**Physician Associate Checklist for End of Year Review**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of PA |  | Date |  |
| Signature |  |

**Panel**

|  |  |  |
| --- | --- | --- |
| Name | Signature | GMC number |
|  |  |  |
|  |  |  |
|  |  |  |

**Completion of all work place based assessments as per FPA guidance**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Achieved | Not achieved | Comments |
| At 3 months | 3 Mini-CEX and 3 CBD |  |  |  |
| At 6 months | Further 3 Mini-CEX and 3 CBD |  |  |  |
| At 12 months | Minimum of 8 Mini-CEX and 8 CBD |  |  |  |

**Completion of 360 TAB by 6 months and by 12 months**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Achieved | Not achieved | Comments |
| 360 at 6 months |  |  |  |
| 360 at 12 months |  |  |  |

**Documented DOPs to include at minimum (communicated to the PAs at the commencement of their contract)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Achieved | Not achieved | Comments |
| Venepuncture |  |  |  |
| IV cannulation |  |  |  |
| Arterial puncture in an adult |  |  |  |
| Blood culture from peripheral sites |  |  |  |
| S/C injection |  |  |  |
| I/M injection |  |  |  |
| Perform an ECG |  |  |  |
| Interpret an ECG |  |  |  |
| Perform peak flow |  |  |  |
| Interpret peak flow |  |  |  |
| Urethral catheterisation male |  |  |  |
| Urethral catheterisation female |  |  |  |
| Airway care including simple adjuncts (completion of ILS or AIMS) |  |  |  |

**Evidence of CPD with reflection - The FPA recommends 50 CPD points and specifies 25 external. ELHT is seeking ways to provide as much education as possible internally and recognises this is an artificial divide**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Achieved | Not Achieved | Comments |
| CPD |  |  |  |

**Evidence achievement of the skills specified in the FPA document by WPBA or reflection**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | On Completion of‘Internship’ | Achieved | Not Achieved | Comments |
| History and consultation | Able to carry out a thoroughfocused history, and be able to identify appropriate comorbidities, predisposing/risk factors in order to interpret most likely differential andreasons |  |  |  |
| Examination general | The supervising doctor has confidence in PA findings. PA is using their clinical findings to justify thedifferential diagnosis |  |  |  |
| Interpreting, evidence and investigation | Confidently articulate findings and investigation results |  |  |  |
| Clinical judgment andRisk management | Identify main diagnosis andjustify reasoning. Aware of best venue to nursepatient e.g. ITU versusmedical ward |  |  |  |
| Therapeutics and prescribing | Start to justify choice ofMedication:~ Able to understand the impact of comorbidities and other medications, poly-pharmacy on agent choice and prognosis~ Confident in explaining topatients their clinicalmanagement plan and able to modify plan according to age and comorbidity ~ Developingconsultation skills to enableshared patient practitionerdecision making |  |  |  |
| Professionalism | Have completed a 360 TAB at 6 and 12 months andbeginning to deal with ‘difficult patients’.Be part of training for other‘internship’ PAs and/orteaching PA and otherhealthcare students |  |  |  |

**Reflections**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Achieved | Not achieved | Comments |
| Reflections | Minimum of two reflections |  |  |  |

**Outcome**

|  |  |  |
| --- | --- | --- |
|  |  | Review date (if required) |
| 1. Internship evidence complete
 |  |  |
| 1. Some evidence still required
 | Remaining evidence to be submitted within 6 weeks |  |
| 1. Internship incomplete
 | Review planned at later date  |  |