

# End Point Assessment Plan

## **Apprenticeship for Physician Associates at Level 7**

**Contents**

Introduction	3
Gateway to End Point Assessment	4
End Point Assessment	4
Assessment Organisation: Roles and Responsibilities	5
End Point Assessment Methods	6
Examination papers	
Clinical examination stations	
Final grading	
Re-sits and re-takes	
End Point Assessment Organisation - Internal Quality Assurance	13
External Quality Assurance	14
Regulation	14
Annex A: Knowledge, skills and behaviours attributed to End Point Assessment for the Physician Associates	15

## Introduction

This End Point Assessment (EPA) plan is designed to accompany the Apprenticeship for Physician Associates. Physician Associates are medical healthcare professionals who work alongside registered doctors and provide medical care as an integral part of a wider healthcare team.

The Physician Associate apprenticeship programme will be delivered by Training Providers listed on the Register of Apprentice Training Providers (RoATP). It will combine on-programme academic and work based learning and assessment, together with an EPA that provides synoptic assessment of the achievement of the knowledge, skills and behaviours outlined in the Physician Associates apprenticeship standard.

This plan details the EPA requirements and will be of interest to employers, Universities, Training Providers, apprentices, health care service users and EPA organisations.

## Gateway to End Point Assessment

The apprentice's employer, in consultation with the Training Provider, will confirm that the apprentice is eligible to progress to the EPA. Eligibility is confirmed once the apprentice has met the criteria for progression to EPA (see Table 1 below). The employer, with the support of the Training Provider, will decide whether the apprentice is ready to progress only when they have achieved these criteria and are considered ready to undertake the EPA.

**Table 1: Gateway Criteria for the Apprenticeship for Physician Associates**

- Achievement of English and Mathematics qualifications at a minimum of level 2 as per general apprenticeship requirements.
- Completion of a Level 7 Diploma or MSc recognised by the Royal College of Physicians, Faculty of Physician Associates.
- Confirmation from the employer, and where requested with the support of the Training Provider; that the apprentice has been deemed to have demonstrated competency across the knowledge, skills and behaviours from the standard.

## End Point Assessment

The EPA will provide independent synoptic assessment of the knowledge, skills and behaviours contained within the occupational apprenticeship standard. The EPA will deliver a valid, reliable and independent judgement that the apprentice has achieved the standard. The End Point Assessment Organisation (EPAO) must uphold all requirements for independent assessment in the EPA as identified in this plan.

The apprentice must have access to their first attempt of the EPA within 3 months. If they fail the EPA within this initial period they must have access to a resit within a period of (maximum) 14 months from the date of the fail.

The EPA period begins once the apprentice has met the gateway requirements. The 3 month period includes the time needed for the apprentice to prepare for, and carry out, the EPA.

## Assessment Organisation: Roles and Responsibilities

The EPA must be delivered by the End Point Assessment Organisation (EPAO) in accordance with the assessment plan.

The EPAO must demonstrate an independent assessment process. The EPAO must strive to appoint independent assessors who have had no direct involvement with the on-programme learning and assessment of the apprentices being assessed. It is understood that in rare cases this will not be possible due to the limited talent pool for independent assessors. The EPAO must formulate a clear process for managing these cases, which as a minimum should prevent the assessor from making the final grading and judgement on the apprentice. Secondary assessment and moderation should be seen as essential in each of these cases to ensure the integrity of assessment decisions. The EPAO should also have procedures in place to monitor such cases to ensure that effective quality assurance has occurred.

Table 2 outlines the roles and responsibilities of the individuals, committees and organisations involved in preparing for, and conducting, the EPA for the Physician Associate apprenticeship standard.

<b>Table 2: Roles and responsibilities within the EPA</b>	
<b>Role</b>	<b>Responsibilities</b>
Apprentice	<ul style="list-style-type: none"> <li>• Takes responsibility for learning independently and preparing for the EPA</li> <li>• Contributes to the decision on the timing of their EPA</li> </ul>
Employer	<ul style="list-style-type: none"> <li>• Determines when the apprentice has met the gateway and is ready to attempt the EPA. This can be in consultation with the Training Provider, where the employer requests this support.</li> </ul>
Training Provider	<ul style="list-style-type: none"> <li>• Advises the employer when the apprentice has achieved the on programme requirements and is ready to undertake the EPA</li> <li>• Is Registered on the Education and Skills Funding Agency Register of Apprentice Training Providers</li> </ul>
End Point Assessment Organisation	<ul style="list-style-type: none"> <li>• Is Registered on the Education and Skills Funding Agency's Register of End-point Assessment Organisations</li> <li>• Recruits and trains independent assessors to conduct the EPA</li> <li>• Ensures that independent assessors and those who make up the examinations committee are qualified, experienced and have the required professional membership to assess the performance of the apprentice using the EPA methods</li> <li>• Meets the quality assurance procedures described in this assessment plan</li> <li>• Sets the examination papers</li> </ul>

	<ul style="list-style-type: none"> <li>• Sets the clinical examination stations</li> <li>• Shares proposed examination papers and proposed clinical examination details with the Examinations Committee in a timely manner to allow recommendations to be made and for Fail/Pass levels to be determined.</li> <li>• Shares EPA assessment records on apprentices in a timely manner with the Examinations Committee so that final grades can be made.</li> <li>• Makes arrangements for the invigilation of the EPA assessment methods</li> </ul>
Independent Assessor	<ul style="list-style-type: none"> <li>• Assesses the clinical examination stations</li> <li>• Invigilates the examination papers</li> </ul>
Examinations committee (this is a separate part of the End Point Assessment Organisation)	<ul style="list-style-type: none"> <li>• Determines the pass or fail for examination papers and communicates this to the EPAO.</li> <li>• Determines the pass or fail for the clinical examination stations and communicates this to the EPAO.</li> <li>• Determines the overall apprenticeship grade (pass or fail) and communicates this to the EPAO.</li> </ul>

## End Point Assessment Methods

The End Point Assessment Organisation (EPAO) must use the following EPA methods:

- Examination papers (x2)
- Clinical examination stations

This plan recommends that apprentices pass the examination papers prior to taking the clinical examination stations. This is because the examination papers test knowledge and understanding, and the clinical examination stations test the application of such knowledge and understanding. However, the order in which the assessment methods are completed is not a firm requirement of the EPA plan and the EPAO has flexibility on this matter.

The multiple choice exam papers will consist of single best answer questions. The clinical examination stations will be via simulations and also form the synoptic component of the overall assessment. This means that in addition to all the skills and behaviours, there is additional applied knowledge that will be assessed.

Table 3 provides an overview of the EPA methods. Both methods will have a pass or fail grading. Both methods will also have equal weighting for the final grading which will also be pass or fail.

<b>Table 3: Overview of EPA methods</b>			
<b>Method</b>	<b>Areas Assessed</b>	<b>Duration</b>	<b>Assessed by</b>
Examination papers	<ul style="list-style-type: none"> <li>• Patient history taking and physical examination</li> <li>• Clinical decision making</li> <li>• Clinical planning, procedures and therapeutic interventions</li> <li>• The clinician-patient relationship</li> <li>• Record keeping and information governance</li> </ul>	2 x 2 hours	EPAO independent assessors and examinations committee
Clinical examination stations	<ul style="list-style-type: none"> <li>• Patient history taking and physical examination</li> <li>• Clinical decision making</li> <li>• Clinical planning, procedures and therapeutic interventions</li> <li>• The clinician-patient relationship</li> <li>• Record keeping and information governance</li> <li>• Behaviours and probity</li> </ul>	14 stations x 10 minutes each (i.e. 140 minutes of assessment time)	EPAO independent assessors and examinations committee

### **Examination papers**

Apprentices must complete two knowledge based examinations during the EPA period. The exams should be delivered on the same day (one in the morning and one in the afternoon). The exams will be composed entirely of single best answer multiple choice questions. Each exam paper will be of 2 hours duration and delivered under invigilated examination conditions. The EPAO needs to ensure that there are appropriate breaks between the two examinations and that these are managed effectively to prevent any collusion that could assist in the second examination. The detailed requirements for the examination papers are as follows:

- Both multiple choice exam papers must have a total of 100 single best answer questions.
- Each question must present the apprentice with 5 options per question from which the apprentice must select the single best option.
- Each question answered correctly must be assigned 1 mark, any incorrect or missing answers must be assigned 0 marks.
- The exam paper must be closed book i.e. the apprentice can't refer to reference books or other materials.
- Apprentices must take both exam papers in the presence of an EPAO invigilator.
- Exam papers can be paper-based or delivered electronically. In both cases, apprentices must sit the exam in invigilated conditions.

- Exam papers must be marked by EPAO administrators/examiners following a marking guide produced by the EPAO. Electronic marking is also permissible.
- The pass mark for the examination papers will vary from year to year, where subject matter experts review the single best answer multiple choice questions and determine the pass/fails grading boundary for the examination.
- EPAOs must ensure the first attempt of the examination is available for apprentices within a 3 month time period after passing through the gateway. Subsequent attempts must be available within the 14 month period after passing through the gateway.
- Questions must be written by EPAOs and must be relevant to the occupation. It is recommended that this be done in consultation with employers and experts in this occupation. EPAOs should also maintain the security and confidentiality of their questions when consulting employers. EPAOs must develop 'question banks' of sufficient size to prevent predictability and review them regularly (and at least once a year) to ensure they, and the questions they contain, are fit for purpose.
- Examination questions must be set so that a pass will represent a depth of knowledge and understanding.
- EPAOs must ensure that apprentices have different questions in the case of re-sits or re-takes.

The examinations must assess apprentices against the apprenticeship standard knowledge and skills as shown in Table A1 in Annex A. The exams should have a good distribution of questions across the domains of the apprenticeship standard as shown in Table 4 (below). It is accepted that some questions may link to two or more domains therefore these figures are approximates. EPAOs should seek to achieve this kind of distribution of questions in each exam paper.

Grading of the examinations will be pass or fail. The apprentice that meets the requirements will pass and those that do not will fail. The examination committee members will review the single best answer questions and determine the pass/fail grading boundary for the examination.

<b>Table 4: Guidance on exam weighting for domains</b>	
<b>Occupational apprenticeship standard - domains</b>	<b>Weighting of questions per domain</b>
Patient history taking and physical examination Clinical decision making Clinical planning, procedures and therapeutic interventions	65%
The clinician-patient relationship Record keeping and information governance	35%

### **Clinical examination stations**

The clinical examination stations will use the objective structured clinical examination (OSCE) based approach. The clinical examination stations are simulations and will focus on the behaviours and probity, consultation skills, examination skills, procedural skills and emergency management skills required for the Physician Associate role. This assessment method also forms the synoptic component of the EPA and in addition to testing skills and behaviours, it will assess areas of applied knowledge from the occupational standard (see Annex A for information on the relevant areas of applied knowledge).

In line with current approaches, the OSCE will comprise 14 stations in which the apprentice is assessed on a one-to-one basis with an independent assessor. The independent assessor will assess apprentices on individual station(s). The assessments at each of the stations will take a total of 10 minutes, which allows for 2 minutes reading time to gather and evaluate information about the case, and 8 minutes for the apprentice to complete the clinical examination. Each station is equally weighted in terms of marks which will be 35 marks per station. The total achievable marks for this component of the EPA will be (35 x 14) 490 marks.

The independent assessors at each of the stations must be provided with a checklist of the actions that they must observe the apprentice completing. They are also provided with standardised mark sheets for each station appropriate to the station purpose. Marks will be awarded where candidates meet the criteria for each station. The independent assessor will complete the mark sheets and provide their results to the examination committee for final grading as pass or fail.

The examination committee will review the results of the clinical examination stations and determine the pass/fail grading boundary. The exact threshold mark to gain a Pass will be set on an event by event basis using borderline regression.

The pass mark for each station may vary from e.g. 40% (for a difficult station) up to as high as 80% (for a straightforward station). The pass mark for each station will not be known in advance to the apprentice.

Apprentices must pass the total calculated pass mark of 350 marks for the clinical examination stations AND at least 10 out of 14 (71%) of the individual stations. If one or more station is dropped (e.g. due to procedural irregularity) then the students must pass still pass in excess of 70% of the remaining stations.

The examination committee will make the final decision regarding pass or fail of the overall assessment. For exam security, mark schemes must not be released.

The OSCEs are required to assess the skills identified in the domains of the occupational apprenticeship standard as follows:

- 40% Patient history taking and physical examination, the clinician-patient relationship, record keeping and information governance
- 40% Clinical decision making, the clinician-patient relationship, record keeping and information governance<sup>1</sup>
- 20% Clinical planning, procedures and therapeutic interventions, the clinician-patient relationship, record keeping and information governance

The OSCE method also enables the assessment of applied knowledge and behaviours and all of the relevant KSBs mapped to this method are indicated within table A2.

The apprentice that meets the requirements of the standard will pass and those that do not will fail.

The grading criteria required for the clinical examination stations are shown in Table 5 (below). These grading criteria are mapped to the relevant knowledge, skills and behaviours (KSBs) shown in Tables A2 and A3 in Annex A.

---

<sup>1</sup> Includes emergency management scenarios

<b>Table 5: Grading criteria for clinical examination stations</b>		
<b>KSBs</b>	<b>Fail</b>	<b>Pass</b>
S1.1, S1.2, S1.3, S1.4, S2.1, S2.2, S2.3, S2.4, S2.5, S3.1, S3.2, S3.3, S3.4, S3.5, S4.1, S4.2, S4.3, S4.4, S4.5, S4.6, S4.7, S5.1, S5.2, S5.3, S6.1, S6.2, S6.3  K1.3, K1.4, K1.6, K2.3, K3.4  B1, B2, B3, B4, B5, B6, B7	Does not meet the pass criteria	Performs evidence based patient history taking, physical examination and clinical decision making (S1.1, S1.2, S1.3, S1.4, S2.1, S2.2, S2.3, S2.4, S2.5, K1.3, K1.4, K1.6, K2.3, B1, B2, B3, B4, B5, B6, B7)  Performs and requests specialised diagnostic and therapeutic interventions, for patients (S3.1, S3.2, B1, B2, B3, B4, B5, B6, B7)  Formulates, implements and critically evaluates patient management plans (S3.3, S3.4, S3.5, K3.4, B1, B2, B3, B4, B5, B6, B7)  Builds and sustains the clinician-patient relationship (S4.1, S4.2, S4.3, S4.4, S4.5, S4.6, S4.7, B1, B2, B3, B4, B5, B6, B7)  Develops and maintains positive learning/mentoring environment for self and other health professionals (S5.1, S5.2, S5.3, B1, B2, B3, B4, B5, B6, B7)  Delivers all aspects of the role in accordance with relevant legal, regulatory, ethical, governance and policy requirements, including mandatory reporting duties (All including: S6.1, S6.2, S6.3, B1, B2, B3, B4, B5, B6, B7)

### Final grading

The EPA will be graded as pass or fail based on the results from the examination papers and clinical examination stations. Both assessment methods have equal weighting for the final grading which will also be pass or fail. The overall apprenticeship grade is determined as shown in Table 6.

<b>Table 6: Overall apprenticeship grade</b>		
<b>Examination papers</b>	<b>Clinical examination stations</b>	<b>Apprenticeship grade</b>
Fail	Fail	Fail
Fail	Pass	Fail
Pass	Fail	Fail
Pass	Pass	Pass

**Re-sits and re-takes**

Apprentices who fail one or more EPA assessment method will be offered the opportunity to take a resit or a re-take. A re-sit does not require further learning, whereas a re-take does. Apprentices should have a supportive action plan to prepare for the re-sit or a re-take. The apprentice's employer will need to agree that either a re-sit or re-take is an appropriate course of action. An apprentice who fails an assessment method, and therefore the EPA in the first instance, will be required to re-sit any failed assessment methods only. Apprentices must pass a resit for any failed assessment method within a 14 month period from their fail notification, or they will be required to resit the entire EPA process.

## End Point Assessment Organisation – Internal Quality Assurance

EPAOs must ensure robust internal quality assurance processes in line with this assessment plan. The roles and responsibilities of the EPAO are shown in Table 7 below.

**Table 7: Internal Quality Assurance  
Roles and Responsibilities of the EPAO**

The EPAO must:

- publish EPA guidance to apprentices, employers and training providers in relation to the requirements of the examination papers and clinical examination stations as set out in this plan
- ensure that there is consistency and comparability in terms of the breadth and depth of each assessment, to ensure assessments are reliable, robust and valid
- develop a bank of single best answer multiple choice questions (recommended that this is achieved in consultation with employers as well as subject experts)
- maintain and review a bank of single best answer multiple choice questions on a continuous basis during the calendar year
- publish assessment criteria for the examination papers and clinical examination stations using Annex A
- deliver the assessment methods i.e. the examination papers and clinical examination stations
- ensure that EPA dates and schedules are clearly published to apprentices and their employers
- appoint and approve independent assessors to conduct marking and initial grading of the EPA.
- ensure that independent assessors have:
  - a minimum of three years post-registration clinical practice experience
  - in depth experience of the Physician Associate (PA) role, for example as a PA or PA supervisor, or with significant involvement in a PA course, or through working with PAs
  - current registration with a relevant professional body such as GMC or NMC and/or registered on the FPA PAMVR
  - evidenced involvement in continuing professional development for the role
  - the required depth and breadth of expertise for the assessment role
- provide training for independent assessors for the operation, marking and initial grading of the examination papers and clinical examination stations
- provide training for assessors to enable them to undertake fair and impartial assessment, making judgements about the application of knowledge, skills and behaviours to the workplace setting.
- develop compensatory assessment for learners with special requirements to allow reasonable adjustments to be made to assess the knowledge, skills and behaviours of the apprentice
- provide guidance in relation to the EPA i.e. making reasonable adjustment, eligibility to enter EPA and conflict of interest.
- consider evidence in relation to reasons for failing an EPA and whether a re-sit is acceptable in cases where the learner may have failed due to extenuating circumstances
- develop and manage a complaints and appeals procedure

## **External Quality Assurance**

External Quality Assurance is to be provided by the Institute of Apprenticeships.

## **Regulation**

The apprenticeship is designed to prepare successfully apprentices to meet the requirements for registration with the Managed Voluntary Register (PAMVR) which is held by the Faculty of Physician Associates and anticipated to transfer into the agreed statutory register.

## Annex A: Knowledge, skills and behaviours attributed to End Point Assessment for the Physician Associates

### 1) Examination papers

The EPAO will provide 200 single best answer multiple choice questions from its question bank that enable the apprentice to demonstrate their knowledge and understanding from across the domains within the standard (as follows):

- Patient centred history taking and physical examination
- Clinical decision making
- Clinical planning, procedures and therapeutic interventions
- The clinician-patient relationship
- Learning and mentoring
- Record keeping and information governance

In preparing for the exam, apprentices should be guided by the knowledge and understanding in Table A1.

**Table A1: Physician Associates – knowledge and understanding requirements**

Domain	You will know and understand:
Patient history taking and physical examination	K1.1 The critical principles, methods and requirements of a patient centred and medically based assessment K1.2 The patient presentations specified in the Department of Health Matrix and Competency and Curriculum Framework ( <a href="http://www.fparcp.co.uk">www.fparcp.co.uk</a> ) K1.3 How to structure and conduct evidence based consultations to obtain patient concerns, expectations and understanding K1.4 How to take a patient history and it's practical application to complex interacting psychological, physiological and social factors K 1.5 The range of evidence based examinations and assessments you are required to perform K 1.6 How to draw on a diverse range of knowledge and critical thinking in your decision-making to determine an individual medical management plan
Clinical decision making	K 2.1 The criticality of clinical decision making processes in order to safeguard the delivery of high quality care K 2.2 Critical analysis of complex findings from investigations and how to apply this specialised insight to deliver a high quality care outcome for the patient K 2.3 How to assess and determine follow-up investigations using specialised investigation criteria K 2.4 How to assess and determine the direction of patient management to address many interacting factors K 2.5 The relevant national and local guidelines to apply to the formulation and delivery of a justifiable diagnosis K 2.6 How, and when, to consult with your dedicated medical supervisor

Domain	You will know and understand:
Clinical planning, procedures and therapeutic interventions	K 3.1 The range of specialised procedural skills* and clinical procedures that you are required to perform K 3.2 The range of specialised therapeutic interventions relevant to your role K 3.3 The therapeutic and prescription medications used in the clinical setting (within medical delegation clauses) K 3.4 How to confidently and competently write prescriptions and apply British National Formulary (BNF) and local formularies K 3.5 Your responsibility for patient concordance for the proposed drug regime as prescribed by the supervising clinician K 3.6 How to critically evaluate and adapt patient management strategies/treatment in response to changing conditions K 3.7 The development and implementation of management plans that take into account complex interacting factors
The clinician-patient relationship	K 4.1 Different theoretical and evidence based approaches to building and sustaining the clinician-patient relationship K 4.2 The meaning of informed patient choice and negotiated care decisions K 4.3 Specialised engagement and communication methods that support the clinician-patient relationship K 4.4 How to enable the patient to assess options and make choices within the context of many interacting factors K 4.5 The practical and conceptual delivery of patient education and health promotion relevant to the clinical condition and patient needs K 4.6 The specialised assessment, observation techniques and medical judgement that are required across the patients' life span K 4.7 How to apply national and local guidelines, and legal requirements relevant to your area of practice (including challenging and reporting poor practice) K 4.8 The guiding principles, evidence based practice and latest developments in the NHS (incl clinical governance) in relation to your area of practice K 4.9 The boundaries of clinical competence for the role and when to escalate for senior medical assistance K 4.10 Safeguarding and the management of risk
Learning and mentoring	K 5.1 Your role, responsibility and motivation to manage your own learning; the range of tools and techniques that can be used to direct own learning, set goals and evaluate learning K 5.2 The application of teaching and learning theories and models K 5.3 How to evaluate and meet learning needs for health care
Record keeping and information governance	K 6.1 Legal and organisational requirements for record keeping and information governance K 6.2 Your responsibility for producing clear, legible and contemporaneous records K 6.3 Your responsibility towards fulfilling and maintaining Information governance policy

## 2) Clinical Examination Stations

The objective structured clinical examinations (OSCEs) will assess skills, behaviours and applied knowledge across the following domains of the standard:

- Patient history taking and physical examination
- Clinical decision making
- Clinical planning, procedures and therapeutic interventions
- The clinician-patient relationship
- Learning and mentoring
- Record keeping and information governance

In preparing for the OSCEs, apprentices should pay particular attention to the skills, behaviours and applied knowledge outlined in table A2.

**Table A2: Physician Associates – knowledge, skills and behaviours (KSBs)**

Domain	Relevant KSBs	Types of skills
Patient history taking and physical examination	<p>You will be able to:</p> <p>S1.1 Perform specialised medically based assessments to inform the development of an individual medical management plan</p> <p>S1.2 Design and deliver patient centred consultations which enable the patient and carers to express their concerns, expectations and understanding</p> <p>S 1.3 Take, and critically evaluate, a patient history relevant to the clinical situation and apply this insight to assessing complex interacting psychological and social factors</p> <p>S 1.4 Perform the full range of evidence based examinations and assessments tailored to the demands of the clinical situation*</p> <p>You will know and understand (synoptic assessment):</p> <p>K1.3 How to structure and conduct evidence based consultations to obtain patient concerns, expectations and understanding</p> <p>K1.4 How to take a patient history and it's practical application to complex interacting psychological, physiological and social factors</p> <p>K1.6 How to draw on a diverse range of knowledge and critical thinking in your decision-making to determine an individual medical management plan</p>	<p>consultation skills</p> <p>examination skills</p>

*Continued over*

Domain	Relevant KSBs	Types of skills
Clinical decision making	<p>You will be able to:</p> <p>S 2.1 Interpret the findings from a patient centred consultation and assess the need for further investigation, patient management and referral</p> <p>S 2.2 Formulate a diagnosis based on complex objective and subjective data</p> <p>S 2.3 Apply specialised clinical decision making techniques to select a diagnosis based on the available insight</p> <p>S 2.4 Critically evaluate and justify clinical decisions in cases with complex needs that involve many interacting factors</p> <p>S 2.5 Consult with your dedicated medical supervisor to inform clinical decision making where required</p> <p>You will know and understand (synoptic assessment):</p> <p>K2.3 How to assess and determine follow-up investigations using specialised investigation criteria</p>	<p>consultation skills</p> <p>examination skills</p> <p>emergency management</p>
Clinical planning, procedures and therapeutic interventions	<p>You will be able to:</p> <p>S 3.1 Perform an extensive range of specialised procedural skills*</p> <p>S 3.2 Perform specialised clinical procedures using knowledge of the complex indications, contraindications, complications and techniques</p> <p>S 3.3 Critically evaluate and assess changes in patient's condition and adapt patient management strategies/treatment within a timeframe suitable to the changing conditions</p> <p>S 3.4 Determine and implement appropriate specialised therapeutic interventions and/or prescriptions using clinical decision making techniques and medical judgement</p> <p>S 3.5 Formulate and implement a management plan with the patient, carers and healthcare professionals that takes into account complex interacting factors</p> <p>You will know and understand (synoptic assessment)</p> <p>K3.4 How to confidently and competently write prescriptions and apply British National Formulary (BNF) and local formularies</p>	<p>procedural skills</p>

*Continued over*

Domain	Relevant KSBs	Types of skills
The clinician-patient relationship	<p>S 4.1 Build and sustain a clinician-patient relationship to foster informed patient choice and negotiated care decisions</p> <p>S 4.2 Communicate and engage effectively with all patients and carers regardless of age, gender, sexuality, ethnicity, social class, disability etc</p> <p>S 4.3 Actively involve patients and carers in their care and support them in managing their own health, wellbeing and illness</p> <p>S 4.4 Provide health promotion and disease prevention advice to patients and carers</p> <p>S 4.5 Design, implement and critically evaluate specialised assessment and observation techniques and apply medical judgement across the patients' life span</p> <p>S 4.6 Escalate matters to a senior doctor when a clinical situation is outside the boundaries of clinical competence for the role</p> <p>S 4.7 Manage the safety of patients, carers and other individuals through safeguarding and management of risk</p>	<p>consultation skills</p> <p>examination skills</p> <p>procedural skills</p> <p>emergency management</p>
Learning and mentoring	<p>S 5.1 Assess own learning needs and engage in self-directed learning to review and improve medical practice within the scope of the role</p> <p>S 5.2 Work collaboratively to evaluate and meet the learning and development needs of other health professionals</p> <p>S 5.3 Act as a role model and mentor</p>	<p>consultation skills</p> <p>examination skills</p> <p>procedural skills</p> <p>emergency management</p>
Record keeping and information governance	<p>S 6.1 Produce clear, legible and contemporaneous records regarding patient consultations and all aspects of clinical and non-clinical work</p> <p>S 6.2 Complete patient records and justify the management plan and outcomes of the clinical decision making process(es)</p> <p>S 6.3 Adhere to all aspects of information governance requirements</p>	<p>consultation skills</p> <p>examination skills</p> <p>procedural skills</p> <p>emergency management</p>
Behaviours and probity	<p>B1 Consistently behave with integrity and sensitivity.</p> <p>B2 Behave as an ambassador for the role, acting professionally and behaving considerately towards other professionals and patients.</p> <p>B3 Recognise and work within the limits of your professional competence and scope of practice, and within the scope of practice of your supervising medical practitioner.</p> <p>B4 Maintain effective relationships with colleagues from other health and social care professions.</p> <p>B5 Inform patients, carers and others of the nature of your clinical role.</p> <p>B6 Contribute to the effectiveness of a clinical learning environment.</p> <p>B7 Maintain confidentiality at all times.</p>	<p>consultation skills</p> <p>examination skills</p> <p>procedural skills</p> <p>emergency management</p>

\* Examination and procedural skills across the full range of the medical model including for example: cardiovascular system, neurological, respiratory system, gastrointestinal system, musculoskeletal system, eyes, female reproductive system, renal and genitourinary system, skin, diagnostics and therapeutics (according to the FPA Competence and Curriculum Framework and Matrix of Core Clinical Conditions)

**Table A3: Physician Associates – knowledge and understanding for synoptic assessment – TABLE NO LONGER REQUIRED (SEE COMMENTS)**

Domain	You will know and understand:
Patient history taking and physical examination	K1.3 How to structure and conduct evidence based consultations to obtain patient concerns, expectations and understanding K1.4 How to take a patient history and it's practical application to complex interacting psychological, physiological and social factors K1.6 How to draw on a diverse range of knowledge and critical thinking in your decision-making to determine an individual medical management plan
Clinical decision making	K2.3 How to assess and determine follow-up investigations using specialised investigation criteria
Clinical planning, procedures and therapeutic interventions	K3.4 How to confidently and competently write prescriptions and apply British National Formulary (BNF) and local formularies