



Royal College
of Physicians

Faculty of
Physician Associates

Physician associate curriculum: draft

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Introduction

The physician associate role was introduced in the UK following pilot projects of US-trained physician assistants in the West Midlands and Scotland.^{1,2} The first physician associate programmes began in 2004 with graduates being initially employed in areas in which it was difficult to recruit healthcare professionals, such as primary care. The most recent Faculty of Physician Associate Census (2019)³ recorded physician associates working in 39 different specialties across all four nations.

Currently there are approximately 35 universities offering the physician associate training programme. Since the introduction of the profession, the physician associate role has become widely recognised within the UK medical community. In 2018, the government announced the regulation of physician associates (PAs) and anaesthesia associates (AAs). In 2019 the GMC was designated as the regulator for PAs and AAs. The curriculum will support PA programmes to demonstrate how they meet the GMC's PA and AA generic and shared learning outcomes, though outlining the capabilities in practice required for PAs to safely enter clinical practice.

The role of the physician associate

With the development of clear pathways of care, many of the tasks formerly carried out solely by doctors are now performed by any one of a range of other professionals, including PAs. The role of PAs has evolved in the last decade so that they 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'*⁴

The clinical work of a PA includes obtaining and analysing information regarding the patient's condition, diagnosing and deciding, along with the patient(s) where possible, what is the best course of treatment, if any, to follow: prevention, cure, long-term control, palliation or none.

In many situations in which the PA may find themselves, clinical uncertainty will likely exist, and it is the role of the PA to understand the significance and place of this in their work. This will require them to make decisions on care based on sound ethical principles using personal knowledge and skills, evidence, and scientific training; to consult with colleagues or seniors where necessary bearing in mind that the right course of action might be to deviate from the standard pathway.

Along with all healthcare professionals, to underpin their role, the PA must have a sound and up-to-date knowledge of the scientific principles underlying and approaches to medical care, an

¹ Woodin J, H McLeod, McManus R, Jelphs K. *Evaluation of US-trained Physician Assistants working in the NHS in England*. Birmingham: Department of Primary Care and General Practice, University of Birmingham, 2005.

² Farmer J, Currie M, Hyman J et al. Evaluation of physician assistants in National Health Service Scotland. *Scott Med J* 2011;56:130–4

³ <https://www.fparcp.co.uk/about-fpa/fpa-census>

⁴ <https://www.fparcp.co.uk/about-fpa/who-are-physician-associates>

understanding of the professional responsibilities that make patient care paramount, the necessary skills for their role and a willingness to share their knowledge with those practitioners and students alongside whom they discharge their professional responsibility.

What can employers expect?

PAs are trained as generalists to help provide continuity of care for patients and to alleviate service pressures by working alongside doctors to support holistic medical care, integrated care and multi-professional clinical practice. It is estimated that the number of qualified PAs will reach approximately 5,000 by the end of 2023. Consequently, PAs will become integral to primary and acute care services.

A qualified PA works with supervision by named doctors or healthcare professionals. Employers of newly qualified PAs can expect the PA to:

1. formulate and document a differential diagnosis having taken a history and completed a physical examination
2. work with patients and, where appropriate, carers to agree a comprehensive management plan taking into consideration the individual characteristics, background and circumstances of the patient
3. maintain and deliver clinical management in collaboration with the patient and on behalf of the supervising doctor while the patient travels through a complete episode of care
4. perform diagnostic and therapeutic procedures and prescribe medications (subject to the necessary legislation)
5. request and interpret diagnostic studies (ionising radiation requests subject to regulation and IR(ME)R training) and undertake patient education, counselling and health promotion
6. recognise life-threatening and emergency conditions while escalating care appropriately.

Purpose of the curriculum

This curriculum has been written to meet the requirements of the GMC's core generic framework and standards set out in *Excellence by design* in conjunction with the Faculty of Physician Associates (FPA) and the PA Schools Council (PASC).

August 2021: This draft curriculum will be amended after a thorough analysis of any feedback received and is subsequently subject to the GMC's approval processes.

The purpose of the curriculum is to establish the newly qualified PA as:

- > an accountable, capable and compassionate clinician
- > a valuable member of healthcare workforce, and
- > a professional, responsible for maintaining their own practice through appraisal, reflective practice and engagement with continuing professional development (CPD) activities.

The curriculum builds upon the GMC's *PA and AA generic and shared learning outcomes* by setting the expectations that PA courses must:

1. Ensure qualified PAs deliver safe and effective patient care and aspire to excellence in their professional development.

2. Instil in students the attributes of professionalism and the primacy of patient welfare which are required for safe and effective care of patients.
3. Provide generic medical education, ensuring that students develop and demonstrate a range of essential interpersonal and clinical skills for managing patients.
4. Instruct students in the required taught areas of practice (including core knowledge and capabilities in practical skills) required for PAs to safely enter clinical practice.
5. Provide the opportunity to develop leadership and team-working skills so they can deliver care in the setting of a contemporary multidisciplinary team and begin to make safe clinical decisions with appropriate support.
6. Provide students with a series of complementary clinical environment placements, including both acute and community settings, where they train under supervision to develop the generic capabilities that underpin the provision of both acute and long-term healthcare. The use of varied placements offers the opportunity to acquire an essential knowledge of the breadth of modern healthcare and an understanding of the equal importance of physical, mental and sociocultural needs to health and wellbeing.

Audience

The curriculum is intended for PA students, their university academic and clinical educators, clinical supervisors and those responsible for:

- > quality assurance (General Medical Council)
- > quality management (course provider), and
- > quality control (course provider and clinical placement provider).

It is also intended to inform higher education institutions (HEIs) offering a PA programme of the expected outcomes.

For university and clinical educators

The curriculum will guide each HEI offering a PA programme in the development and delivery of their individual syllabus by providing a standardised UK framework for university and clinical educators to deliver high-quality PA education.

For PA students

The curriculum will enable PA students to understand not only the knowledge, skills and behaviours/attitudes required by the GMC's *PA and AA generic and shared learning outcomes*, but also to focus on the development of the professionalism, leadership qualities and multi-professional working required of PAs.

For employers

The curriculum will reinforce the scope of practice of PAs at qualification and ensure that qualified PAs meet the minimum standards required for safe clinical practice.

Physician associate programme of learning

Physician associate training is usually delivered over 2 years. Universities design their individual programmes utilising a range of educational methods. Most programmes employ a mix of didactic lectures and skills training, small group work and self-directed learning. All programmes include experiential learning in the form of clinical placements.

Educational approach

Typically, programmes are full-time 2-year postgraduate courses leading to an award of postgraduate diploma (PGDip) or master of science (MSc) in PA studies, masters in PA studies (MPAS), or MSc physician associate.

The curriculum defines the essential generic and clinical capabilities for PAs. These capabilities are based around high-level learning outcomes 'capabilities in practice' (CiPs) that we expect all PA students to achieve by the time they complete their programmes and enter the PA registration assessment (PARA).⁵ These capabilities are mapped to the GMC's *Outcomes for MAPs PA and AA generic and shared learning outcomes* to maximise learning opportunities and create PAs who practise medicine safely. Core knowledge and generic clinical skills will be standard across all PA syllabi, although how that material is delivered will differ between programmes.

The curriculum specifies the required capabilities. These capabilities include the ability to take a history, assess and examine patients, to request and interpret appropriate investigations and, using clinical reasoning and judgement, to diagnose, formulate management plans and provide personalised, patient-centred care.

To develop clinical competence, an approach of practical, experiential learning augmented by direct training and supported by self-development, including reflection, is used. These placements should be of an appropriate duration, in a broad range of clinical contexts, to enable students to develop the required capabilities. The focus should be on general medicine (general practice, acute and emergency medicine, general medical specialties) but it is also important for students to experience other specialty areas such as care of older people, paediatric, surgical, and mental health services.

The importance of keeping a record of professional development activities and reflecting on them forms part of the GMC's *Good medical practice*⁶ and seeking the feedback of others and reflecting on them are the cornerstones of strengthened medical appraisal and required of doctors at all levels and in all roles by the GMC to demonstrate ongoing fitness to practise. Equivalent standards will apply to physician associates.

The record of practice is maintained within the ePortfolio by input from the PA student, clinical and educational supervisors, other appropriate healthcare professionals and HEI programme tutors. The ePortfolio includes all procedures successfully completed, any observed practice (eg Mini-CEX), reflection on their experiences and supervisor sign-off of placements.

⁵ August 2021: The current assessment is called the PA national exam (PANE). When regulation begins the name will change to PA registration assessment (PARA). The GMC and RCP are working together to update the PARA to ensure it will properly test graduates who have followed this curriculum.

⁶ August 2021: In October 2021, the GMC will publish *Good medical practice for PAs and AAs*, which will be the interim professional standards for PAs and AAs until the outcome of the pending review of *Good medical practice*, which is currently scheduled for 2023.

The reflective practitioner, developed jointly by the Academy of Medical Royal Colleges, the UK Conference of Postgraduate Medical Deans (COPMeD), the General Medical Council (GMC), and the Medical Schools Council, states that:

Medicine is a lifelong journey, immensely rich, scientifically complex and constantly developing. It is characterised by positive, fulfilling experiences and feedback, but also involves uncertainty and the emotional intensity of supporting colleagues and patients.

Reflecting on these experiences is vital to personal wellbeing and development, and to improving the quality of patient care. Experiences, good and bad, have learning for the individuals involved and for the wider system.⁷

This curriculum endorses the importance of reflection by PA students as a means of internalising learning and improving the care they provide to patients. Reflection can be carried out in a variety of ways and some evidence of this should be recorded in the ePortfolio.

University programmes will utilise rigorous assessment structures to assess capabilities leading to programme graduation. Successful graduates will undertake the PA registration assessment (PARA) and upon successful completion will be able to apply to join the GMC register.

When beginning clinical placement for the first time, or when moving into a new placement area, students may spend some time observing before taking a more active role. However, it is expected that PA students will spend little time in a strictly observational role (Level 1) and will move to a supervised active role throughout the remainder of the education programme. The level of supervision is expected to decrease from direct (Level 2) to indirect supervision (Level 3) as an individual student gains experience in a specified area of work. Despite the level of supervision required, all patient care must be reviewed by the supervising named doctor or healthcare professional.

⁷ From *The reflective practitioner*, 2019: <https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/reflective-practice/the-reflective-practitioner---guidance-for-doctors-and-medical-students> [Accessed 12 August 2021]

Level descriptors for clinical CiPs

Level 1	Observation only No provision of clinical care
Level 2	Acting with direct supervision The PA student may provide shared clinical care, but the supervising doctor or healthcare professional is physically within the same clinical area, observing the student's activity and available to provide immediately assistance if required. All patients must be presented to and reviewed by the doctor or healthcare professional
Level 3	Acting with indirect supervision The PA student may provide clinical care when the supervising doctor or healthcare professional is not physically in the same immediate clinical area but is available, as required, to provide direct supervision. All patients must be presented to and reviewed by the doctor or healthcare professional
<p>When newly qualified, many PAs will function at Level 3 most of the time, unless they are learning additional skills. Only when qualified and experienced would a PA be expected to reach a level of autonomous practice, within their chosen specialty (Level 4).</p>	
Level 4	Autonomous clinical care The PA may provide clinical care when the supervising doctor or healthcare professional is not physically present within the same clinical area, but is available to provide advice by means of telephone and/or electronic media

Core knowledge and areas of learning

PAs must demonstrate they have met the outcomes in the curriculum, including the generic and shared expectations, to be eligible to be registered with the GMC.

The curriculum is deliberately not specific about the structure and style of PA courses. For example, a programme may be structured on a systems-based approach, problem-based or case-based learning approach.

However, PA courses should cover the core areas of learning required to meet the GMC's *PA and AA generic and shared learning outcomes* and prepare graduates to pass the GMC's PA registration assessment (PARA).

Therefore, PA courses should teach the patient presentations, core conditions and uncommon, but critical conditions, as well as the core procedures listed in the PA registration assessment (PARA) content map.

In addition, non-theory threads should run throughout the course including diversity in society, professionalism, quality improvement or research and the basis of inter-professional working.

Capabilities in practice

The curriculum CiPs are grouped in two categories:

- > **generic** CiPs cover the universal requirements of PAs, and largely focus on the wider professional skills, knowledge and behaviours required to deliver effective and safe patient care.

- > **clinical** CiPs cover the universal requirements of PAs, and largely focus on the clinical aspects of practice.

Each CiP is linked to a set of descriptors which are intended to provide the minimum level of knowledge, skill and attitudes which should be demonstrated by PAs. While these descriptors are not exhaustive, nor should they be viewed as a tick-list, they are intended to help supervisors and trainees recognise the minimum standards that should be demonstrated for entrustment. There may be many more examples outside of the descriptors list that would provide equally valid evidence of performance.

PAs will use these capabilities to provide evidence of how their performance meets or exceeds the minimum expected levels of performance.

Within the curriculum, there are also links to the GMC's *PA and AA generic and shared learning outcomes* to indicate which PA/AA capability is being assessed in each CiP. The curriculum also includes examples of the evidence that may be used to demonstrate capability and inform supervisor entrustment decisions.

For completion of training to occur, PAs must demonstrate that they meet the minimum performance across each CiP as defined by their HEI.

However, students should not be asked to carry out tasks beyond what they are legally allowed to do. Supervisors should remember that when delegating care, they must be satisfied that the person to whom they delegate has the knowledge, skills and experience to provide the relevant care or treatment; or that the person will be adequately supervised.

High-level learning outcomes

Generic:

1. Demonstrates professional behaviour and probity
2. Able to deal with ethical and legal issues responsibly
3. Able to communicate effectively and demonstrates interpersonal skills
4. Able to function within healthcare organisational and management systems
5. Is focused on patient safety and understands the role of quality improvement in patient care
6. Understands the application of research and is able to manage information and data safely
7. Able to safeguard vulnerable patients
8. Develops as a learner and educator

Clinical:

1. Demonstrates knowledge, clinical reasoning and judgement in formulating differential diagnoses and clinical decision-making
2. Understands safe prescribing of medications
3. Participates in acute intervention for patients, recognising the acutely deteriorating patient and participates in the delivery of resuscitation
4. Assess and manage patients in a range of healthcare settings, including management of long-term conditions
5. Is able to deal with complexity and uncertainty
6. Understands the role of health promotion and illness prevention

The capabilities in practice for physician associates

The section below details the generic and clinical CiPs for physician associates. Descriptors for each CiP are provided, as well as links to the MAP framework.

August 2021: links will be updated once the GMC's Outcomes for PAs and AAs has been finalised.

Generic CiPs

1. Demonstrates professional behaviour and probity

Descriptors	<ul style="list-style-type: none">> Exemplifies adherence to professional codes of conduct and is responsible and accountable for their actions and omissions while working within the scope of their clinical practice> Consistently behaves with integrity and sensitivity> Behaves as an ambassador for the role of physician associate, acting professionally and behaving considerately and respectfully towards other professionals and patients> Recognises and works within the limits of their professional competence and scope of practice and within the scope of practice of their supervising clinician> Maintains effective relationships with colleagues from other health and social care professions> Informs patients, carers and others of the nature of the role of a physician associate> Demonstrates duty of candour appropriately> Demonstrates awareness of personal responsibilities and wellbeing, and is able to self-monitor, self-care and seek appropriate advice and support> Manages time and workload appropriately
Links to outcomes for PAs/AAs	<p>Theme 1 – Professional behaviour and trust</p> <ul style="list-style-type: none">> Professional duties and responsibilities: 1> Being honest and trustworthy: 2> Personal responsibilities and wellbeing: 8 <p>Theme 2 – Professional capabilities</p> <ul style="list-style-type: none">> Holistic and integrated care: 12> Working in multi-professional teams: 16> Respect for colleagues: 17> Management and leadership: 18> Manage time and workload: 19 <p>Theme 3 – Clinical care</p> <ul style="list-style-type: none">> Complex care and uncertainty: 28 <p>Theme 4 – Safety and quality</p> <ul style="list-style-type: none">> Healthcare resource management: 34

2. Able to deal with ethical and legal issues responsibly

Descriptors

- > Negotiates and works within an individual scope of practice within legal, ethical, professional, and organisational policies, governance, and procedures on managing risk and upholding safety
- > Draws on ethical and legal frameworks and critically evaluates situations to make judicious decisions
- > Demonstrates critical decision-making in awareness of and adherence to national legislation and legal responsibilities, including safeguarding of vulnerable groups
- > Understands the role of the GMC in the regulation of physician associates
- > Explains and demonstrates the importance of seeking consent from patients or their responsible carers
- > Maintains confidentiality and respects patients' dignity and privacy
- > Recognises and acts on people's beliefs, preferences, and choices
- > Respects diversity and values people as individuals, demonstrating an awareness of the impact their own behaviour has on others
- > Identifies and addresses ethical and legal issues, which may impact on patient care, carers and society, including when contributing to a complaint response
- > Demonstrates ability to take appropriate action regarding safeguarding concerns and promotes the welfare of vulnerable patients
- > Accepts and responds positively to feedback
- > Escalates concerns appropriately through both informal and formal channels as appropriate

Links to outcomes for PAs/AAs

Theme 1 – Professional behaviour and trust

- > Professional duties and responsibilities: 1
- > Being honest and trustworthy: 2, 3
- > Person-centred care and shared decisions-making: 4, 5, 6
- > Consent and mental capacity: 7
- > Personal responsibilities and wellbeing: 8
- > Legal responsibilities: 9, 10, 11

Theme 2 – Professional capabilities

- > Holistic and integrated care: 12
- > Communication: 14
- > Safeguarding: 15
- > Working in multi-professional teams: 16
- > Respect for colleagues: 17
- > Management and leadership: 18

Theme 3 – Clinical care

- > Using information effectively and safely: 31

3. Able to communicate effectively and demonstrates interpersonal skills

- | | |
|--------------------|---|
| Descriptors | <ul style="list-style-type: none">> Communicates clearly, sensitively and effectively with patients, their relatives, carers or others in a variety of settings, demonstrating empathy and compassion and advocating for patient needs> Identifies and utilises opportunities for patient and carer education> Communicates appropriately with patients, carers, others and colleagues even when communication is difficult> Demonstrates effective consultation skills including effective verbal and non-verbal interpersonal skills> Shares decision-making by informing the patient, making the care of the patient their first concern, and respecting the patient's beliefs, concerns, and expectations> Identifies and manages barriers to communication (eg cognitive impairment, speech and hearing problems, language barriers)> Adjusts their communication approach as required, for example for people who communicate differently due to a disability or who speak a different first language> Articulates their clinical reasoning and explains their decision-making process to diverse audiences of all ages> Initiates and maintains accurate, timely and relevant medical records> Communicates effectively with clinical, professional, and other colleagues> Carries out clear and effective handover to colleagues> Applies team-working skills appropriately, demonstrating a consideration for human factors that could lead to a breakdown of communication> Role-models self-awareness, emotional intelligence and resilience, and engages in courageous conversations when advocating for self and others> Adapts own professional language and actively promotes the use of a range of communication styles to influence, advocate and promote physician associate practice to different audiences |
|--------------------|---|

Links to outcomes for PAs/AAs

Theme 1 – Professional behaviour and trust

- > Professional duties and responsibilities: 1
- > Being honest and trustworthy: 2
- > Person-centred care and shared decision-making: 4, 5, 6
- > Consent and mental capacity: 7

Theme 2 – Professional capabilities

- > Communication: 14
- > Working in multi-professional teams: 16
- > Respect for colleagues: 17
- > Management and leadership: 18
- > Manage time and workload: 19

Theme 3 – Clinical care

- > Using information effectively and safely: 31

3. Able to communicate effectively and demonstrates interpersonal skills

Theme 4 – Safety and quality

- > Patient safety and quality improvement: 32

4. Able to function within healthcare organisational and management systems

- | | |
|--------------------|---|
| Descriptors | <ul style="list-style-type: none">> Recognises their role in contributing to the management and leadership of the health service> Demonstrates effective leadership at an appropriate level> Exemplifies an open and transparent culture and demonstrates effective team working> Promotes equality, diversity, and inclusion in all settings> Works collaboratively across care settings, demonstrating knowledge and understanding of the range of services available> Manages risk appropriately, especially where there may be complex and unpredictable events, and supports teams to do likewise to ensure safety of individuals, families, and carers> Demonstrates judicious use of resources> Recognises that there are differences in healthcare systems across the four nations of the UK and knows how to access information about the different systems |
|--------------------|---|

Links to outcomes for PAs/AAs	<h4>Theme 2 – Professional capabilities</h4> <ul style="list-style-type: none">> Working in multi-professional teams: 16> Management and leadership: 18 <h4>Theme 4 – Safety and quality</h4> <ul style="list-style-type: none">> Patient safety and quality improvement: 32> Healthcare resource management: 34
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5. Is focused on patient safety and understands the role of quality improvement in patient care

- | | |
|--------------------|---|
| Descriptors | <ul style="list-style-type: none">> Prioritises patient safety in clinical practice and places patient needs and safety at the centre of the care process> Recognises potential clinical risk situations and takes appropriate action> Recognises risks to themselves, the team, patients, and others and takes appropriate action to eliminate/minimise danger> Raises and escalates concerns where there is an issue with patient safety or quality of care> Demonstrates commitment to learning from patient safety investigations and complaints |
|--------------------|---|

5. Is focused on patient safety and understands the role of quality improvement in patient care

- > Shares good practice appropriately with others
- > Promotes and maintains health and safety in all settings and escalates concerns to colleagues where appropriate, including applying the principles of infection prevention and control
- > Contributes to quality improvement
- > Understands and applies the principles of human factors within own practice
- > Recognises and works within limit of personal competence, escalating issues and concerns as appropriate
- > Critically appraises and applies evidence on an individual patient basis to deliver high quality care
- > Recognises how errors can happen in practice and demonstrates ability to learn from their own and others' errors to promote a culture of safety
- > Recognises the potential consequences of over-diagnosis and over-treatment
- > Recognises key diagnostic errors and the issues relating to diagnosis in the face of incomplete data

Links to outcomes for PAs/AAs

Theme 1 – Professional behaviour and trust

- > Professional duties and responsibilities: 1
- > Being honest and trustworthy: 2, 3
- > Person-centred care and shared decision-making: 4, 5, 6
- > Consent and mental capacity: 7
- > Legal responsibilities: 9, 10, 11

Theme 2 – Professional capabilities

- > Holistic and integrated care: 12
- > Communication: 14
- > Safeguarding: 15
- > Working in multi-professional teams: 16
- > Respect for colleagues: 17
- > Management and leadership: 18
- > Manage time and workload: 19
- > Lifelong learning: 20–22

Theme 3 – Clinical care

- > Diagnosis and effective consultations: 23–25
- > Medical management: 26

Theme 4 – Safety and quality

- > Patient safety and quality improvement: 32

6. Understands the application of research and is able to manage information and data safely

Descriptors	<ul style="list-style-type: none"> > Understands the importance of information governance, confidentiality, and data protection legislation > Applies the principles of health informatics to medical practice > Manages clinical and research data appropriately, demonstrating adherence to local and national policy > Understands the role of evidence in clinical practice and supports patients in their decision-making with regards to involvement in research > Critically evaluates own clinical practice, selecting and applying valid, reliable methods to improve quality > Demonstrates appropriate knowledge of research methods, including qualitative and quantitative approaches in scientific enquiry > Critically appraises relevant research, evaluation, and quality improvement, and uses the results to inform own clinical practice
Links to outcomes for PAs/AAs	<p>Theme 1 – Professional behaviour and trust</p> <ul style="list-style-type: none"> > Professional duties and responsibilities: 1 > Being honest and trustworthy: 2, 3 > Person-centred care and shared decision-making: 4, 5, 6 > Consent and mental capacity: 7 > Legal responsibilities: 9, 10, 11 <p>Theme 2 – Professional capabilities</p> <ul style="list-style-type: none"> > Communication: 14 > Working in multi-professional teams: 16 > Respect for colleagues: 17 > Management and leadership: 18 > Manage time and workload: 19 > Lifelong learning: 21, 22 <p>Theme 3 – Clinical care</p> <ul style="list-style-type: none"> > Diagnosis and effective consultations: 24 > Using information effectively and safely: 31 <p>Theme 4 – Safety and quality</p> <ul style="list-style-type: none"> > Patient safety and quality improvement: 32 > Clinical research and scholarship: 33

7. Able to safeguard vulnerable patients

Descriptors	<ul style="list-style-type: none"> > Identifies signs and symptoms of abuse or neglect and is able to safeguard children, young people, adults and older people, using appropriate systems for sharing information, recording and raising concerns with supervising clinicians > Takes a history that includes consideration of the patient’s autonomy, views and any associated vulnerability, and reflects this in care plans
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7. Able to safeguard vulnerable patients

	<ul style="list-style-type: none"> > Understands the needs of, and support required for: <ul style="list-style-type: none"> > children, young people and adults and older people who are the victims of domestic, sexual, or other abuse; > people with a learning disability; and > people with mental health conditions > Understands the professional responsibilities in relation to procedures performed for non-medical reasons, such as female genital mutilation and cosmetic interventions > Understands the relevant health legislation that may result in the deprivation of liberty to protect the safety of individuals and society > Recognises where addiction (to drugs, alcohol, smoking or other substances), poor nutrition, self-neglect, environmental exposure, or financial or social deprivation are contributing to ill health and takes action by seeking advice from colleagues and making appropriate referrals > Describes the principles of equality legislation in the context of patient care
Links to outcomes for PAs/AAs	<p>Theme 2 – Professional capabilities</p> <ul style="list-style-type: none"> > Safeguarding: 15

8. Develops as a learner and educator

Descriptors	<ul style="list-style-type: none"> > Engages in appropriate and timely continuous professional development > Utilises reflection as a development tool > Actively seeks feedback on their developing competence, and understands how their own behaviour and values can impact on others > Contributes to a culture of organisational learning and promotes collaboration of the wider team – clinical, academic and patients – to identify and facilitate team learning > Educates patients, carers, and others on the nature of the role of a physician associate > Acts as a role model for others and the profession
Links to outcomes for PAs/AAs	<p>Theme 1 – Professional behaviour and trust</p> <ul style="list-style-type: none"> > Professional duties and responsibilities: 1 > Being honest and trustworthy: 2, 3 > Personal responsibilities and wellbeing: 8 > Legal responsibilities: 9, 10, 11 <p>Theme 2 – Professional capabilities</p> <ul style="list-style-type: none"> > Communication: 14 > Working in multi-professional teams: 16 > Respect for colleagues: 17 > Management and leadership: 18

8. Develops as a learner and educator

- > Lifelong learning: 20–22

Theme 3 – Clinical care

- > Using information effectively and safely: 31

Theme 4 – Safety and quality

- > Patient safety and quality improvement: 32
- > Clinical research and scholarship: 33
- > Teaching and learning: 35

DRAFT

1. Demonstrates knowledge, clinical reasoning and judgement in formulating differential diagnoses and clinical decision making

Descriptors	<ul style="list-style-type: none"> > Takes a comprehensive, collaborative, person-centred history, including a thorough mental health assessment as appropriate > Structures interviews so that the patient, carer or others are encouraged to express their concerns, expectations and understanding, so that these can be appropriately addressed > Works as part of a team to request relevant investigations, interprets and appropriately acts on results and determines the requirement for additional evidence > Obtains appropriate consent and performs relevant and accurate physical examinations, including intimate examinations (with a chaperone present if required) > Makes clinical judgements and decisions with a patient, based on all available evidence, as appropriate for their level of training and experience > Utilises up-to-date clinical knowledge, reasoning, and judgement in formulating differential diagnoses > Demonstrates clinical judgement in formulating management plans > Identifies and responds in a timely manner to acute clinical deterioration > Deals effectively with differentiated and undifferentiated presentations with appropriate consultation with colleagues and supervisors, including escalating complex situations > Communicates clinical reasoning and management decisions effectively to colleagues and understands the process of making appropriate referrals > Communicates clinical reasoning and diagnoses with patients, carers and others, and works together to reach management decisions > Assesses a patient’s capacity to understand and retain information and make decisions, and makes reasonable adjustments to support their decision making if necessary > Safely and sensitively undertakes a mental and cognitive state examination, including establishing if the patient is a risk to themselves or others, seeking support and refers to senior colleagues and others as required > Demonstrates awareness of the socioeconomic factors that may contribute to health, illness and disease and is able to apply this understanding when assessing and treating patients > Seeks timely engagement with other colleagues / healthcare professionals as appropriate > Demonstrates awareness of own limitations within clinical practice and proactively seeks support when recognising limits of practice
Links to outcomes for PAs/AAs	<p>Theme 1 – Professional behaviour and trust</p> <ul style="list-style-type: none"> > Professional duties and responsibilities: 1 > Being honest and trustworthy: 2, 3 > Person-centred care and shared decision-making: 4, 5, 6

1. Demonstrates knowledge, clinical reasoning and judgement in formulating differential diagnoses and clinical decision making

- > Consent and mental capacity: 7
- > Legal responsibilities: 9, 10, 11

Theme 2 – Professional capabilities

- > Holistic and integrated care: 12
- > Health promotion and illness prevention: 13
- > Communication: 14
- > Safeguarding: 15
- > Working in multi-professional teams: 16
- > Respect for colleagues: 17
- > Management and leadership: 18
- > Manage time and workload: 19

Theme 3 – Clinical care

- > Diagnosis and effective consultations: 23-25
- > Medical management: 26
- > Emergency and acute care: 27
- > Complex care and uncertainty: 28
- > Managing prescribed medicines safely: 29, 30
- > Using information effectively and safely: 31

Theme 4 – Safety and quality

- > Patient safety and quality improvement: 32

2. Understands safe prescribing of medications

August 2021: While PAs are not legally allowed to prescribe medicines, PA courses should nevertheless teach the capabilities described below. Newly qualified PAs will be required to use many of these skills in their day-to-day work, regardless of whether the law changes.

Descriptors

- > Establishes an accurate medication history, covering both prescribed and non-prescribed medications, herbal medicines, supplements and drugs of abuse
- > Establishes and clarifies medication allergies and the types of medication interactions that patients experience
- > Describes medications and medication actions: therapeutics and pharmacokinetics; medication side effects and interactions, including for multiple treatments, long-term physical and mental conditions and non-prescribed drugs; the role of antimicrobial stewardship
- > Carries out an assessment of benefit and risk for the patient of starting a new medication taking into account the medication history and potential medication interactions in collaboration with the patient and, if appropriate, their relatives, carers or other advocates

2. Understands safe prescribing of medications

August 2021: While PAs are not legally allowed to prescribe medicines, PA courses should nevertheless teach the capabilities described below. Newly qualified PAs will be required to use many of these skills in their day-to-day work, regardless of whether the law changes.

- > Provides patients, carers or others with appropriate information about their medications in a way that enables patients to make decisions about the medications they take
- > Agrees a medication plan with the patient which they are willing and able to follow
- > Utilises reliable information about medications and can use different technologies to support prescribing
- > Calculates safe and appropriate medication doses and records the outcome accurately
- > Communicates appropriate information to patients, carers and others about what their medication is for, when and for how long to take it, what benefits to expect, any important adverse effects that may occur and what follow-up will be required
- > Describes the role of clinical pharmacologists and pharmacists in making decisions about medications and prescribes in consultation with these and other colleagues as appropriate
- > Writes a safe and legal prescription, tailored to the specific needs of individual patients, using either paper or electronic systems and using decision support tools where necessary
- > Monitors the efficacy and effects of medication and, with appropriate advice from colleagues, adjusts medication, including stopping medication with due support, care and attention if it proves ineffective, is no longer needed or the patient wishes to stop taking it
- > Detects and reports adverse medication reactions and therapeutic interactions and reacts appropriately by stopping or changing medication
- > Recognises the challenges of safe prescribing for patients in high-risk groups such as those with long-term physical and mental conditions, multiple morbidities and medications, in pregnancy, at extremes of age and at the end of life
- > Recognises patient choice to use complementary therapies and how this might affect the safety and efficacy of other types of treatment that patients receive
- > Recognises the challenges of delivering these standards of care when prescribing and providing treatment and advice remotely, for example via online services
- > Recognises the risks of over-prescribing and excessive use of medications and apply these principles to prescribing practice

2. Understands safe prescribing of medications

August 2021: While PAs are not legally allowed to prescribe medicines, PA courses should nevertheless teach the capabilities described below. Newly qualified PAs will be required to use many of these skills in their day-to-day work, regardless of whether the law changes.

Links to outcomes for PAs/AAs	Theme 3 – Clinical care <ul style="list-style-type: none">> Managing prescribed medicines safely: 29, 30
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3. Participates in acute intervention for patients, recognising the acutely deteriorating patient and the delivery of resuscitation

Descriptors	<ul style="list-style-type: none">> Assesses and determines the severity of a clinical presentation and the need for immediate emergency care> Diagnoses and manages acute medical and psychiatric emergencies, escalating appropriately to colleagues for assistance and advice> Prioritises tasks to initiate interventions in a timely manner to form a collaborative, patient-centred management plan, and liaises with other team members as appropriate> Communicates clinical reasoning and decision-making to the patient, carers or others> Works collaboratively across services to provide optimal care> Performs prompt assessment of the patient who presents an acute risk to themselves or to others in the context of mental disorder or lack of capacity> Works as part of a team, and with supervisors, to select, manage and interpret appropriate investigations in a timely manner> Demonstrates appropriate reassessment and ongoing management of acutely unwell patients> Uses evidence-based interventions in acute medical and psychiatric emergencies> Recalls, and acts in accordance with, professional, ethical and legal guidance in relation to cardiopulmonary resuscitation (CPR)> Participates sensitively and effectively in conversations regarding CPR, including decisions to not attempt CPR, and involves patients, carers and others as appropriate> Demonstrates competence in carrying out resuscitation
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Links to outcomes for PAs/AAs	Theme 1 – Professional behaviour and trust <ul style="list-style-type: none">> Professional duties and responsibilities: 1> Being honest and trustworthy: 2, 3> Person-centred care and shared decision-making: 4, 5, 6> Consent and mental capacity: 7> Legal responsibilities: 9, 10, 11
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Theme 2 – Professional capabilities

3. Participates in acute intervention for patients, recognising the acutely deteriorating patient and the delivery of resuscitation

- > Holistic and integrated care: 12
- > Communication: 13
- > Safeguarding: 14
- > Working in multi-professional teams: 16
- > Respect for colleagues: 17
- > Management and leadership: 18
- > Manage time and workload: 19
- > Lifelong learning: 20-22

Theme 3 – Clinical care

- > Diagnosis and effective consultations: 23–25
- > Medical management: 26
- > Emergency and acute care: 27
- > Complex care and uncertainty: 28
- > Managing prescribed medicines safely: 29–30
- > Using information effectively and safely: 31

Theme 4 – Safety and quality

- > Patient safety and quality improvement: 32

4. Assess and manage patients in a range of healthcare settings, including management of long-term conditions

Descriptors

- > Demonstrates the ability to manage medical problems in patients under the care of a range of specialties, escalating appropriately to colleagues for assistance and advice
- > Demonstrates evaluative skills in the assessment and maintenance of ongoing treatment plans, escalating concerns as appropriate
- > Appropriately manages comorbidities as part of a multidisciplinary team in outpatient clinic, ambulatory or community settings
- > Constructs appropriate diagnostic and management plans, as part of a multi-professional team, taking into account patient preferences
- > Explains clinical reasoning behind diagnostic and clinical management decisions to patients, carers and others and with colleagues
- > Recognises when liaison with other services is required, and does so in a timely way
- > Recognises the role of the multidisciplinary and wider health and social care team as part of integrated care in the management of conditions and special cases
- > Demonstrates effective communication and proactively seeks support when recognising limits of practice

	<ul style="list-style-type: none"> > Demonstrates awareness of local services and community opportunities available to support patient care, including those which facilitate wellbeing > Effectively and efficiently hands over responsibility to other health and social care professionals > Demonstrates awareness of the quality of patient experience > Identifies, as part of a team and with supervisors, patients with limited reversibility of their medical condition and determines palliative and end-of-life care needs
<p>Links to outcomes for PAs/AAs</p>	<p>Theme 1 – Professional behaviour and trust</p> <ul style="list-style-type: none"> > Professional duties and responsibilities: 1 > Being honest and trustworthy: 2, 3 > Person-centred care and shared decision-making: 4, 5, 6 > Consent and mental capacity: 7 > Legal responsibilities: 9, 10, 11 <p>Theme 2 – Professional capabilities</p> <ul style="list-style-type: none"> > Holistic and integrated care: 12 > Communication: 14 > Safeguarding: 15 > Working in multi-professional teams: 16 > Respect for colleagues: 17 > Management and leadership: 18 > Manage time and workload: 19 > Lifelong learning: 20-22 <p>Theme 3 – Clinical care</p> <ul style="list-style-type: none"> > Diagnosis and effective consultations: 23–25 > Medical management: 26 > Emergency and acute care: 17 > Complex care and uncertainty: 28 > Managing prescribed medicines safely: 29–30 > Using information effectively and safely: 31 <p>Theme 4 – Safety and quality</p> <ul style="list-style-type: none"> > Patient safety and quality improvement: 32

5. Is able to deal with complexity and uncertainty

Descriptors	<ul style="list-style-type: none">> Recognises and acts on the complex medical needs, goals and priorities of patients, the factors that can affect a patient's health and wellbeing and how these interact. These include psychological and sociological considerations that can also affect patients' health> Demonstrates ability to adapt management proposals and strategies for dealing with health problems to take into consideration patients' preferences, social needs, multiple morbidities, frailty and long-term physical and mental conditions> Works collaboratively with patients, carers or others, in planning their care, negotiating and sharing information appropriately and supporting patient self-care> Works collaboratively with other health and care professionals and organisations when working with patients, particularly those with multiple morbidities, frailty and long-term physical and mental conditions> Recognises how treatment and care can place an additional burden on patients, carers and others, and makes decisions to reduce this burden where appropriate, particularly where patients have multiple conditions or are approaching the end of life> Manages the uncertainty of diagnosis and treatment success or failure and communicate this openly and sensitively with patients, carers or others> Understands the clinical complexities, uncertainties and emotional challenges involved in caring for patients who are approaching the end of their lives and demonstrate the relevant communication techniques and strategies that can be used with the patient, carers or others
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Links to outcomes for PAs/AAs

Theme 2 – Professional capabilities

- > Communication: 14
- > Working in multi-professional teams: 16
- > Respect for colleagues: 17
- > Management and leadership: 18

Theme 3 – Clinical care

- > Diagnosis and effective consultations: 23–25
- > Medical management: 26
- > Complex care and uncertainty: 28
- > Managing prescribed medicines safely: 29–30

Theme 4 – Safety and quality

- > Patient safety and quality improvement: 32

6. Understands the role of health promotion and illness prevention

Descriptors

- > Understands and recognises the factors that contribute to illness, the course of the disease and the success of treatment and applies these to the care of patients – including issues relating to health inequalities and the social determinants of health, the links between occupation and health, and the effects of poverty and affluence
- > Demonstrates a comprehensive understanding of primary and secondary health promotion, barriers to health promotion and concordance issues
- > Empowers patients to achieve the best health possible, including promoting lifestyle changes such as smoking cessation, avoiding substance misuse and maintaining a healthy weight through physical activity and diet
- > Discusses and advises patients on the role and impact of nutrition on health
- > Uses basic epidemiological techniques and measurements to describe the health of a population
- > Evaluates the environmental, social, behavioural and cultural factors which influence health and disease in different populations
- > Assesses, by taking a history, the environmental, social, psychological, behavioural, and cultural factors influencing a patient's presentation, and identifies options to address these, including advocacy for those who are disempowered
- > Understands how epidemiological data is used to manage healthcare for the individual and the community with awareness of the clinical and cost effectiveness of interventions
- > Educates patients, carers, and others on the principles of primary, secondary, and tertiary prevention of disease, including immunisation and screening
- > Understands the role of environmental and occupational hazards in ill-health and discusses ways to mitigate their effects
- > Applies the basic principles of communicable disease control in hospital and community settings, including disease surveillance

Links to outcomes for PAs/AAs

Theme 2 – Professional capabilities

- > Health promotion and illness prevention: 13

Theme 3 – Clinical care

- > Using information effectively and safely: 31

Programme of assessment

The purpose of assessment is to judge the learner's attainment of curriculum outcomes (CiPs) and must promote trust in the public that registered PAs have reached a required standard.

Assessment must be able to identify when a learner has achieved the curriculum requirements, be fair, achievable, and proportionate and discriminate those who have not achieved the required learning outcomes or behaviours who cannot progress.

The programme assessment structure should include:

- > clear progression requirements
- > policies for reasonable adjustments and/or differential attainment
- > formative and summative assessments with feedback.

Physician associate students will undertake an organised set of assessments throughout their training. The programme of assessment must be based on fair and robust assessment principles and processes, as defined in theme 4 of the GMC's *Excellence by design* document.⁸

By the end of the 2-year programme, the PA will be expected to have evidenced achievement of the CiPs by demonstrating knowledge and skills, behaviours, and attitudes through a programme of assessment which is detailed in this section of the curriculum.

Formative, summative, and continuous assessment

Assessment could include formal written and clinical examinations, workplace-based assessments, evidence of their development as reflective practitioners, essays, research projects, presentations, self-assessment or coursework. The weighting of assessments in individual HEI PA programmes may differ according to local or national needs.

CiPs may be assessed using a combination of single best answer examination (SBA), extended matching questions, short answer questions, objective structured clinical examination (OSCE), objective structured practical examination (OSPE), core procedure passport, continuous assessment and ePortfolio.

Written examinations and OSCEs should match a defined blueprint assessing the PA CiPs. By the nature of the assessment process, those involved in education will be involved in assessment. Both these roles require an understanding and knowledge of the curriculum and expected standards of a PA. Assessors must be aware of the potential impact on assessment created by unconscious bias and ensure they support all judgements of performance with clear evidence.

The ePortfolio should include input from the PA student, HEI programme tutors, clinical and educational supervisors, and other appropriate healthcare professionals. This should provide evidence that the outcomes have been achieved and the PA CiPs demonstrated.

- > the PA student should use the ePortfolio to record their attendance at workplace-based placements as well as coursework, multi-source feedback and reflection on clinical and professional experiences.
- > HEI programme tutors could use the ePortfolio to record all procedures successfully completed, any observed practice (see below), tutor reports and training certificates, eg BLS, ILS, IR(ME)R

⁸ Excellence by design: standards for postgraduate curricula, 2017. https://www.gmc-uk.org/-/media/documents/excellence-by-design---standards-for-postgraduate-curricula-0517_pdf-70436125.pdf#page=21 [Accessed 12 August 2021]

- > clinical and educational supervisors should use the ePortfolio to record supervised learning events (see below) and supervisor reports (see below).

Observed practice

DOPS – direct observation of procedure – completion of which should, ideally, include observation of the explanation to the patient of why the procedure is being performed, the process of consent including an understanding of complications as well as technical capability of the procedure itself.

Supervised learning events (SLEs)

SLEs have been used for some time in medical education. They offer a more formal way of recording feedback and allow it to be presented within the ePortfolio as evidence to support progress against the curriculum. In PA training, the following SLEs are used:

- > mini-CEX – mini clinical encounter – direct observation of the PA student undertaking an interaction with a patient in the workplace environment
- > CbD – case-based discussion – the discussion of a case presentation after an (unobserved) encounter in the workplace environment.

Supervisor reports

Good experiential learning can only be achieved with good educational support and it is vital that, as the PA student undertakes experiential learning, they have an opportunity to demonstrate (disclose) skills and to receive feedback from competent professionals.

All placements must conform to the standard required by the GMC in *Promoting excellence*⁹ (CR3.5). Educators should particularly consider the impact of the training environment on differential attainment and where necessary seek to support students from differing backgrounds. Educators must strive to ensure that all PA students, regardless of any protected characteristics, their undergraduate institution or background have full understanding of the educational requirements and assessment types of the programme.

Core to recognition of trainers is thus current equality and diversity training and understanding of the curriculum and assessment processes.

The use of reports from experienced clinicians in supervisory roles is widely used as a process to make judgements on the progress of student healthcare professionals. The clinical supervisor report (CSR) provides information on the performance of the PA student in the workplace. Towards the end of each placement the student and named CS will meet to complete a review of the student's performance and progress in the placement.

Feedback

Good feedback is timely, accurate, honest, fair, specific, constructive and should consider the expected level of performance of the student. Feedback should be regularly provided by HEI tutors and clinical supervisors and other relevant healthcare professionals during placements.

Feedback must be delivered sensitively and should recognise cultural differences in the way it is delivered. However, it is vital that all students, whatever their background, should understand the

⁹ Promoting excellence: standards for medical education and training, 2015. https://www.gmc-uk.org/-/media/documents/excellence-by-design---standards-for-postgraduate-curricula-0517_pdf-70436125.pdf#page=21 [Accessed 12 August 2021]

importance of the feedback process and supervisors must make this explicit at introductory meetings.

Feedback should be given verbally as a regular part of day-to-day experiential learning and, in this form, is invaluable as a measure of current against previous performance. Good feedback will include an action plan for future development.

Formal feedback should be recorded in the ePortfolio to be used as evidence of learning. Such feedback encounters would generally occur in private to provide the student with an opportunity to reflect on the encounter, the feedback itself and to ask questions if needed. It should be noted, however, that the feedback conversation is often more detailed and nuanced than the written record and it is therefore the encounter that is likely to be more useful to the student in terms of professional development than the written record.

Advice on feedback can be found within the Academy of Medical Royal Colleges *Improving feedback and reflection to improve learning. A practical guide for trainees and trainers* document.¹⁰

On satisfactory completion of all assessments, graduates are eligible to enter the physician associate registration assessment (PARA). Satisfactory completion of a PA programme will lead to the relevant award from the HEI. A pass in the PARA is necessary for entry on the GMC professional register of PAs and for employment as a PA.

¹⁰ Improving feedback and reflection to improve learning. A practical guide for trainees and trainers, 2017. <https://www.aomrc.org.uk/reports-guidance/improving-feedback-reflection-improve-learning-practical-guide-trainees-trainers/> [Accessed 12 August 2021]

Standards, governance, quality assurance and expectations of those delivering the curriculum

Standards

- > This curriculum has been developed, and will be maintained, to the standards for the design of medical curricula and assessment systems set out in the GMC's *Excellence by design*.
- > Any education and training delivered following this curriculum will be subject to GMC quality assurance and must meet the standards set out in *Promoting excellence*.
- > PA students must always demonstrate a high standard of behaviour, which justifies the trust placed in them as a future member of the profession. Guidance for students will be set out in a PA/AA version of *Achieving good medical practice: guidance for medical students* that will be developed by the GMC before regulation begins.
- > Practising PAs must make sure their practice meets the standards expected of them in the four domains of *Good medical practice: interim standards for physician associates and anaesthesia associates* (this will be published by the GMC in autumn 2021).

Governance

Employers of PAs, and organisations providing clinical placements for PA students, must provide appropriate supervision, support and governance. This includes ensuring that supervisors and trainers are appropriately trained and supported.

Organisations providing clinical placements for PA students are required to meet the standards set out in *Promoting excellence* and will be subject to the commissioning HEI's quality management processes, as well as GMC quality assurance.

Trainers of students must be trained to deliver the curriculum and assessments and trained in supervision and on equality, diversity and inclusion (ED&I).

Quality assurance and quality management

Curriculum

The Faculty of Physician Associates (FPA) has developed this curriculum to the standards set out in *Excellence by design* (EBD) and will manage the document through the GMC's approval processes.

Once approved, the FPA will be responsible for the maintenance of the curriculum as set out in theme 5 of EBD, including making sure that it is regularly reviewed and kept up to date.

Delivery of education

The delivery of the training set out in this curriculum is the responsibility of the HEIs providing PA courses.

They will be responsible for the quality management of the clinical placements they commission checking that the placements meet the standards set out in *Promoting excellence*.

Courses and their placements will be subject to the GMC's quality assurance processes and will be required to demonstrate that they meet the standards set out in *Promoting excellence*.

Equality, diversity and inclusion

Equality, diversity and inclusion (ED&I) has been considered throughout the development of this curriculum and will continue to be considered as it is maintained throughout its lifespan. This includes consideration of how ED&I standards can be met during delivery of the education of PAs.

Curriculum development

August 2021: development of this curriculum is not yet complete. One of the many ways in which ED&I is being considered is through the inclusion of a direct question in the GMC's engagement exercise on the PA and AA pre-qualification framework (September 2021 – November 2021), which includes gathering feedback on this document.

The GMC will monitor responses to the engagement exercise to check that feedback from a diverse range of respondents has been gathered. This could be followed up with targeted feedback gathering if required.

Contributors to the development of the curriculum share a range of protected characteristics.

Following curriculum engagement, the FPA commits to checking the curriculum with LTFT students, lay education experts and ED&I experts.

Curriculum maintenance

The Physician Associate curriculum will be maintained by the FPA as set out in theme 5 of EBD. This process will include regular review and associated updates, including ensuring that ED&I standards are being met. Representation of ED&I stakeholders (to include LTFT students, ED&I experts and lay education experts) will be included as part of the key stakeholders in this process to ensure that a focus on ED&I standards is included as part of the curriculum maintenance process.

Delivery of education

HEI providers of PA training, including their partners associated with PA training, must comply and ensure compliance with the requirements of equality and diversity legislation as set out in the Equality Act 2010.¹¹

HEIs must ensure that each training programme complies with the equality and diversity standards in postgraduate medical training as set by the GMC. They should provide access to a professional support unit or equivalent for students requiring additional support.

Compliance with anti-discriminatory practice should be assured through:

- > monitoring of recruitment processes
- > ensuring all HEI representatives and programme directors have attended appropriate training sessions prior to appointment or within 12 months of taking up post
- > HEIs ensuring that supervisors have had equality and diversity training (for example, an e-learning module) every 3 years

¹¹ Equality Act 2010. <https://www.legislation.gov.uk/ukpga/2010/15/contents> [Accessed 12 August 2021]

- > HEIs ensuring that any specialist participating in student interview/appointments committees or processes has had equality and diversity training (at least as an e-module) every 3 years
- > ensuring students have an appropriate, confidential and supportive route to report examples of inappropriate behaviour of a discriminatory nature. HEIs and programme directors must ensure that on appointment students are made aware of the route in which inappropriate or discriminatory behaviour can be reported and supplied with contact names and numbers. HEIs must also ensure contingency mechanisms are in place if students feel unhappy with the response or uncomfortable with the contact individual
- > providing resources to students needing support (for example, through the provision of a professional support unit or equivalent)
- > monitoring of the PA national examination
- > ensuring all assessments discriminate on objective and appropriate criteria and do not unfairly advantage or disadvantage a student with any of the Equality Act 2010 protected characteristics. All efforts shall be made to ensure the participation of people with a disability in training through reasonable adjustments.

DRAFT

Acknowledgements

This draft of the Physician associate curriculum has been collaboratively produced by the FPA in collaboration with the GMC, RCP and the PA Schools Council.

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