**Stakeholder Report Form
EoE Primary Care School Board Meeting**

| Programme / Workstream Name: | Primary Care Physician Associate Foundation Programme  |
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| Programme Lead: | Dr Kunal Chandarana  |
| PCS School Strategy Objective: | Learner Support |
| Period of Update: | October 2024 | RAG Status for project: |  |
| Programme / Workstream Summary |
| * We are currently in Term 3 of Cohort 4.
* Applications for Cohort 5 of the programme are set to open soon.
* In addition to the programme, we provide quarterly clinical and educational sessions for PA supervisors.
* This year, rather than using the FourteenFish E-portfolio platform, we have encouraged PAs to use the free Horus Platform or the Faculty of Physician Associates platform.
* Due to a lack of funding, we have not purchased the Red Whale CPD package for this cohort of PAs; however, they still have access to the Minor Illness Module, which was specifically developed for PAs.
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| Key Highlights |
| * There has been significant pressure on PAs following the media coverage of the BMA and RCGP guidance. The CQC has also updated its guidance in response to these publications. I understand this is adversely affecting the ability of PAs to secure and maintain employment in Primary Care.
* Guidance from NHS England and the GMC would be extremely valuable for both Primary Care organisations and PAs.
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| Decisions made since last update  |
| * Dr Chandarana has agreed to extend his TPD contract.
* We have agreed to run Cohort 5 of the programme in 2025 to support PAs in Primary Care.
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| KPIs | Financial Performance |
| * We are in the process of finalising the end-of-year feedback form.
* Attendance and feedback have been encouraging.
* We are currently checking if some of the current PAs are willing to volunteer as mentors for the new PAs enrolling in the programme.
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| Operational Updates | Progress on previous goals |
| The programme is currently led by Dr Kunal Chandarana (TPD), with administrative support from a member of the Primary Care team. Recently, Becca has had to take on the majority of this administrative work. | We have spent time on the PA Programme addressing concerns, and supporting PAs, following the BMA and RCGP Publications. We have run a session for Supervisors where the guidance was discussed in detail as a peer support group.  |
| Risk Assessment Overview: *(Issues, Risks, Concerns, Barriers etc)* | Governance and Compliance |
| The main risk is the lack of detailed guidance from NHS England and the GMC regarding the scope of practice for PAs and their response to the BMA and RCGP guidance. | NHS England and the RCGP have recommended that PAs on the Foundation Programme should have a trained mentor. Unfortunately, we do not have access to trained mentors. In previous years, we have asked PAs who have completed a cohort to volunteer as mentors for PAs in the new cohort (though these mentors are untrained). However, I will also be available to provide advice and support. |
| Stakeholder engagement |
| * Pre-recorded presentation for a EOE regional stakeholders PA event 25/9/24
* Subsequent meeting organised with the programme lead for the London Programme
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| Future Outlook (Upcoming priorities, initiatives, or areas of focus) |
| * We are keen to urge NHS England to issue guidance on the use of PAs in Primary Care, as this would be invaluable for both Primary Care organisations and PAs. In the meantime, we will continue with the peer support supervisor meetings.
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| Conclusion |
| * We are due to open up applications for Cohort 5 imminently
* There has been significant pressure on PAs following the media coverage of the BMA and RCGP guidance. The CQC has also updated its guidance in response to these publications. I understand this is adversely affecting the ability of PAs to secure and maintain employment in Primary Care.
* Guidance from NHS England and the GMC would be extremely valuable for both Primary Care organisations and PAs.
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