in providing structured learning experiences that enhance students' clinical knowledge, skills, and professional development while fostering a positive and supportive environment.

Supervisors aim to expose students to a variety of medical conditions and patient populations, developing their ability to take comprehensive histories and perform accurate physical examinations. They focus on enhancing students' proficiency in formulating differential diagnoses and management plans while improving their communication skills and understanding of ethical and legal aspects of healthcare. By encouraging critical thinking and professionalism, supervisors help students refine their skills in history-taking, examination, and patient evaluation.

As students progress, their contributions will become increasingly sophisticated, preparing them to confidently take detailed medical histories, conduct thorough exams, and communicate findings effectively. By the end of their placements, they will be equipped to interpret blood results and recommend management strategies, laying a solid foundation for their final exams, the PA National Examination, and safe entry into professional practice.

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## **Placement Dates**

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Students will commence placement in September. This will be 2 days per week for 27 weeks. Tuesdays and Wednesday 09:00-17:00 unless placement supervisors have indicated otherwise, days may vary.

On completion of their 2 year course, with both clinical placement in Primary Care and Secondary care, their total hours should be 1600.

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## **Placement Portfolio**

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As part of their clinical placements, students will be required to develop and maintain a placement portfolio, which is a vital component of their learning experience. The placement portfolio makes up

a significant part of the Physician Associate programme assessment. Continuous assessment is an integral aspect of assessment in practice, and it is expected to show evidence of consistent achievement. It provides a structured format for students to identify their individual learning needs, their assessments, their learning of different skills, direct observation of procedures, their log of their clinical hours and multi-source feedback forms. Overall, the placement portfolio is instrumental in enhancing students' clinical knowledge and skills throughout their placement.

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## **Placement Assessments**

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During their clinical placements, students will be required to complete a series of assessments to evaluate their progress and competencies. Each placement will involve conducting one initial supervisor meeting to establish expectations and development goals. Students will also engage in one Case-Based Discussion (CBD) to reflect on specific clinical scenarios, as well as complete four Multisource Feedback forms (MSF) to gather input from various members of the healthcare team. Additionally, they will participate in Direct Observations of Procedures (DOPs) to demonstrate their practical skills in real-time and complete one Mini Clinical Evaluation Exercise (CEX) to assess their clinical performance in patient interactions. At the end of the placement, students will undergo a final assessment to summarize their learning outcomes. Throughout this process, they will also maintain an attendance log to document their participation and engagement in the clinical setting. These assessments collectively contribute to their overall development and readiness for professional practice.

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## **Learning Outcomes in Primary Care**

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### **Knowledge**

Upon completion of Primary Care placement, PA students should know:

#### **Management of Chronic Conditions in the Community**

Such as:

- Diabetes
- Chronic obstructive pulmonary disease (COPD)
- Asthma
- Heart failure
- Ischemic heart disease
- Hypertension
- Leg ulcers
- Chronic kidney disease
- Obesity

### **Recognition and Management of Minor Illnesses**

Understanding the natural resolution of conditions in both adults and children, including:

- Common colds
- Influenza
- Gastroenteritis
- Allergies
- Minor cuts and bruises
- Sprains and strains

### **Recognition and Initial Management of Skin Conditions**

Acute and chronic skin conditions in adults and children, such as:

- Eczema
- Psoriasis
- Dermatitis
- Fungal infections (e.g., athlete's foot)
- Bacterial infections (e.g., cellulitis)
- Acne

### **Community Antenatal Care**

- Monitoring foetal development
- Managing gestational diabetes
- Educating on prenatal nutrition
- Screening for preeclampsia

### **Recognition and Initial Management of Common Mental Health Disorders**

Such as:

- Depression
- Anxiety
- Grief and bereavement
- Dementia
- Post-traumatic stress disorder (PTSD)
- Attention-deficit/hyperactivity disorder (ADHD)

### **Recognition and Initial Management of Common Gynaecological and Women's Health Issues:**

- Menstrual disorders (e.g., dysmenorrhea, amenorrhea)
- Urinary tract infections (UTIs)
- Polycystic ovary syndrome (PCOS)
- Menopause-related issues
- Sexually transmitted infections (STIs)
- Breast health (e.g., lumps, mastitis)

## **Recognition and Initial Management of Common ENT (Ear, Nose, and Throat) and Ophthalmic Conditions:**

- Allergic rhinitis
- Sinusitis
- Otitis media (ear infections)
- Tonsillitis
- Conjunctivitis (pink eye)

## **Recognition and Initial Management of Acute Respiratory Diseases**

In both children and adults, including:

- Asthma exacerbations
- Acute bronchitis
- Pneumonia
- Acute respiratory distress syndrome (ARDS)
- Indications for antibiotic use (e.g., bacterial pneumonia)

**Recognition of when conservative management is appropriate (e.g., watchful waiting for viral infections)**

## **Skills**

Upon completion of Primary Care placement, PA students can do:

### **Comprehensive Bio-Psycho-Social Assessment:**

- Conduct thorough assessments considering biological, psychological, and social factors affecting health.

### **Eliciting Ideas, Concerns, and Expectations (ICE):**

- Engage with patients to explore their ideas, concerns, and expectations regarding their health.

### **Taking a Mental Health History:**

- Gather relevant mental health histories in a primary care context, including assessing suicide risk and severity of depression.

### **Recognizing Opportunities for Health Promotion:**

- Identify and utilize opportunities for opportunistic health promotion, such as:
  - Blood pressure and weight measurements
  - Smoking cessation advice
  - Alcohol consumption guidance

- Promotion of physical activity
- Immunisation and screening recommendations

#### **Implementing Safety Netting Plans:**

- Develop and implement appropriate safety netting plans to ensure patients know when and how to seek further help or follow-up care.

#### **Understanding Shared Decision-Making:**

- Familiarity with principles of shared decision-making to enhance patient engagement.

#### **Cultural Competence:**

- Recognise and respect cultural differences in patient interactions to provide personalized care.

#### **Patient-Centred Care:**

- Foster strong therapeutic relationships and improve overall patient engagement in their healthcare journey.

### **Attitude**

Upon completion of Primary Care placement, PA students are aware of:

#### **The Dynamics of the MDT:**

- Understanding how the MDT can collaborate effectively in practice and the role PAs play in multi-professional teams within the community.

#### **Professional and Clinical Competence Boundaries:**

- Awareness of the professional and clinical boundaries of PAs, including recognition of limitations, to ensure safe and effective practice under supervision.

#### **Influence of Workload on Performance:**

- Recognition of how workload, time management, and organizational skills impact personal performance and the quality of patient care.

#### **Self-Awareness of Strengths and Challenges:**

- Understanding personal strengths and identifying learning challenges related to workload and time management.

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## Supervising Students on Placement

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Upon entering the practice setting, most students have limited clinical exposure, knowledge, and skills. They undergo training to ensure safety and professional appropriateness. Initially, students may require substantial support in the clinical environment to practice their skills, apply knowledge, and engage in clinical reasoning.

Key points for GP supervisors and clinical teams working with Physician Associate (PA) students:

### 1. Supervision and Integration:

- Allocate an overall GP supervisor for each PA student.
- PA students collaborate with the entire practice team.
- Initial days involve getting acquainted with clinicians, administrative staff, and management.

### 2. Clinical Supervisor:

- A named clinician (Clinical Supervisor) coordinates clinical supervision and learning.
- A deputy supervisor covers leave and sickness.

### 3. Shadowing and Learning:

- Initially, PA students shadow and observe any member of the clinical team.
- They gradually transition to taking patient histories, performing examinations, and presenting findings to their supervisor.
- Early presentations focus on simple cases to build confidence and consultation skills.

### 4. Skill Development:

- PA students should only perform examinations they've been taught at university.
- Over time, they progress to fully clerking patients, formulating diagnoses, discussing medications, suggesting management plans, and interpreting investigations.

### 5. Challenges and Growth:

- Encourage critical thinking by challenging their patient presentations and management plans.
- Theoretical knowledge comes from university, while clinical skills develop through patient interactions.

By the end of the GP placement, PA students should confidently handle patient assessments, demonstrate diagnostic skills, and contribute effectively to patient care. Their journey from theory to practice prepares them for professional competence. It is also important to realise that the surgery is participating in training a future healthcare professional for the workforce and the student may well want a job there.

Supervisors have the flexibility to select patients for PA students from their existing patient lists or from 'on-the-day' presentations. Alternatively, they can specifically request certain patients to come

in for the students to observe. Initially, students should allocate 30 minutes per patient, considering their limited clinical exposure, knowledge, and skills.

Practices play a crucial role in setting up students for success by providing:

- Practice Space: A conducive environment for learning and practicing.
- Patient Opportunities: Sufficient patients for students to interact with.
- Appropriate Review: Regular feedback and review of patient encounters.

PA students engage with a variety of patients, including those from booked surgeries, emergency lists, triage calls, and home visits. They conduct appropriate examinations and present findings back to their supervisors. As they progress, students develop differential diagnoses, management plans, and discuss medications and prescriptions. Initially, this may occur under supervision, but they rapidly transition to independent practice with end-of-consultation reviews.

While the exact time per patient may vary based on the student, a guideline of 20-30 minutes per appointment initially should suffice, gradually reducing to 20 minutes by the end of the placement.

Under no circumstances should a patient ever leave the surgery having only been seen by the PA student.

Students in GP should have opportunities to:

- Take histories (virtual and telephone as well as face to face)
- Perform examinations under supervision and independently
- Present back to GP or other HCPs
- Discuss differential diagnosis and management plans including medication, referral etc.
- Health promotion/disease prevention
- Complete DOPs
- Receive teaching on site if available
- Appropriate supervision
- Bring appropriate forms for completion
- Be proactive and seek out learning opportunities

Students will also have Direct Observation Procedural Skills (DOPs) to complete and some specific conditions that they need to have experience in seeing or learning about. We would ask that you help facilitate their needs as required.

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## Example Timetable

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### Week 1

Monday	Tuesday	Wednesday	Thursday	Friday
TEACHING	Diabetes Foot Clinic	Shadowing Dr C	TEACHING	CLINICAL SKILLS
LUNCH				
TEACHING	Shadowing Dr B	Heart Failure clinic observation	TEACHING	CLINICAL SKILLS

### Week 2

Monday	Tuesday	Wednesday	Thursday	Friday
TEACHING	Shadowing Dr A	Shadowing Dr B	TEACHING	CLINICAL SKILLS
LUNCH				
TEACHING	Spirometry Clinic	Paramedic Led Clinic	TEACHING	CLINICAL SKILLS

This timetable allows the student to shadow different healthcare professionals throughout the week, providing exposure to various styles of practice and patient populations. It's important to note that the specific schedule may vary based on the availability of the preceptors and the needs of the students.

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## Key Contact Details

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### In the event of student concerns

Occasionally, staff members—including clinical, academic, support, and administrative personnel—may have concerns regarding individual students. These concerns can range from students appearing withdrawn, which may raise worries for a staff member, to instances of inappropriate attitudes or behaviours. Placement providers are encouraged to reach out to the program team as soon as possible to report any concerns.

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