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| PHYSICIAN ASSOCIATE |
| Name |   | **Surname** |   |
| Email |  |
| Telephone |   | **Mobile** |   |
| Date Registered on the National Register |  |
| Date Employed by the Practice |  |
| PRACTICE |
| Name of Practice |  |
| Address of Practice |  |
| Name of Practice Manager |  |
| PRECEPTORSHIP |
| Will the preceptorship programme be undertaken for a minimum of 1 year (WTE) |  |
| Is the preceptorship programme wholly in primary care?  |  |
| If not, a minimum of 50% or 6 months’ full time equivalent in any rotation of placements should be in primary care. Is this the case? |  |
| How many dedicated sessions per week is for education? |  |
| Does the physician associate have access to an educationally approved primary care clinical supervisor? |  |
| Name and contact details of the clinical supervisor |  |
| Does the physician associate have a mentor?  |  |
| Name and contact details of the mentor |  |
| Please confirm that the physician associate will have an induction period and indicate the start date and end date of the induction period |  |
| Please confirm that the physician associate will have an induction meeting with their supervisor |  |
| Please confirm that the physician associate will have a mid-point review meeting. |  |
| Please confirm that the physician associate will have an end of programme review meeting  |  |
| Please confirm that you will use suitable supportive records of the preceptor’s progress (e.g. [FPARCP First Year Qualification Guidance](https://www.fparcp.co.uk/employers/guidance)) |  |
| Please confirm that the preceptor will take part in the annual appraisal system |  |
| Please confirm that the physician associate will have access to professional development programme from a local HEI or equivalent, which should include alumni activity |  |
| Please list the training courses the physician associate will attend during the preceptorship programme – you will be expected to send the details (dates, cost, certificates, trainer etc.) of all training sessions to Camden CEPN once the preceptorship ends  |  |
| Please confirm that the physician associate will attend at least 3 training courses organised by Camden CEPN  |  |
| Please confirm that the physician associate will attend all PA Network Meetings organised by Camden CEPN |  |
| Please confirm that the physician associate will complete and maintain all the requirements of the UK PA Managed Voluntary Register (PAMVR) |  |
| BUDGET BREAKDOWN |
| Please provide below a basic breakdown of how you are planning to spend the available £5,000 budget per PA – evidence of actual expenditure should be submitted to Camden CEPN at the end of the preceptorship programme

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| ITEM | COST |
| Supervision | £ |
| Training | £ |
| Mentoring | £ |
| (Other – pls specify) | £ |
| (Other – pls specify) | £ |
| TOTAL | **£** |

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| SIGNATURES |
| Physician Associate |   | Date |   |
| Practice Manager |   | Date |   |
| Supervisor |   | Date |   |
| Camden CEPN Chair |   | Date |   |
| Camden CEPN Programme Manager |   | Date |   |