

MPAS Quality

Masters in Physician Associate Studies
Quality Framework for Clinical Placements

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Introduction

The MPAS Quality Framework for Clinical Placements has been developed to establish and monitor quality standards across our clinical placement providers. These processes align with expectations and requirements of regulatory bodies including the General Medical Council (GMC) and NHS Health Education England (NHS-E). The framework aims to outline how student feedback informs our quality processes to improve placement experience in primary and secondary care settings, and identifies how this data is collected, analysed and shared with providers. The proforma and frequency of site visits has also been summarised, so that providers can plan and prepare for these visits. This activity is vital to our understanding of the student placement experience and ensures facilities, supervision and environments meet institutional requirements.

Establishing standards and quality in clinical placement

MPAS Programme and Clinical Placement teams

The academic programme and clinical placement teams work together to support quality activity within primary and secondary care placements. This is led by the Clinical Placement Lead, Deputy Primary and Secondary Care Leads and Placements Manager. The Physician Associate Course Director has overall responsibility for the delivery of the MPAS programme, with support from across the faculty, and more specifically, from appointed leads for individual modules.

Placement Standards document

All of our quality assurance work is mapped against the Placement Standards document, created in tandem with this framework, to outline the expectations of our placement providers. This document highlights mandatory requirements of all providers and ensures consistency across our placement sites. Providers are encouraged to review these standards as part of the recruitment process to confirm they are able meet and deliver on the expectations detailed.

Accountability and compliance

Quality standards have been developed in line with the requirements established by external regulatory bodies such as the GMC and NHS England. Formal GMC regulation for the Physician Associate profession is anticipated at the latter part of 2024. NHS England provide the funding tariff for placement payments, which is managed through quarterly data collection and reporting activity.

Clinical Placement Objectives

Placement Objectives for each core specialty are available to review by both existing and prospective clinical supervisors the MPAS' dedicated supervisor website: [SGUL PA Placements - Core Placement Objectives \(google.com\)](https://www.sgul.ac.uk/physician-associate/placements-core-placement-objectives)

These objectives outline general aims, key skills, learning outcomes and conditions which should be covered within the placement. All supervisors are encouraged to familiarise themselves with this information to ensure they can offer appropriate multi-disciplinary opportunities and support to their Physician Associate students.

Supervisor website

This live resource has been developed to promote the academic and clinical requirements of the placement experience, including establishing clear expectations of both supervisors and students. This guidance aims to align with [Promoting excellence - GMC \(gmc-uk.org\)](https://www.gmc-uk.org/promoting-excellence) set out by the GMC and ensure that these standards are met across both placement care settings.

The website serves to empower and inform supervisors, providing access to recruitment, assessment, general student support and quality assurance information.

Supervisor training events

These events currently occur annually via Microsoft Teams in September (primary care) and October (secondary care). They are offered as training, networking and resource sharing opportunities, facilitated by the Clinical Placement Lead and relevant deputy. The events are highly interactive, involving participation and contributions from new and/or existing supervisors to explore authentic placement scenarios. Feedback from recent events suggests that supervisors found the training insightful and enabled them to confidently navigate some of the more commonplace issues encountered in the placement environment.

In the coming academic year, we hope to increase the frequency of these events and will send further details to clinical supervisors once the programme has been confirmed.

Quality Monitoring

Purpose and process

Quality monitoring of clinical placements is a termly process, used to evaluate the placement experience across all care settings. Students are required to submit feedback at the end of each placement via the current assessment system, which will then be reviewed by the Placements Manager and appropriate academic leads. The data is shared with providers after this analysis has been completed, with an opportunity to respond to and/or request clarification after dissemination.

The monitoring process aims to:

- Seek the views of students regarding the quality of experience on clinical placement. Areas of reflection include integration within the clinical team, appropriate induction and placement schedule provision, access to learning opportunities and support offered by the designated supervisor and wider team.
- Identify problems within the placement provision and take timely action to remedy those problems.
- Identify areas of good practice within the placement provision and share positive feedback.

These areas will form the criteria for feedback, allowing students to provide constructive comments on their placement experience. In addition, the criteria align with the expectations set out in the Placement Standards document.

Managing student feedback and outcomes

Should any feedback (formal or informal) highlight an urgent area of concern, the Clinical Placement Lead and Placements Manager will contact the placement provider to discuss the issue. Should it be deemed necessary, students may be relocated to an alternative placement provider. Any relocation of students will affect the NHS England remuneration tariff. Students will only be permitted to resume attending when the University is satisfied that appropriate measures have been put in place and that the placement is deemed a safe and supportive environment, suitable for learning.

In these circumstances, an initial meeting will be required with all relevant stakeholders to explore the area of concern, with a subsequent site visit scheduled, if appropriate. Additional outcomes occurring from the meeting will be managed by the Clinical Placement Lead and senior programme team, with support from the Placements Manager. This may involve adjustments to supervision arrangements, support, infrastructure or general provision to ensure that the placement environment delivers on institutional and regulatory standards, including prioritising patient and student safety.

Site Visits

Site visits will be conducted according to the schedules and care settings outlined below. We recognise that this is a collaborative process and as such, require a commitment from our providers to work with us and ensure that visits are conducted within the appropriate timeframes.

Primary Care

Due to the large number of General Practices that supply placements, providers will only be expected to support site visits in the following circumstances:

- New General Practices who have no history of offering placements, or who have not supported PA students within the last 3 years.
- General Practices who have received concerning student feedback. This will be reviewed annually and apply to providers who accommodate both year 1 and year 2 Physician Associate students.

Practices will be provided with 4 weeks' notice of a visit and will be expected to collaborate with the institution to find a mutually convenient date and time. The visit will last no longer than half a day and should be attended by the designated GP supervisor/s and Practice Manager. Other practice staff are also welcome to attend. A formal tour of all facilities is required, in addition to a debrief with practice staff to discuss any concerns or issues. This will include an action plan of how any concerns will be addressed and confirmation of appropriate follow-up activity.

Secondary Care

Hospital sites will be visited approximately every 4 years. 3 months' notice of a visit will be provided, and it is expected that trust staff work with the University to find a mutually convenient date and time. The visit will normally require a full day and it is anticipated that relevant members of the trust's Medical Education team will be in attendance, along with key clinical supervisors at the site. We do, however, appreciate the clinical commitments of supervisors and understand that it may not be possible for them to all to be present. Clinical representatives from core specialties would be desirable, if the main supervisor/s is unavailable. A general tour of facilities is required, including areas specifically dedicated to students, in addition to a debrief with hospital staff to discuss any concerns or issues. This will include an action plan of how any concerns will be addressed and confirmation of appropriate follow-up activity. A schedule for the day will be developed between the Placements Manager and Medical Education Manager to ensure there is sufficient opportunity to meet with core specialty leads.

Site visit proforma and documentation

All sites across both care settings will be expected to complete a Site Visit Self-Assessment Form, providing context to their placement provision, facilities, induction and training,

quality assurance activity and other general information about the site. Separate self-assessment forms have been designed for the different care settings, both offering an opportunity for the provider to raise issues, concerns or questions. The self-assessment forms should be returned to the Placements Manager according to the following schedule:

- Primary Care: 1 week prior to visit
- Secondary Care: 1 month prior to visit

During the visit, notes will be recorded by the faculty team and a Site Visit Summary Report will be disseminated to providers 4-6 weeks after the visit has taken place. Any action points arising from the visit will be outlined in the Site Visit Summary Report, including confirmation of timeframes for concerns to be resolved or reviewed.