

LTC14D225

Title: *FMH LTQC Course Approvals*
Author: Alexandra Hupton
Date: 11 June 2015
Meeting: Learning and Teaching Committee – 24 June 2015
Agenda: LTC14A006p
Version: Final
Status: Open

Issue

To receive a full course proposal for MSc Physician Associate Studies from the Faculty of Medicine and Health Sciences Learning, Teaching and Quality Committee.

Recommendation

To approve the course proposal for the MSc Physician Associate Studies

Resource Implications

See course proposal

Risk Implications

This is nominally a two year, single cohort pilot but that there is strong evidence it will become a standard course. However, without a long-term commissioning agreement in place from Health Education England (HEE) it is difficult to complete an accurate long-term costing at this time. There is a strong expectation that the course would be added to Pre-Reg, fall into QIPF and become a commissioned course in the future. Part of the negotiations would include gaining agreement that placement costs would be waived by HEE-Trusts however currently any primary care placements represent a cost risk to the University.

Equality and Diversity

There are no E&D implications

Timing of decisions

FMH Exec approved 10 Jun 2015

FMH LTQC approved 8 Jun 2015

Further Information

Contact details: Alex Hupton, Learning and Teaching Coordinator, telephone 01603 597372, email: a.hupton@uea.ac.uk, for any queries/further information relating to this document.

Background

UEA was approached by local NHS trusts and asked to explore the option of developing a Physician Associate course at UEA, and representatives from interested parties have come together to form both a steering and advisory group to support the development of the programme. There are key drivers for NHS organisations who are facing shortages of doctors and therefore require a reshaped workforce to continue to safely and effectively meet patients' needs.

Discussion

N/A

Attachments

Course Proposal.

FULL COURSE PROPOSAL FORM

(taught programmes only)

for **NEW COURSES** and
COURSE AMENDMENTS
with **RESOURCE IMPLICATIONS**

Please refer to the course proposal Procedure and Guidance CP-2013 to complete this or any other course proposal form: to ensure the correct form is being used; for information on early considerations and timescales; for general guidance on the course approval process; and for notes on completing the form.

Course Title(s)		new course? <i>note 1</i>		If no, please give existing course code	
Physician Associate Studies		Y	N		
School(s) of study & Faculty					
Norwich Medical School / Faculty of Medicine and Health Sciences					
Proposer & proposer's school					
Lesley Bowker / Mary Jane Platt (MED)					
Proposed start date (of new course or of changes)					<i>note 2</i>
Jan 2016					
This proposal requires: <i>note 3</i>		Prior approval by Council		Y	N
		Prior approval by LTC		Y	N

This form is in 5 parts:

- Part 1 Summary and Rationale
- Part 2 Business Case
- Part 3 Academic Case including Programme Specification
- Part 4 Key Information Set (KIS) data
- Part 5 Approvals and Notification

The initiator is responsible for completing parts 1-4

UEA LEARNING & TEACHING SERVICE

FULL COURSE PROPOSAL

Part 1 SUMMARY AND RATIONALE

Course One				
S1	a	SCHOOL(S) OF STUDY	MED	
<i>note S1c</i>	b	FACULTY or FACULTIES	FMH	
	c	JOINT COURSE? (ie owned/taught by more than one School)	YES	
			NO ✓	
	d	NAME OF COURSE DIRECTOR (Home School)	Lesley Bowker	
	e	NAME OF DEPUTY COURSE DIRECTOR (partner School, for Joint Courses only)		
S2 <i>note S2a</i>	a	COURSE TITLE	Physician Associate Studies	
<i>note S2b</i>	b	COURSE CODE	TBA	
<i>note S2c & S2d</i>	c	AWARD	MSc	
	d	EXIT AWARD(S) AND TITLE(S)	PG Cert in Higher Education, PGDip in Higher Education (but neither award has PA in title and would not allow entry to national exam or managed voluntary PA register)	
	e	FULL/PART-TIME (please specify)	Full Time	
	f	LOCATION (UEA Norwich, UEA London, Distance Learning)	UEA	
	g	AVAILABLE FROM:	January 2016	
S3 <i>note S3a</i> <i>note S3b</i>	a	PROFESSIONAL AWARD (if any)	None – however graduates are eligible to sit national (NQEPA) exam which allows them entry to the national managed voluntary register (MVR)	
		ACCREDITING/VALIDATING BODY (if relevant)	none	
	b	Website (URL)	https://www.rcplondon.ac.uk/physician-associates	
		Date when accreditation/validation may take place	n/a	
S4 <i>note S4</i>	LEVEL	Sub-degree (e.g. Cert. Dip.)		
		Undergraduate		
		Integrated Masters		
		Masters	✓	

		Other postgraduate (please specify)									
S5 <i>note S5a</i>	a	DURATION (years or months)	2 years (90 weeks)								
<i>note S5b</i>	b	MODE OF ATTENDANCE (full-time, part-time, distance, other)	Full time								
S6 <i>note S6</i>	PLACEMENT(S)/WORK-BASED LEARNING REQUIRED		<table border="1"> <tr> <td>YES</td> <td>√</td> <td>NO</td> <td></td> </tr> <tr> <td colspan="3">If YES, does this conform with the UEA's code of practice on placements?</td> <td>Yes</td> </tr> </table>	YES	√	NO		If YES, does this conform with the UEA's code of practice on placements?			Yes
YES	√	NO									
If YES, does this conform with the UEA's code of practice on placements?			Yes								
S7 <i>note S7</i>	RELEVANT SUBJECT BENCHMARK STATEMENT(S)		None available								
S8 <i>note S8</i>	ENTRY REQUIREMENTS		Prior 1 st degree from a life science or health-related discipline, minimum of 2:1								
S9	JACS Subject Level Code(s) To be completed by the Planning Office following approval of the Business Case										
S10	UCAS ADMISSION CODE / COURSE CODE To be completed by the Planning Office following approval of the Business Case										
S11 <i>note S11</i>	FURTHER INFORMATION available via...		http://pamvr.org.uk/files/CCF-27-03-12-for-PAMVR.pdf								
S12	COURSE HIGHLIGHTS (for publication in University Prospectus / Website / other publicity) NB Please include employability prospects/career possibilities										
<i>note S12</i>	Physician associates support doctors in the diagnosis and management of patients and work under the supervision of a doctor. This is a new course, embedded in a thriving medical school, providing training in a developing specialty. The course will integrate diverse clinical placements with core academic learning. On completion of the Masters qualification graduates are eligible to apply to join the national managed voluntary register of UK Physician Associates. A Physician Associate's starting salary is usually at least at band 6 (NHS). Many healthcare providers, both locally and nationally, are looking to recruit physician associate graduates, and currently vacancies outstrip supply of graduates.										

****Please copy and paste the above table for additional (related) courses****

S13	RATIONALE FOR PROPOSAL
<i>note S13</i>	Please explain why you are proposing this/these new course(s) or these course amendments, and why this proposal is being offered at this time. See guidance notes for further indication of what to include in this section.
	<p>The Physician Associate role is well established in the United States, and is gaining in popularity among healthcare providers within the UK. The NHS careers website (http://www.nhscareers.nhs.uk/explore-by-career/wider-healthcare-team/careers-in-the-wider-healthcare-team/clinical-support-staff/physician-associate/) describes the role as supporting doctors in the diagnosis and management of patients and working under the direct supervision of a doctor.</p> <p>UEA has been approached by local NHS trusts and asked to explore the option of developing a Physician Associate course at UEA, and representatives from interested parties have come together to form both a steering and advisory group to support the development of the programme. There are key drivers for NHS organisations who are facing shortages of doctors and therefore require a reshaped workforce to continue to safely and effectively meet patients' needs.</p> <p>Although currently there is no professional body that regulates Physicians Associates, there are political drivers for NHS workforce expansion leading to rapid developments to define the role. There is a Physician's Associate managed voluntary register (PAMVR) which is likely to form the basis of future statutory registration/regulation. Linked with this register there is a UK and Ireland Universities Board for Physician Associate Education (UKIUBPAE), which UEA has joined. The UK Association of Physician Associates (UKAPA) has recently been incorporated as a faculty within the Royal College of Physicians.</p>

UEA LEARNING & TEACHING SERVICE

FULL COURSE PROPOSAL

Part 2 BUSINESS CASE

note BC

BC1	ACADEMIC AND RECRUITMENT STRATEGY	Consult with HOS, Faculty Dean, PLN, ARM (including Admissions)	
BC1.1	How does the proposal fit with the University's Corporate Plan?		
<i>note BC1.1</i>	<p>Corporate plan currently under review but have used the existing plan.</p> <p>Corporate plan precept #1- This programme will enhance the care for patients in the East of England, through providing graduates competent in a skills set particularly sought after by local Trusts, with the appropriate underpinning knowledge, competencies and clinical practice experience to provide support for doctors in clinical Trusts, GP surgeries and potentially other health-care scenarios. Other competitor HEIs have two year programmes for graduates who wish to have a career as PAs, suggesting a growing market. This programme will provide a powerful message of support for our local clinical partners and population.</p> <p>Corporate plan #4- The programme design will incorporate blended learning and innovation.</p> <p>In addition,</p> <p style="padding-left: 40px;">The programme will increase our Postgraduate Taught numbers</p> <p style="padding-left: 40px;">We anticipate graduates would have high employability, as our partner Trusts assure us they will wish to employ our graduates and are including their employment within their workforce planning requirements.</p>		
BC1.2	Proposed Recruitment Strategy		
<i>note BC1.2</i>	<p>Applicants will be required to have a degree at 2:1 or above in a science or science/health related subject. Applicants will also require 3 A-levels at grade C or above (or equivalent)</p> <p>It is anticipated that the recruitment strategy will be multifaceted and involve inclusion of the Course Profile Pages on the UEA site, Course brochure, course animation, Google AdWords campaign, press advertising, email to relevant enquirers via Hobsons, converting declined FMH applicants from selected courses (including A100 and A104), new photography. This list is not exhaustive and the Admissions Team and ARM will look at the best approaches available to optimise recruitment.</p> <p>We believe that the offer from the LETB to fund £8500 of the course fees of £9,000 per student per year for the first cohort of students will make the programme particularly attractive in the first year.</p>		
BC1.3	Partnership and commercial sensitivity		
<i>note BC1.3</i>	Has this proposal, in outline, been approved by the Partnerships Office?	YES	
		NO	no
	Please paste their comments below		

BC2 <i>note</i> BC2	MARKET RESEARCH	Consult with Market Research team
BC2.1	What other and type of institution offers identical and/or similar courses in the UK?	
	<p>Current courses</p> <ol style="list-style-type: none"> 1. University of Aberdeen – Physician Associate Studies PgDip 2. University of Birmingham – Physician Associate Studies PgDip 3. St George's Medical School at the University of London – Physician Associate Studies PgDip 4. Plymouth University Peninsula School of Medicine (from January 2015) – Physician Associate Studies PgDip or MSc 5. University of Worcester – Physician Associate MSc 6. University of Wolverhampton – Physician Associate PgDip <p>Future planned courses</p> <ol style="list-style-type: none"> 7. Anglia Ruskin University – (from Sept 15) 8. Sheffield Hallam University (from January 2016) – Physician Associate Studies PgDip 9. University of Reading (from September 2015) – Physician Associate PgDip <p>This is an expanding area and 13 other institutions have shown an interest in developing courses (some more developed than others).</p>	
BC2.2	Are there any likely international competitors? (Please give brief details)	
	No direct competition. Although some American PA qualifications may be acceptable to UK health care providers it is unlikely that UK students would look at international courses. We are unaware of any European courses.	
BC2.3 <i>note</i> BC2.3	What is the annual number of applicants currently applying nationally for similar courses, and what are the entry requirements for these competitor courses?	
	<p>Annual Numbers - There is no national recruitment process but current reported numbers per year are</p> <ul style="list-style-type: none"> • University of Aberdeen – 15 • University of Birmingham – 60 • St George's Medical School at the University of London - 66 • Plymouth University Peninsula School of Medicine - 20 • Sheffield Hallam University - 30 • University of Reading - 20 • University of Worcester – 25 • University of Wolverhampton – 25 	

	<p>Approximate national capacity currently – 260 (however if all courses proposed come on line ultimately this may rise to 350 per annum). Established institutions such as St George's report approximately five applicants per place.</p> <p>Entry Requirements</p> <ul style="list-style-type: none"> • For the majority of institutions a 2:1 is the minimum requirement for entry, however St Georges Medical School, University of Worcester and University of Wolverhampton offer the course to those with a 2:2 or higher. • Most Universities specify that the undergraduate degree be from a Life Sciences or Health related discipline, but some mention relevant health work experience alongside a degree of the required grade as acceptable. • The majority of institutions also ask for A-level grade C in Chemistry.
BC2.4	<p>What is the evidence for current and future demands for the course from</p> <ul style="list-style-type: none"> • potential students? • employers (public services, private sector, the professions etc)
	<p>UEA has been approached by Health Education East of England (Midlands and East LETB), Norfolk and Suffolk Workforce Partnership and local NHS trusts and asked to develop a Physician Associate course at UEA (with a request for a maximum of 60 students in the first intake) , and representatives from interested parties have come together to form both a steering and advisory group to support the development of the programme.</p> <p>Other PA courses attract predominately students with Bio medicine degree,</p> <p>It is hoped that the business intelligence unit will include questions within the upcoming alumni survey. As mentioned above, established courses are attracting five applicants for every place.</p> <p>From JPHU Consultant:</p> <p>From the perspective of an operator within NHS, I am observing a significant struggle to support our junior doctors with limited subsequent operational rewards (we are not the most attractive recruitment ground but an excellent training provider).</p> <p>I have resorted to training nurses to provide the core physician duties. Ambulatory Medical Unit is a good example. This exercise has created a reliable and educated workforce to get on with the service provision, but it depletes senior nurses from the positions where their could have maximum impact.</p> <p>PA group fits perfectly to provide continuity of service provision. 2 year postgraduate course is more than enough to equip this workforce with skills and knowledge required to start up in their respective departments.</p> <p>The science graduates average salary scales range from 18-26k per annum. The PA job and prospects for most average science graduates is inviting.</p> <p>Like all new things, it is perceived guardedly and with scepticism, especially from the Physician group.</p> <p>Our MBBS programme is fluid and flexible. There should be no problem with integrating another 10-20 associate students, who would jump and flex between modular learning provision.</p>

	5 other universities are doing this and I believe that with a prompt start we could pioneer the retention of our science graduates and promotion of their intellect in the local market place.	
BC2.5	Can current and projected demand be met from existing provision?	
	Nationally:	As identified above, several institutions have established a similar program, and others have them in development. However it is felt that this is the developing field, and that with the support of the NHS, it is likely that course at UEA will be viable.
	Regionally:	Anglia Ruskin University (Chelmsford) is considering starting a PA course in September 15.
BC2.6	Where is/what are the competitive advantage(s) for UEA?	
	<ul style="list-style-type: none"> The UEA programme will offer the course at Masters level, unlike many other providers. Some providers (St Georges and Aberdeen are considering adding in a Masters as a 'top up' course following the 2 years basic training). PA students in Aberdeen comment that a 2 year course at Masters level would make the course very attractive as it would confer graduates a competitive advantage compared to other PA courses as well as potentially improving their future pay bands. It will also confer an advantage to those graduates hoping to be involved in the education of future PAs. The location of the course within an established successful medical school, will be an added attraction; many other courses are not directly associated with medical schools yet the model of training is medical and the anticipated employment of qualified physician associates is under the supervision of medical practitioner. The support from local NHS, in terms of supporting the fees of the first intake is very unusual nationally (probably unique) and will also provide a competitive advantage. The design of the course is such that students will be equipped with essential skills during the first year of the programme, and on demonstrating competence in the skills, will be eligible for employment (as a physician assistant) for up to eight hours a week while they are studying. <p>This program will support our local health community to deliver the health care force of the future. Non-delivery of this course could be detrimental to UEA's reputation.</p>	

BC3 <i>note BC3</i>	MARKET DEMAND AND RECRUITMENT	Consult with Careers and Employability team
BC3.1	What graduate career opportunities may be available?	
	This course is designed for science graduates (or equivalent) to become physician associates. Further description/details of the career are available from:	

	<p>http://www.nhscareers.nhs.uk/explore-by-career/wider-healthcare-team/careers-in-the-wider-healthcare-team/clinical-support-staff/physician-associate. The development of this course has been driven by the changes within the NHS workforce. It is designed to address the shortage of middle grade doctors within the National Health Service.</p> <p>Local health care providers are already actively looking into creating employment opportunities for PA graduates and we are hopeful that at least one trust will provide an 'internship' rotational role designed specifically for the newly qualified PA to gain further experience in a diverse range of work situations.</p>
BC3.2	Who (externally) has been consulted about the proposals (e.g. Professional Associations, employers' groups, PSRBs)?
	<p>The following have been consulted about the proposal:</p> <ul style="list-style-type: none"> • East of England LETB • Norfolk and Norwich University Hospital Foundation Trust • Ipswich Hospital • Representatives from primary care within the region • Norfolk and Suffolk NHS foundation Trust (through the LETB) the LETB have also had discussions with the James Paget Hospital Trust, and the Queen Elizabeth Hospital Trust, King's Lynn. • The UK and Ireland Universities Board for PA Education (UKIUBPAEE) • The UK Physician Assistant Association (UKAEA) <p>In addition we have established a steering group and an advisory board both of which include members from local NHS trusts alongside representatives from the University and from Health Education England (East of England). These groups are having input into the development of the curriculum.</p>

BC4 <i>note BC4</i>	STUDENT NUMBERS AND TUITION FEES	Consult with HOS, PLN, Faculty Dean, FFM			
BC4.1	Student Numbers				
a	Proposed student target intake	number			
<i>note BC4.1a</i>	Full Time (Home/EU)	Up to 60, anticipating a starting cohort of a least 25			
	Full Time (International)	0			
	Part Time (Heads)	0			
	Distance Learning (Heads)	0			
	Minimum viable intake (full times equivalents)	20			
	Maximum viable intake (full times equivalents)	60			
b	Are the student numbers:				
<i>note BC4.1b</i>	a) available via redistribution within the School? <i>Consult the Head of School</i>	YES		NO	n/a

	b) available via redistribution with the Faculty? <i>Consult the Dean of Faculty</i>	YES		NO	n/a
	c) additional numbers required? <i>Consult the Planning Office (PLN)</i>	YES		NO	n/a
	Please give a summary of how your answers to a), b) and c) above will be achieved.				
BC4.2	Tuition Fees				
	Please select the relevant fee schedule:				
	a) Standard Home/EU/International	£9000			
	b) Full-cost <i>Please consult with FFM</i>				
	c) Other <i>Please provide brief details</i>				

BC5	IMPACT			
BC5.1 <i>note BC5.1</i>	EQUALITY AND DIVERSITY	Consult with Equality & Diversity Manager and Widening Participation team		
a	Does the course and/or School cover a subject area(s) which traditionally attract(s) a very specific or narrow student profile?	YES		
		NO		no
b	If yes, what steps will be taken to attract non-traditional students to the course/School? (Aspects to consider include: age, disability, ethnicity (home and international), gender, sexual orientation, religion and belief, and socio-economic group.)			
c	Will students undertake placements/ come into direct contact with vulnerable groups as part of their study? If so, will a CRB be required?			
	Approximately 50% of the course will take place in placements within healthcare settings. Students will have contact with both children and vulnerable adults, and thus will be required to undergo a DBS check prior to starting the course.			
BC 5.2 <i>note BC5.2</i>	CURRENT STUDENTS AND/OR APPLICANTS			
a	Have School SSLCs been consulted regarding this proposal? If YES, what has been their input/response?	YES		yes
		NO		
	Consultation took place 13 th May 2015. The medical student body was generally interested and supportive of the role and could anticipate the benefit of having a PA for them as future junior doctors. They requested further information but did not raise any objections in principal to the creation of this course which would share some of their teaching and facilities.			

b	Will any current students or applicants be affected by this proposal?	YES	Yes – some impact MBBS students
		NO (go to 5.3)	no
	<p>Whilst many aspects of the course will be delivered by brand new teaching (eg clinical skills and consultation skills) it is anticipated that the PA course would utilise some existing MBBS teaching such as clinical lectures and seminars. Whilst this co-teaching will not influence the learning experience for existing students (because the experience of large group teaching doesn't change with number sitting in the room) there will be significant impact on course organisers due to a requirement to book adequate room sizes to accommodate a larger group (please see section 6.1.a)</p> <p>With regard to clinical placement we are confident that we can provide placements that do not cause 'crowding' of students in clinical environments and clinical skills teaching resources because;</p> <ol style="list-style-type: none"> 1. Being embedded in MED allows easy and efficient liaison between the two courses. 2. Start date of a Masters degree (Jan) is staggered compared with undergraduate courses meaning that the busy periods for introductory training (first few weeks) and end of year evaluation/ OSCEs (in last few weeks) will not clash for resources in clinical skills areas. 3. Clinical placements for MBBS students have cyclic pattern with 'feast and famine' experience in wards/clinical areas. There is flexibility in what order we deliver clinical placements in the PA course and it will be relatively easy to find times when MBBS students are in campus based phases to place PA students on the wards. <p>We anticipate some mutually beneficial positive opportunities for PA students to be involved with medical students. These professionals will work closely together after graduation and some practical inter-professional clinical skills sessions (eg simulation skills training) will be helpful for both sets of students.</p>		
c	<p>Evidence of consultation of current students and written consent obtained Please briefly describe what consultation has taken place and what responses there have been. Is there full support from all members of the relevant student cohort(s)?</p>		
	There are no current PA students and we do not anticipate a direct effect on current MBBS students other than those listed above.		
d	<p>Informing applicants What arrangements have been made (for informing applicants who may be affected by any change(s)? Written notification, including advice about any alternative options that may be given, must be sent to applicants holding unconditional/ conditional firm or conditional insurance offers.</p>		
	<p>No PA applicants at present. Course advertising and recruitment will have to be developed very promptly after course approval is obtained if the teaching is to start in January 16. HEEoE/LETBE have indicated they would help (see section BC 6.4)</p>		
BC5.3 <i>note</i> BC5.3	ACADEMIC STAFF	Consult with HOS, Dean of Faculty	

	What is the impact / what are the resource implications of the proposal on academic staff?		
a	Please give an indicative number of <u>additional</u> teaching hours required within the school to deliver the new course/changes to the course in any one year		700
b	Is a new discipline or specialism being introduced that requires a new appointment?	YES	yes
		NO	
c	Are new appointments required to meet any additional hours?	YES	See below
		NO	
d	If yes to either b or c above, how many of what type (eg Teaching and Scholarship, Teaching and Research) and at what level?		
	Anticipating 60 student intake within 5 years, we need one full time Course Director (ATS, ultimately an academic PA but, as they are in short supply, it may need to be a clinical academic). Smaller student numbers are anticipated at start up (e.g. 20-25) but the course director will need to build relationships with Trusts etc. Each Module will need a module Lead (0.2 FTE each, although it is anticipated that the course director will lead at least one module. There will also need to be a full time course administrator (or equivalent) heavily focused on placements.		
e	What is the source of funding for new academic staff?		
	Student fee income		
f	Are there any implications outside the sponsoring School/s e.g. service teaching, by other Schools of Studies?		
	The course development team has included Prof Jowett from HSC, and the steering group includes the Faculty AD for learning and teaching, and the Teaching Director from HSC. This enables us to identify, opportunities for shared learning and teaching with preregistration masters in HSC, and to address any concerns with respect to perceived competition for employment .		
g	Are any other teaching adjustments required? For example, will new modules be introduced, other modules withdrawn or combined?		
	This course will require modules specifically designed for this programme.		
BC5.4 <i>note</i> BC5.4	COURSE RATIONALISATION	Consult with HOS, Dean of relevant Faculties, PLN	
a	DO ANY SIMILAR COURSES ALREADY EXIST AT UEA?	YES	
		NO	no
	If YES, please specify Course name, UCAS Code(s) / Course codes		
b	IS/ARE ANY COURSE(S) TO BE CLOSED TO NEW APPLICANTS AS PART OF THIS PROPOSAL?	YES	
		NO	no
	If YES, please specify Course name, UCAS Code(s) / Course codes and date from which course(s) is to be withdrawn?		

c	Please give an indicative number of teaching hours <u>released</u> within the school in any one year by the closure of the courses listed above	n/a
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BC6	PHYSICAL RESOURCES		
BC6.1 <i>note</i> <i>BC6.1</i>	What new or additional facilities and /or equipment are required for the delivery of this course?		
a	Classroom and study facilities	<p>For the bespoke training we would make use of BCRE and MED PBL rooms and seminar spaces, as well as clinical skills teaching spaces available in Trusts. We anticipate being able to work around existing MBBS timetabling (see 5.2.b). For aspects where co-teaching with MBBS is planned we will need to consider if classroom facilities are adequate. For lectures this would mean using theatres with over 200 seats and for seminar we may need to accommodate up to 100 students which will not fit in existing seminar rooms in MED.</p> <p>This is a major challenge for the course delivery and we are already in discussions about options including installing video linking for live lecture relay to alternative rooms. If facilities for this were introduced it would be likely to be useful for other courses such as MED as well as for the PA delivery. Another option would be to build or re-designate existing space (e.g. a bid is being submitted for the space in MED II).</p>	
b	Computer equipment	Already owned	
c	Other equipment	Existing clinical skills equipment (e.g. simple models for practicing clinical skills and higher fidelity simulation equipment such as SIMMAN) are already available for the MBBS course and have plenty of capacity to be used at other times.	
d	Consumables	Additional consumables will be required for skills teaching (e.g. needles, cannulas) – this will be sourced via existing arrangements with Trusts although a small % increase in funds will need to be negotiated from Trusts in order to prevent a negative impact on MBBS students. The NNUH has verbally agreed to support the course placements at their own cost and we don't anticipate a problem with this smaller cost (see BC6.3)	
BC6.2	What additional books/journals/electronic resources other than those already available will be required year by year until steady state is reached?		
	Depending on the library's current holding, but likely to require a few additional copies of books already held,		
BC6.3	Are there any other special arrangements on which this course proposal will depend? (E.g. placements, year abroad).	YES	yes
		NO	
	If Yes, please give details of likely costs/whether appropriate agreements are in place/have to be drawn up?		
	Students will be in placement for approximately 50% of the course. Working with Health Education East of England/ LETB and local trusts, there is agreement that the costs of such placements will be borne by the Trusts.		
BC6.4	Are there any start-up costs (e.g. any initial publicity and promotion?)	YES	yes
		NO	

If yes, please give details:
The LETB has indicated it will help with the costs for this.

BC7 <i>note</i> BC7	IMPACT / RESOURCE IMPLICATIONS FOR OTHER UNIVERSITY SERVICES	
COMPLETION OF THIS SECTION TO BE COORDINATED BY LEARNING AND TEACHING SERVICE (LTS) COORDINATOR		
Please circulate Parts 1 & 2 to the following for their comments (if any). Comments to be returned within 10 working days.		
<i>note</i> BC7	What is the impact of the proposal on support staff and resources in the office for which you are responsible?	
Date of circulation:	18/5/2015	
BC7.1	Dean of Students (DOS)	
	Students from the Faculty of Medicine and Health Sciences are heavy users of the services delivered by the DOS Office, particularly the Learning Enhancement Team. Whilst students on the new course would be graduates, the course will be intensive and some may find the switch from the subject of their degree combined with the demands of placement learning challenging.	
BC7.2	Deputy Dean of Students (accommodation)	
	Home/EU postgraduates are not guaranteed University accommodation and it is unlikely that there will be any space capacity in the short to medium term for students outwith the guarantee.	
BC7.3	Director of Information Services (ISD)	
	I have no comments to make on this proposal as regards IT provision by UEA. However students on placement in the Health Service will be subject to restrictions placed on the NHS network and this can restrict access to UEA provided services when on placement, in this respect there is little that ISD other than liaise with opposite numbers in the trusts. Jonathan Colam-French 18/5/15	
BC7.4	Director of Library Services (LIB)	
	The proposal for a course in Physician Associate Studies can be supported by the UEA Library via books (in print and online) and via existing journals (print and online). The Library has supported the MBBS course in the School of Medicine and other health profession courses throughout the Faculty and is familiar with support for this type of course involving a mixture of theoretical work and placement in NHS Trusts. We endeavour to provide ready access to material locally and remotely via the 24-hour open access library building and through purchase of online-accessible material wherever possible. Texts recommended in the proposal are all familiar and the Library will purchase extra copies of core texts where necessary to support this course. We would advise the module tutors to participate in our new Reading Lists software (Reading Online) which will make it easier for tutors to see what reading content is available and to alert us at an early stage should there be shortfall of books or concerns over access to library material. We would also advise contacting us as	

	<p>soon as possible to alert us to any proposed materials e.g. new journal titles or online software that may be under consideration for supporting this course. We wish the course planning group every success with their proposal. Nicholas Lewis, Library Director</p>
BC7.5	Careers Manager (CCEN)
	No comments received
BC7.6	Head of Learning & Teaching Service (LTS)
	<p>This new course will have an impact on LTS resources in a number of ways, the scale of which will depend on final numbers:</p> <ol style="list-style-type: none"> 1. DBS clearance checks. Up to 60 checks equates to about 30 hours admin time, so should be absorbable within the AQO office but this would need to be kept under review, alongside other courses' requirements. 2. Approximately 50% of the course will be on placement. Will there be enough placements to go round, ensuring the MBBS placements allocation does not suffer? Further detail on the placement requirements/set up/QA etc would be useful and details of what is expected to be carried out by LTS admin. 3. The proposal includes the requirement for a 'full time course administrator heavily focused to placements'. I would anticipate the majority of the admin work to support this course once up and running would be in the LTS placements team, and I would estimate that one new full time Grade 4 Admin Assistant to support these placements would be sufficient to run the placements. There may be a short-term requirement for more high-level administrative support to help set up and develop the placements. It is noted that the cost of placements will be borne by the Trusts. Has a figure been put on this yet? 4. There will also be a requirement to have 'standard' LTS support from the MED PGT team ie the standard set up and ongoing support for the student records, module enrolment, assessment etc and this is not insignificant at 60 students per year. We would need some flexibility in our structure to accommodate this, if no further resource was available. 5. I am unclear why there would be a need for two external examiners, with up to 60 students per year. I would have thought that one examiner could cover two cohorts? 6. Would the intake always be January, or when would the next intake be, if there are two per year? How does this fit in with the teaching period as set out in the programme spec? 7. When do the first placements start, assuming a January 2016 start date for the programme? We need to ensure that we are given enough time to set up the placements thoroughly. 8. Professionalism is going to be monitored by electronic portfolio completion but there is no agreement or timescale to buy this and it will take some time to set up. I would suggest that the functionality available in Blackboard is explored first. 9. 'Once students have had two observed work-place summative assessments for each skill they will be eligible to receive a certificate which allow them to deliver these skills without direct supervision at a physician's assistant level of practice'. How does this work? Who is providing the certificate?

	<p>10. Modules 2, 3, 4, 5 includes 'e-learning'. Can more detail be given on this – does it link up with Health Online?</p> <p>11. The fees are stated as £9000. I presume this is for Home/EU students, but is it the same fee for international students? I presume this is per year, not for the whole course?</p> <p>Caroline Sauverin, Head of LTS, 26/5/15</p>
BC7.7	Head of Admissions (ARM)
	No comments received
BC7.8	Director of Planning Office (PLN)
	<p>There are no specific additional impacts on the Planning Office identified from this proposal. However, we will need to allocate student numbers to this programme once it is confirmed so please ensure that we are advised of initial targets as soon as possible after approval. Also, £9,000 is currently not the standard fee for Home/EU PGT programmes (£7,000 is the current standard for 2015/6). Therefore please ensure that the Fees Officer (Peter Courridge) is advised of this non-standard fee as soon as the new course is confirmed. The University has confirmed that PGT fees will increase by £1,000 per year to £9,000 over the next few years. At this stage we do not anticipate any subject specific funding being available from HEFCE but should the course meet the criteria for clinical funding in the future please consult with us.</p>
BC7.9	Any other service or department
<i>note</i> BC7.9	No further comments received

BC8	ADDITIONAL COMMENTS	
COMPLETION OF THIS SECTION TO BE COORDINATED BY LEARNING AND TEACHING SERVICE (LTS) COORDINATOR		
Please circulate Parts 1 & 2 to the following for their comments (if any). Comments to be returned within 10 working days.		
<i>note</i> BC8	Is there anything further to add to the proposal from the perspective of your service and expertise?	
Date of circulation:	18/5/15	
BC8.1	Market Research Manager (on Section BC2)	
	No comments received	
BC8.2	Careers Manager (on Section BC3)	
	No comments received	
BC8.3	Equality & Diversity Manager (on Section BC5.1)	
	No comments received	
BC8.4	Director of Planning Office (PLN) (on full Business Case)	

	No comments received
BC8.5	Faculty Finance Manager (on full Business Case)
<i>note</i> BC8.5	No comments received

BC9	PROPOSER'S RESPONSE TO COMMENTS IN BC7 & BC8 ABOVE
<i>note</i> BC9	<p>7.1 We recognise that DOS has legitimate concerns because this is an intensive course however this is a smaller volume course recruiting postgraduates and the course team will be providing close and continued support. We have also discovered that other similar courses have found that PA students provide each other will peer support</p> <p>7.2 This is understood. However being postgraduate, relatively older and used to living independently we anticipate these students will arrange their own accommodation often close to their principal clinical placement</p> <p>7.3 Thank you for comments - we are aware of IT restrictions within the NHS.</p> <p>7.4 Thank you for information and support. Medical student satisfaction with library services is very high and we have no concerns that PA students won't be equally well accommodated.</p> <p>7.6 We have considered the impact of PA course on medical placement capacity and this is discussed elsewhere (BC5.2 & BC6.1). Whilst we have not refined the exact set up and QA requirements we do acknowledge there will be substantial additional administrative resources required to support PA placement and these have been accounted for in the business case. We will continue to involve and seek the advice of LTS hub and MED admin about placement.</p> <p>We are in negotiations with the Trusts who have agreed to support PA placement and (with the exception of General Practice) it is anticipated that there will be no financial transaction associated with placements per see.</p> <p>There will need to be some funding to support non-placement related administration (e.g. assessment, registration etc.) and as above, this is incorporated into the business case. The number of students in the first cohort is likely to be nearer 20 rising to 60 over a 5 year period so admin load in first few years likely to less onerous.</p> <p>We recognise that whilst one external examiner may be sufficient in the longer term (covering both cohorts) we would value the input of two externals in the early developmental years of a new course.</p> <p>There is no capacity for twice yearly intake and we anticipate that the intakes will always be in January (which is linked to the time of the national examination in January).</p> <p>Placement starts 7 weeks after the start of term which if module 1 begins on the 11th Jan will occur at the beginning of March16.</p>

The software purchase is currently out to tender and we are hopeful to have it available in time. Our backup plan is paper based assessments since many of the tutor/assessors will not be UEA staff and will not have blackboard access.

Course director/ Module one lead will provide the certificates. After that it is entirely up to the students and employers whether these are used for supplementary part time employment.

On-line learning will be delivered through Blackboard.

We don't anticipate any overseas applicants as the course is UK specific and the qualification is not currently transferable. The fees are per year, not for the whole course.

7.9 We will liaise again with planning office about fees once the course is approved.

UEA LEARNING & TEACHING SERVICE

FULL COURSE PROPOSAL

Part 3 ACADEMIC CASE (including Programme Specification)

AC1	COURSE MANAGEMENT INFORMATION				
AC1.1	REGULATORY FRAMEWORK (please tick all that apply)				
	Undergraduate Regulations (including Integrated Masters)				
	Postgraduate Taught Regulations		√		
	Graduate Diplomas				
	PGCE				
AC1.2a	Is the course as a whole assessed on a pass/fail basis?	YES	√	NO	
AC1.2b	Are any modules assessed on a pass/fail basis?	YES	√	NO	
AC1.2c	If so, how many modules and what is the credit volume for each module?				
	6 modules of 30 credits each = 180 credits				

AC2 <i>note AC2.1</i>	YEAR WEIGHTINGS AND PROGRESSION REQUIREMENTS (For undergraduate or integrated masters courses only)				
Please select only from the permitted options - see UG/PGT regulations					
Stage <i>Note AC2.2</i>	Level	Year of course	Weightings	Progression requirement	Exit Award <i>Note AC2.3</i>
Stage 0	Level 3	n/a			
Stage 1	Level 4				
Stage 2	Level 5				
Year Abroad / in Industry					
Stage 3	Level 6				
Stage M	Level 7				

AC3	BOARD OF EXAMINERS				
AC3.1	Is there an existing Board of Examiners?	YES		NO	√
AC3.2a	If YES, which existing board will be responsible for the course?				
AC3.2b	If NO, please enter details for new board of examiners	New board needed			
	Are any new external examiner(s) required?	YES	√	NO	

AC3.3b	If yes, how many?	1 in first year of course (as only one cohort), 2 from second year onwards (2 cohorts) Although it is recognised that a single external examiner may be adequate, as this is a new course, we would value the input of two external examiners in the early years of the programme
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PS	PROGRAMME SPECIFICATION
<i>note</i> PS	This part of the form will serve a dual purpose. Please read the guidance note carefully before completing



University of East Anglia
LEARNING & TEACHING SERVICE

PROGRAMME SPECIFICATION FOR AN AWARD OF THE UNIVERSITY OF EAST ANGLIA

Course name	Route code <i>note S2b</i>	Year
Masters in Physician Associate Studies	tbc	2015/16

NOTE: Whilst the University will make every effort to offer the modules listed, changes may sometimes have to be made for reasons outside the University's control (e.g. illness of a member of staff) or because of low enrolment or sabbatical leave. Where this is the case, the University will endeavour to inform students.

PS1 COURSE PROFILE	<i>note PS1</i>
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YEAR 1 profile				Level	This column will be deleted prior to publication
				M	
Module Code (TBA if not known)	Compulsory? - or name of Option range	Credits	Module Title	Teaching period, eg Sem 1, Year-long	New / amended / existing
tbc	Compulsory	30	Foundation Skills for Physician Associates (module 1)	15 weeks Jan - May	New
tbc	Compulsory	30	General Medicine (module 2)	15 weeks May- Sept	New
tbc	Compulsory	30	Surgery (module 3)	15 weeks Sept - Jan	New

Year 1	Year 1	Year 1
Module 1	Module 2	Module 3

PS1 COURSE PROFILE - *continued**note PS1*

YEAR 2 profile				Level	This column will be deleted prior to publication
				M	
Module Code (TBA if not known)	Compulsory? - or name of Option range	Credits	Module Title	Teaching period, eg Sem 1, Year-long	New / amended / existing
tbc	Compulsory	30	Mental Health/Community Medicine (module 4)	21 weeks – 4 days per week Jan - June	New
tbc	Compulsory	30	Emergency Medicine (adult and child) (module 5)	21 weeks – 4 days per week June - Dec	New
tbc	Compulsory	30	Student selected placement with health improvement project (module 6)	Year long 42 weeks, 1 day per week Feb - Dec	New

Year 2	Year 2
Module 4	Module 5
Module 6 Student selected placement with HIP	

PS2 MAPPING LEARNING OUTCOMES*note PS2*

Mapping learning outcomes – please list learning outcomes and enter module code against assessment type YEAR 1 learning outcomes	Assessment type								
	Essay	Lab report	Course test	Exam	Project/ Dissertation/ Report	Oral Presentation	Assessment of practice	Other- OSCE	Other- portfolio
Demonstrate the techniques and skills required for focussed history taking, information giving and shared decision making								√	
Demonstrate the techniques and skills required for the physical examination required to support diagnostic and treatment roles of a PA								√	
Demonstrate competence in an agreed list of technical and practical procedures (see appendix A)								√	√ DOPS
Demonstrate a critical understanding of how complex clinical evidence is used to reach a diagnosis and management plan				√			√ Tutor reports	√	
Demonstrate a critical understanding of the role of a PA including the relationship with supervising clinician and the wider interprofessional team							√ Tutor reports		√ portfolio reflectn
Demonstrate effective communication within the health care team							√ Tutor reports	√	√ portfolio reflectn
Apply the principles of effective learning, to maximise their personal learning									√ portfolio reflectn
Explain and interpret scientific facts and principles that underpin clinical practice as a PA in general medicine and surgery including				√					

a critical understanding of the causes and mechanisms of disease, and principles of disease prevention									
Demonstrate a critical understand the UK healthcare system and evaluate its importance in determining service decisions and the quality of care provided				√					
Discuss and apply a critical understanding of the ethical and legal issues relating to the practice of medicine as a PA				√					√ portfoli o reflectn .
Other: please give details DOPS = Direct observation of Procedural skills (by clinical supervisors, on patients, in practice)									

PS2 MAPPING LEARNING OUTCOMES - continued

note PS2

Mapping learning outcomes – please list learning outcomes and enter module code against assessment type YEAR 2 learning outcomes	Assessment type								
	Essay	Lab report	Course test	Exam	Project/ Dissertation/ Report	Oral Presentation	Assessment of practice	Other- OSCE	Other- Portfolio
Demonstrate advanced level of consultation skills, and utilise these skill in diverse and complex clinical presentations (e.g. children, mental health, sexual health, negotiation/conflict)								√	√ portfoli o reflectn .
Demonstrate advanced level of skills appropriate to the assessment of the physical and mental state examination required to support diagnostic and treatment roles of a PA in mental health and paediatrics								√	
Develop advanced expertise in an agreed list of technical and practical procedures (see appendix A)								√	√ DOPS
Demonstrate the application of their systematic understanding of the scientific facts and principles that underpin PA practice to all clinical areas e.g. causes and mechanisms of disease, principles of disease prevention				√					
Demonstrate critical thinking in interpreting the evidence to reach a diagnosis. Create and justify plans for further investigation and management of patients for an agreed range of conditions				√			√ Tutor reports	√	
Complete a health improvement project that demonstrates; <ul style="list-style-type: none"> - integration and practical understanding of learning from earlier modules - selection, evaluation and synthesis of appropriate existing knowledge (literature review) - ability to identify, design and deliver a health improvement project - interpret data to draw conclusions and make recommendations - ability to present findings in written and oral format 					√	√			

Apply the principles of health promotion in diverse clinical settings				√					√ portfoli o reflectn .
Recognise the limits of the professional role of a PA, how they can contribute to patient safety including identification and analysis of critical incidents									√ portfoli o reflectn .
Demonstrate fitness to practice as a PA, including the ability to continue to advance and develop their knowledge, understanding and practical skills.							√ Tutor reports		√ portfoli o reflectn .
Other: please give details									

PS3 PROGRAMME COHERENCE AND FEEDBACK CYCLES*note
PS3***PS3.1 learning progression**

How will progression in terms of skills, knowledge and understanding be reflected in the programme between modules in any one year and across the years as students progress through their course of study?

*note
PS3.1*

Module 1 will provide foundation clinical skills (history, examination, procedures and clinical reasoning) which will be built on during modules 2-5 both by purposeful practice, often in different clinical environments, and by introduction of selected new skills. Some topics e.g. consultation skills will have input into multiple modules and will adopt a spiral curricular learning model. Other topics may only occur once in the curriculum but students are expected to retain competence in all areas, any of which may be tested in graduating exams at end of year 2. The OSCE assessments in year 1 will sample from a range of clinical skills at a basic proficiency level while the year 2 OSCE will reflect the progression of skills and students will be tested on more integrated, complex and realistic clinical scenarios.

Procedural skills proficiency is an important role for a practicing PA and we will deliver the majority of basic training during module one. Students are expected to complete work based assessments of these skills during their clinical placements in modules 1-3 and once all the skills are considered competent will receive a certificate (satisfactory completion is a progression requirement from year 1 to year 2). This will allow them to be employed in their spare time as a clinical assistants (not associates). During year 2 students are expected to obtain 'mastery' of their procedural skills but continuous practice in diverse health care settings.

Excellent consultation skills are key to successful PA work and there is a structured programme of teaching (see appendix B) to develop these skills with more complex interactions in diverse settings being introduced in modules in year 2. Students will develop their professional communication during their case presentations to peers in modules 1- 5. Students will be encouraged to reflect on their interactions with patients, their clinical supervisors and other health care providers using their electronic portfolio.

Module 6 allows students to develop their higher academic skills as well as attaining a deeper understanding of a single area in which they perform their health improvement project. Students will have the opportunity to study a subject of their choice to a much greater depth and this will provide confidence and an insight into future potential specialism.

PS3.2 feedback cycle

Please explain how assessments and feedback / feed forward support the coherence of the programme. Comment on number and types of assessment, both formative and summative; the types and format of feedback students will receive; and their sequencing. How will assessments and feedback impact on subsequent modules?

*note
PS3.2*

Assessment Strategy

Clinical Skills (history, exam, clinical method)

- Formative feedback from case presentations during placement based small group teaching during modules 1- 5 (approx. 7 per module = 35)
- Formative reports from clinical placement tutorial tutors (called Clinical Learning Facilitator (CLF)) – (one/two per module = min 5)
- Formative feedback from consultation skills tutors (one per session = 6)
- Summative OSCEs (at least 12 stations x 8min stations) at;
 - o at end of year 1
 - o at end of year 2

Procedural skills

- Formative assessment integrated into teaching in clinical skills lab (each student will be watched under time limited conditions and immediate verbal feedback given with opportunities to repeat after further practice until basic competency obtained)
- Student driven Workplace Based Assessments Direct Observation Of Clinical Skills (DOPS) will occur during module 1-3 with a requirement of 2 per basic (module 1) skill before 'sign off'.
- Physician's Associate basic procedural skills competency certificate (PABPSCC) awarded to those who complete all above – compulsory completion (summative) by end of year 1
- Year 2 – students required to continue to log some DOPS to demonstrate continuing practice
- Summative OSCE at end of year 1 and year 2 will sample some procedural skills

Knowledge Assessment – 1 x 2hr SBA paper

- Formative opportunities offered via on line tests
- at end of year 1
- at end of year 2

Portfolio – assessed elements include;

- case/presentation log (list to be based on National PA Core Curriculum) – 50% of all presentations collected by end of year 1, 100% by end of year 2
- reflective pieces on selected topics – these will be discussed in small groups with the clinical learning facilitator who will give formative feedback

Module	Topics
1	Personal learning style Ethical issue Effective interprofessional communication
2	Roles of a PA in different settings Ethical/legal issue - competency
3	Roles of a PA in different settings Ethical/legal issue - consent

4	Communicating difficult topics/situations Health promotion Ethical/legal issue - competency
5	Critical incident/ patient safety Fitness to practice

Professionalism

- Engagement will be monitored by electronic portfolio completion as well as clinical tutor reports
- Concern forms available for tutors, other staff or students to complete

Assessment of HIP

- formative verbal presentation to peer group and tutors one month before end of module 6 will help students with their analysis and dissertation write up
- summative dissertation with hand in date at end of module 6 before revision period (2weeks) before final written and OSCE exam

The Electronic Portfolio

We will use a web-based portfolio software (eg myknowledgemap) which will allow

1. Assessment
 - a. real time DOPS (requiring 2 summative DOPS for each procedure in appendix A before eligible for certification (by end of year 1)
 - b. Clinical learning facilitator reports (formative)
2. Case Log – recording at least one case under each presentation to ensure students personally see the full variety of medical practice required for a comprehensive training
3. Reflection – prompted to collect and reflect on a specified areas eg
 - a. Personal learning style and effective learning methods (mod 1 and 2)
 - b. Role of the PA (mod 2 and 3) including relationship of PA with supervising doctor(s)
 - c. Interprofessional communication (year 1)
 - d. Law and ethics cases (eg competence mod1, consent module 3)
 - e. 'Difficult' patients (module 4)
 - f. Critical incidents/ patient safety (year 2)
 - g. Motivational interviewing/health promotion (year 2)
 - h. Fitness to practice (year 2)
4. Engagement – students will be monitored centrally to ensure that they are keeping up an appropriate rate of assessments, cases and reflection (1-4 above).

PS4	EXAMINATIONS		<i>note PS4</i>
	Written	Practical (e.g. OSCES and OSPES)	
How many modules will include an exam element?			
How many hours of exams are there in Stage 0? (if applicable)			
How many hours of exams are there in Stage 1?			
How many hours of exams are there in Stage 2?			
How many hours of exams are there in Stage 3?			
How many hours of exams are there in Stage 4? (if applicable)			
How many hours of exams are there in Stage 5? (if applicable)			
How many hours does the programme (as a whole) include?	4hrs (2hrs year 1 and 2hrs year 2)	4hrs (2hrs year 1 and 2hrs year 2)	

PS5	EQUALITY & WIDENING PARTICIPATION		<i>note PS5</i>
PS5.1	How do the admissions criteria specifically for this course ensure equality of opportunity for all applicants?		
	<p>This course will be academically demanding and a firm grounding in biological science will be required at the outset. As such applicants will need to hold first-degree at 2:1 or higher in a life/biological health/Science subject.</p> <p>As students on this course will be working within the NHS during their study, and likely to be employed by them afterwards, applicants will also have to demonstrate they hold the requisite values necessary for working in the NHS i.e. they need to demonstrate they hold the values that are stated within the NHS Constitution. Care will be taken to ensure that there is equality of opportunity for all applicants, and that there is no evidence in the selection process of discrimination by age, gender, or other the protected characteristics.</p>		
PS5.2	What steps have been taken to ensure an inclusive curriculum?		
	<p>The development of this curriculum has been informed by both the steering group and the advisory group. These groups comprise of local employers as well as representatives from the University, and of Health Education England.</p> <p>The course will employ a range of teaching methods, and different assessment strategies to accommodate the diverse learning styles of students on the course. If required, appropriate/reasonable adjustments will be made to support students with disabilities. Our team in the MBBS have local experience of supporting students so they can access the clinical curriculum and will be a valuable resource.</p>		
PS5.3	In what ways do learning and teaching and assessment methods ensure inclusivity, reasonable adjustment and equality of opportunity?		

	As described above, the range of learning and teaching and assessment methods will aim to accommodate the learning styles of the students. We will follow University and School guidelines to ensure inclusivity and equality of opportunity. We have a wide range of experience and expertise of making reasonable adjustments for students with special requirements both within the clinical skills/simulation environment and in the workplace. We will be able to draw on expertise within the school to support students with disabilities and with specific learning difficulties.
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PS6	EMPLOYABILITY	<i>note PS6</i>
	How is employability embedded into the delivery of the course?	
	<p>This is a vocational course and as such employability is deeply ingrained in the course design and delivery. The national demand for PA outstrips supply substantially and employment rates for graduates of other institutions is reported as very high eg;</p> <ul style="list-style-type: none"> University of Birmingham states that 95% of its graduates ended up working as a Physician Associate, and of those all were earning £30,000 or above. University of Wolverhampton's webpages suggest that most graduates go on to do an internship at a local, regional or national healthcare provider. Final year PA students at Aberdeen in a recent focus group were completely confident they could gain employment as a PA on graduation (although they conceded that they may not have the exact speciality or location they wanted). 	

AC4	MODULE OUTLINES FOR EXISTING COMPULSORY MODULES			
<i>note AC4</i>	Number of existing COMPULSORY modules		n/a	
	Module outlines attached? (as Appendix 1 to this form)		YES	NO

AC5	MINOR CHANGES TO EXISTING MODULES		
<i>note AC5</i>	Please list all existing modules, compulsory and optional, to which you are proposing minor changes		
Module Code	Module Title	Minor changes proposed	
	n/a new course		

AC6	NEW MODULES	
<i>note</i> AC6	How many new modules are being proposed?	6
Please complete a table AC6.x for each proposed new module		

AC6.1	NEW MODULE		
Module Title	Foundation Skills for Physician Associates (module 1)		
Level	M		
Credit Value	30		
Teaching period, eg Semester 1, Year-long	Year 1 15 weeks Jan - May		
Likely Module Organiser	Lesley Bowker		
Module Type (eg EX/CW/WW/PR etc)	Mixed		
Does the Module include an Exam? Yes/No	no	How long will the exam be? (ie 1, 2 3 hours)	
Module Marking Scheme (Please tick as appropriate)	Pass/Fail?	<input checked="" type="checkbox"/>	Percentage marking?
Proposed Module Code	tba		
Module Delivery (eg distance-learning campus based, work placement)	<p>Campus (7 weeks) – Lectures, e-learning and private study. There will be an intensive clinical skills training timetable delivered in the clinical skills resource area (BCREB). This will cover and the module 1 practical skills (listed in appendix A) using low fidelity simulation models (e.g. venepuncture trainers) as well as basic physical examination (appendix C). There will also be two small group practical consultation skills sessions employing a tutor and a professional actor (appendix B).</p> <p>Clinical Placement (8 weeks) – Apprentice-style learning attached to front door medical teams. Nominated clinical/medical supervisor (Consultant or staff level doctor) for each student to oversee placement. Electronic portfolio used to direct and monitor student experience with log of patients seen, portfolio reflective record and summative work-based assessment of procedural skills. Half a day per week (total 8 x 3hrs) small group tutorials by a senior clinical tutor at which students will have learning and peer support. Before tutorial each student is expected to prepare a case of interest (blueprinted across the key presentations). They will present the case (develop their</p>		

	clinical communication skills) and then share their learning with the rest of the group.
Brief Description	<p>This module is about preparing students to study to become PAs. It will equip students with the competence and confidence to practice their basic clinical skills in the workplace which will allow them to efficiently utilise and build on their workplace learning during the remaining course.</p> <p>There will also be knowledge based lectures covering background clinical science and social science as well as some learning theory and aspects of law, ethics and professionalism.</p> <p>Following formative assessment opportunities in the skills laboratory students will be encouraged to practice basic procedural skills in the work place under supervision. Once they have had 2 observed work-place summative assessments for each skill they will be eligible to receive a certificate which allows them to deliver these skills without direct supervision at a physician's assistant (NOT associate) level of practice.</p>
Aims / learning outcomes	<ul style="list-style-type: none"> • Take a full or focussed clinical history from a patient • Perform a simple clinical examination (appendix C) • Perform a selection of simple clinical procedures (appendix A) • Discuss the past, present and future roles and professional responsibilities of a PA • Utilise a systematic understanding of clinical and social science facts and principles that underpin clinical practice as a PA to interpret clinical symptoms and presentations • Demonstrate a critical understand the UK healthcare system and its importance in determining service decisions and the quality of care provided • Discuss and apply a critical understanding of the ethical and legal issues relating to the practice of medicine as a PA • Recognise their own learning style and understand the educational methods available on the course and explain how they can best utilise these to maximise their personal learning
Key Reading (2-5 key texts or resources for targeted Library expenditure/purchase)	<p>Alder, B. (2009). Psychology and sociology applied to medicine: An illustrated colour text (3rd ed.). Edinburgh: Churchill Livingstone.</p> <p>Collier, J. (2008). Oxford handbook of clinical specialties, 8th ed. ; Clinical specialties. Oxford: Oxford University Press.</p> <p>Douglas, G., & Nicol, F. (2013). Macleod's Clinical Examination (13th ed.). London: Elsevier Health Sciences UK.</p>

	<p>Tortora, G., & Derrickson, B. (2013). Essentials of anatomy and physiology (9th ed.). Singapore: Wiley ;.</p> <p>Wilkins, R., & Cross, S. (2011). Oxford Handbook of Medical Sciences (2nd ed.). Oxford: OUP Oxford.</p>
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AC6.2		NEW MODULE	
Module Title		General Medicine (module 2)	
Level		M	
Credit Value		30	
Teaching period, eg Semester 1, Year-long		Year 1 15 weeks May- Sept	
Likely Module Organiser		Lesley Bowker	
Module Type (eg EX/CW/WW/PR etc)		Mixed	
Does the Module include an Exam? Yes/No		no	How long will the exam be? (ie 1, 2 3 hours)
Module Marking Scheme (Please tick as appropriate)		Pass/Fail?	Percentage marking?
Proposed Module Code		tba	
Module Delivery (eg distance-learning campus based, work placement)		<p>Campus (7 weeks) – Lectures, e-learning and private study. There will be some clinical skills training delivered in the clinical skills resource area (BCREB) which will revisit basic physical examination and introduce some more advanced skills (e.g. neurological examination and fundoscopy) – see Appendix C. Practical procedures listed in appendix A will be taught using low fidelity simulation models. There will also be one small group practical consultation skills sessions employing a tutor and a professional actor (appendix B).</p> <p>Clinical Placement (8 weeks) – Apprentice-style learning attached to a variety of general medical speciality teams in a rotational pattern (1 or 2 week per speciality). Nominated clinical supervisor in each speciality for each student will oversee each placement. Electronic portfolio will be used to direct and monitor student experience with log of patients seen, portfolio reflective record and summative work-based assessment of procedural skills. Half a day per week (total 8 x 3hrs) small group tutorials by a senior clinical tutor at which students will have learning and peer support. Before tutorial each student is expected to prepare a medical case of interest (blueprinted across the key presentations). They will present the case (develop their clinical communication</p>	

	skills) and then share their learning with the rest of the group.
Brief Description	This module provides the background learning for the majority of the general medical specialities including cardiology, respiratory, gastroenterology, renal and diabetes as well as geriatric medicine. Clinical placements provide an opportunity to reinforce campus learning and develop and build on clinic skills learnt in module 1. Students who have not yet completed all their summative work based assessments of procedural skills will have further opportunity to demonstrate competence.
Aims / learning outcomes	<ul style="list-style-type: none"> • Take a diagnostic clinical history from a patient with a variety of medical presentations • Identify and perform the correct clinical examination for patients with a variety of medical presentations (appendix C) • Confidently perform a selection of clinical diagnostic and therapeutic procedures (appendix A) • Compare and contrast the potential roles and responsibilities of a PA in different medical specialities • Utilise clinical and social science facts and principles that underpin clinical practice as a PA to critically interpret medical symptoms and presentations • Utilise their experiences to discuss and critique the ethical and legal issues relating to the practice of medicine as a PA
Key Reading (2-5 key texts or resources for targeted Library expenditure/purchase)	<p>Collier, J. (2008). Oxford handbook of clinical specialties, 8th ed. ; Clinical specialties. Oxford: Oxford University Press.</p> <p>Douglas, G., & Nicol, F. (2013). Macleod's Clinical Examination (13th ed.). London: Elsevier Health Sciences UK.</p> <p>Ballinger, A. (2012). Essentials of Kumar & Clark's clinical medicine (5th ed.). Edinburgh: Saunders. Hampton, J. (2013). The ECG made easy (8.th ed.). Edinburgh: Churchill Livingstone/Elsevier. Hennessey, I., & Japp, A. (2007). Arterial blood gases made easy. Edinburgh: Elsevier Churchill Livingstone.</p>

AC6.3	NEW MODULE	
Module Title	Surgery (module 3)	
Level	M	
Credit Value	30	
Teaching period, eg Semester 1, Year-long	Year 1 15 weeks Sept - Jan	

Likely Module Organiser	Lesley Bowker		
Module Type (eg EX/CW/WW/PR etc)	Mixed		
Does the Module include an Exam? Yes/No	no	How long will the exam be? (ie 1, 2 3 hours)	
Module Marking Scheme (Please tick as appropriate)	Pass/Fail?	<input checked="" type="checkbox"/>	Percentage marking?
Proposed Module Code	tba		
Module Delivery (eg distance-learning campus based, work placement)	<p>Campus (7 weeks) – Lectures, e-learning and private study. There will be some clinical skills training delivered in the clinical skills resource area (BCREB) which will cover new aspects of physical examination relevant to surgical systems (eg obstetric, breast, vaginal and rectal examination- Appendix C) and the module 3 practical skills listed in appendix A. There will also be one small group practical consultation skills sessions employing a tutor and a professional actor (appendix B).</p> <p>Clinical Placement (8 weeks) – Apprentice-style learning attached to a variety of surgical teams including obstetrics and gynaecology, orthopaedics, urology and gastrointestinal surgery. Nominated clinical supervisor for each student to oversee each placement. Electronic portfolio used to direct and monitor student experience with log of patients seen, operations attended and portfolio reflective record. Half a day per week (total 8 x 3hrs) small group tutorials by a senior clinical tutor at which students will have learning and peer support. Before tutorial each student is expected to prepare a surgical case of interest (blueprinted across the key presentations). They will present the case (develop their clinical communication skills) and then share their learning with the rest of the group.</p>		
Brief Description	<p>This module provides the background learning for the major surgical specialities including gastroenterological, orthopaedic, urological surgery as well as obstetrics and gynaecology. Clinical placements provide an opportunity to reinforce campus learning and develop and build on clinical skills learnt in modules 1 and 2. Students who have not yet completed all their summative work based assessments of procedural skills will have further opportunity to demonstrate competence which must be done by the end of this module.</p> <p>Written and practical OSCE examinations at the end of module 3 are blueprinted across the first year (modules 1-3) of the course and determine that students have made sufficient progress to move to year 2 of the course.</p>		
Aims / learning outcomes	<ul style="list-style-type: none"> • Take a diagnostic clinical history from a patient with a variety of surgical presentations • Identify and perform the correct clinical examination for patients with a variety of surgical presentations as well as abdominal examination in pregnancy (appendix C) 		

	<ul style="list-style-type: none"> • Confidently perform a selection of clinical diagnostic and therapeutic procedures (appendix A) • Compare and contrast the potential roles and responsibilities of a PA in different surgical specialities • Critically evaluate and appropriately apply clinical and social science facts and principles that underpin clinical practice as a PA to interpret surgical symptoms and presentations • Utilise their experiences to discuss the ethical and legal issues relating to the practice of surgery eg consent
Key Reading (2-5 key texts or resources for targeted Library expenditure/purchase)	<p>Browse, N., & Black, J. (2014). Browse's Introduction to the Symptoms & Signs of Surgical Disease 4th Edition (4th ed.). Hoboken: Taylor and Francis.)</p> <p>Collier, J. (2012). Oxford handbook of clinical specialties, 8th ed. ; Oxford assess and progress clinical specialties. Oxford: Oxford University Press.</p> <p>Ellis, H., & Calne, R. (2011). Lecture Notes General Surgery. (12th ed.). Hoboken: John Wiley & Sons.</p>

AC6.4	NEW MODULE		
Module Title	Mental Health/Community Medicine (module 4)		
Level	M		
Credit Value	30		
Teaching period, eg Semester 1, Year-long	Year 2 21 weeks – 4 days per week Jan - June		
Likely Module Organiser	Lesley Bowker		
Module Type (eg EX/CW/WW/PR etc)	Mixed		
Does the Module include an Exam? Yes/No	no	How long will the exam be? (ie 1, 2 3 hours)	
Module Marking Scheme (Please tick as appropriate)	Pass/Fail?	√	Percentage marking?
Proposed Module Code	tba		
Module Delivery (eg distance-learning campus based, work placement)	<p>Campus (7 weeks) – Lectures, e-learning and private study with a focus on primary care, public health and health promotion. Mental state examination will be taught.</p> <p>Clinical Placement (4 + 4 weeks) – Apprentice-style learning attached community units (4 wks) and mental health services (4 weeks). Electronic portfolio used to direct and monitor student experience with log of patients seen and portfolio reflective record. Half a day per week (total 8 x 3hrs) small group tutorials by a senior clinical tutor</p>		

	at which students will have learning and peer support. Before tutorial each student is expected to prepare a case of interest (blueprinted across the key presentations). They will present the case and share their learning with the rest of the group.
Brief Description	This placement gives students experience of medical care outside of hospital and of mental health care. They will learn about the NHS and the different roles health care professionals play in the wider community.
Aims / learning outcomes	<ul style="list-style-type: none"> • Perform a mental health assessment including history and mental state examination • Identify and perform the correct clinical examination for patients with a variety of presentations in primary care (appendix C) • Confidently perform a selection of clinical diagnostic and therapeutic procedures (appendix A) • Compare and contrast the potential roles and responsibilities of a PA in community and mental health care settings • Critically evaluate and appropriately utilise clinical and social science facts and principles that underpin clinical practice as a PA to interpret patient presentations in community and mental health settings • Utilise their experiences to discuss the ethical and legal issues relating to mental health and community services
Key Reading (2-5 key texts or resources for targeted Library expenditure/purchase)	Stephenson, A. (2004). Textbook of General Practice, A Second Edition. Taylor & Francis. Simon, C., & Everitt, H. (2010). Oxford handbook of general practice (3rd ed.). Oxford: Oxford University Press.

AC6.5	NEW MODULE		
Module Title	Emergency Medicine (adult and child) (module 5)		
Level	M		
Credit Value	30		
Teaching period, eg Semester 1, Year-long	Year 2 21 weeks – 4 days per week June - Dec		
Likely Module Organiser	Lesley Bowker		
Module Type (eg EX/CW/WW/PR etc)	Mixed		
Does the Module include an Exam? Yes/No	no	How long will the exam be? (ie 1, 2 3 hours)	
Module Marking Scheme (Please tick as appropriate)	Pass/Fail?	√	Percentage marking?

Proposed Module Code	tba
Module Delivery (eg distance-learning campus based, work placement)	<p>Campus (7 weeks) – Lectures, e-learning and private study with a focus on paediatrics and acute medical presentations including management algorithms e.g. for chest pain. There are no new examination or procedural skills at this stage but students will be introduced to moderate fidelity simulation scenarios (SIMMAN) for revision and for integrating their learning in more advanced clinical method (i.e. putting history, examination and investigation together to make diagnoses and generate simple management plans).</p> <p>Clinical Placement (4 + 4 weeks) – Apprentice-style learning attached paediatrics (4 wks) and front door services such as the emergency department and acute admitting units (4 weeks). Electronic portfolio used to direct and monitor student experience with log of patients seen, procedures performed and portfolio reflective record. Half a day per week (total 8 x 3hrs) small group tutorials by a senior clinical tutor at which students will have learning and peer support. Before tutorial each student is expected to prepare a case of interest (blueprinted across the key presentations). They will present the case and share their learning with the rest of the group.</p>
Brief Description	<p>This module they will be exposed to healthcare for children for the first time and they will have a second (senior) exposure to the adult acute admitting services. It is expected that these senior students will, under appropriate supervision, play more active role in delivery of health care and be fully integrated into the clinical team.</p> <p>At the end of this module there is a written and practical skills (OSCE) examination which is blueprinted across the whole 2 year course. Satisfactory performance in these two assessments will be a pre-requisite for sitting the national UKAPA examination http://www.ukiubpae.sgul.ac.uk/the-national-examination-and-re-certification. Once the national exam has been passed graduates are eligible for inclusion on the National Managed Voluntary Register of PAs</p>
Aims / learning outcomes	<ul style="list-style-type: none"> • Confidently take a systematic diagnostic clinical history from a patient with a range of medical presentations • Confidently take a systematic history from a child and or the parents of a child • Select and perform the correct clinical examination for patients with a range of acute medical presentations (appendix C) • Confidently select and perform a range of clinical diagnostic and therapeutic procedures (appendix A) • Critically evaluate and appropriate utilise clinical and social science facts and principles that underpin clinical practice as a PA to interpret medical symptoms and presentations • Interpret initial investigations and formulate initial management for a specified range of conditions

	<ul style="list-style-type: none"> Critically appraise the role of staff, systems and processes in safeguarding patients including children
Key Reading (2-5 key texts or resources for targeted Library expenditure/purchase)	<p>Longmore, J., & Baldwin, A. (n.d.). Oxford handbook of clinical medicine, 9th edition ; Clinical medicine, 2nd edition.</p> <p>Lissauer, T. (2012). Illustrated textbook of paediatrics (4th ed.). Edinburgh: Mosby.</p>

AC6.6	NEW MODULE		
Module Title	Student selected placement with health improvement project (module 6)		
Level	M		
Credit Value	30		
Teaching period, eg Semester 1, Year-long	Year 2 throughout the year 42 weeks, 1 day per week Feb - Dec		
Likely Module Organiser	Lesley Bowker		
Module Type (eg EX/CW/WW/PR etc)	mixed		
Does the Module include an Exam? Yes/No	no	How long will the exam be? (ie 1, 2 3 hours)	
Module Marking Scheme (Please tick as appropriate)	Pass/Fail?	<input checked="" type="checkbox"/>	Percentage marking?
Proposed Module Code	tba		
Module Delivery (eg distance-learning campus based, work placement)	<p>At the beginning of the year students will have lectures about research methodology, patient safety and health improvement project design. They will select a clinical topic (and supervisor) and will arrange a bespoke medical attachment which fits their choice of project for one day a week for the remaining part of the year (approx. 35 days). With the support of their tutor they will conduct a literature review, identify and design their health improvement project and undertake data collection. Students will have an opportunity for a formative presentation of their project before their final write-up.</p>		
Brief Description	<p>This module provides the opportunity for students to study one area that interests them in greater depth. The module will also allow them to demonstrate higher academic skills including analysis of evidence as well as planning and organisation. Students will present their projects verbally about 1 month before the end of the module and the feedback they receive will help them with their final write-up. The summative assessment of this module is by way of a written dissertation.</p>		

<p>Aims / learning outcomes</p>	<p>Complete a health improvement project that demonstrates;</p> <ul style="list-style-type: none"> - integration and practical understanding of learning from earlier modules - selection, evaluation and synthesis of appropriate existing knowledge (literature review) - ability to identify, design and deliver a health improvement project - interpret data to draw conclusions and make recommendations - ability to present findings in written and oral format
<p>Key Reading (2-5 key texts or resources for targeted Library expenditure/purchase)</p>	<p>Harris, M., & Taylor, G. (2013). Medical Statistics Made Easy 2nd Edition (2nd ed.). London: Scion Publishing. Petrie, A., & Sabin, C. (2012). Medical Statistics at a Glance Workbook (2nd ed.). Chicester: Wiley.</p>

****Please copy and paste the above table for additional new modules****

<p>AC 7 note AC7</p>	<p>DEFINED CHOICE</p>	
<p>How do you envisage 'Defined Choice' working for the course in question? Please specify, for each year of the course, defined choice within the 3 categories of:</p> <ul style="list-style-type: none"> • Programme-specific choice • Enrichment and Employment modules (EEC) • Language choice 		
<p>All students take all modules</p>		

<p>AC8 note AC8</p>	<p>JOINT COURSES</p>		
<p>Is the proposed course is a joint course?</p>		<p>YES</p>	
		<p>NO</p>	<p>√</p>
<p>If YES, how will the student experience be managed?</p>			

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AC9	COMMENTS/FEEDBACK FROM EXTERNAL PROFESSIONALS/ BODIES
<i>note AC9</i>	Please provide a summary of external professional feedback received. Append full reports as Appendix 2
	n/a
<i>note AC9</i>	Please provide a summary of Professional, Statutory or Regulatory Body (PSRB) approval, if appropriate. Append any relevant documents as Appendix 3
	n/a

AC10	COMMENTS ON ACADEMIC CASE AND PROGRAMME SPECIFICATION	
COMPLETION OF THIS SECTION TO BE COORDINATED BY LEARNING AND TEACHING SERVICE (LTS) COORDINATOR		
<i>note AC10</i>	Please circulate Parts 1, 3 & 4 to the following for their additional comments (if any). Comments to be returned to proposer within 10 working days.	
	NB these comments should focus on the <i>ACADEMIC CONTENT</i> of the proposal	
Date of circulation:	18/6/2015	
AC10.1	Careers Manager (CCEN)	
No comment received		

AC10.2	Learning & Teaching Service (LTS) Manager (UG or PGT, as appropriate)
No comment received	
AC10.2	Equality & Diversity Manager (PPE)
No comment received	

AC11	PROPOSER'S RESPONSE TO COMMENTS IN AC9 & AC10 ABOVE
<i>note</i> AC11	n/a

FULL COURSE PROPOSAL

Part 4 KEY INFORMATION SET (KIS) DATA

KIS	KEY INFORMATION SET data (undergraduate courses only)	<i>Note KIS</i>				
KIS1	Quantitative KIS data	<i>Note KIS1</i>				
		Year 1	Year 2	Year 3	Year 4	Year 5
1.1	Percentage of assessment by written exams					
1.2	Percentage of assessment by practical exams					
1.3	Percentage of assessment by coursework					
1.4	Percentage of time in scheduled learning and teaching activities					
1.5	Percentage of time in guided independent study					
1.6	Percentage of time on placements					

KIS2	Professional Accreditation	Note KIS2
2.1	Name of accrediting body (if applicable)	
2.2	Please give details, including any memberships, exemptions etc that the award confers. Please also give accrediting body website URL.	
2.3	Is the accreditation dependent on specific module choices? If so, please include URL of web pages where these details are outlined.	

Appendix A – Procedural skills List

Venepuncture and managing samples correctly	Suggested delivery module
Obtaining Blood Cultures and managing samples correctly	1
Venous cannulation	1
Intramuscular injection	1
Sub-cutaneous injection	1
Arterial blood gas sampling	1
Administering Oxygen therapy (including correct prescription)	1
Setting up an intravenous infusion (including use of IV infusion devices)	1
Scrubbing, gloving and gowning	1
Performing basic 'observations' TPR, BP , SATs/Cardiac monitor etc	1
Performing a 12 lead ECG	1
BM / blood glucose testing	1
Urinalysis and interpretation	1
Pre-op screening including taking a swab (ENT or Skin) and nutritional assessment (height, weight and BMI)	1
Male Bladder catheterisation (male or female)	1
Female Bladder catheterisation	1
Apply a simple wound dressing	1
CPR (to ILS standard)	1
MS strapping and splinting (first aid)	1
Performing respiratory function tests (peak flow and simple spirometry)	2
Administer a nebuliser	2
Instruct patient to use inhaled devices	2
Fluoresceine dye examination and removal of foreign bodies under eye lids (first aid)	2
Administering a subcutaneous local anaesthetic injection	3
Insert a NG Tube	3
Skin suturing	3
Preparation and administration of intravenous drugs	3
Commence and manage blood transfusion	3
Speculum and smear and cultures	3

Appendix B – Consultation skills theme

Current MBBS course	Suggested destination for PA
Year 1 – 3 lectures and 3 skills sessions <ul style="list-style-type: none"> • Initiating a patient-centred consultation • Gathering Information in a Structured Consultation • Emotions & Feelings in the Consultation 	Mod 1 - 2 lecture, 1 skills sessions <ul style="list-style-type: none"> • Session 1 - intro
Year 2 – 3 lectures and 3 skills sessions <ul style="list-style-type: none"> • Gathering Information. Integrating System Enquiry • Responding to Patients' Concerns and Questions during History Taking • Introduction to Information Giving and Explanation 	Mod 1 – 1 lecture, 1 skills session <ul style="list-style-type: none"> • Session 2 – info gathering SE Mod 2 – 1 lecture, 1 skills session <ul style="list-style-type: none"> • Session 3 – info giving
Year 3 – 2 lectures and 3 skills sessions <ul style="list-style-type: none"> • Explanation and planning. Describing the options for management • Explanation and planning. Arriving at an agreed plan in complex situations • Explanation and planning. working with the hearing impaired 	Mod 3 – 1 lecture, 1 skills session <ul style="list-style-type: none"> • Session 4 - Exp and planning delete move to year 2
Year 4 – 1 lecture and 3 skills sessions <ul style="list-style-type: none"> • Breaking bad news • Conveying risk • Sexual history 	Year 2 –mod 4 - 1 lecture, 1 skills session <ul style="list-style-type: none"> • Session 5 Complex cons scenarios 1
Year 5 – 0 lectures and 4 skills sessions <ul style="list-style-type: none"> • Matching patient expectations and appropriate use of resources in A&E • Dealing with angry and demanding patients • Breaking Bad News, Consent for Post Mortem • Resuscitation Orders and Advance Directives 	Year 2 – mod 5 – 1 skills session <ul style="list-style-type: none"> • Session 6 complex cons scenarios 2
9 lectures 16 skills sessions	6 lectures (1hr) 6 skills sessions (3hrs) Total 24hours tutor time for delivery

Appendix C – Examination skills theme

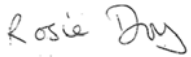
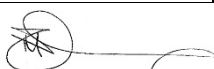
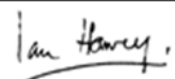
PA	Distribution of Minimum Core placement hours	Suggested rotation	Examination
Year 1 Mod 1 – Foundation skills for Physician's Associates	Front door I - 90hrs (of 180) Simulation 125hrs Total 215 hrs (so 55hrs spare)	AMU/ A+E/ OPM	Vital signs General exam Auscultation heart and lungs and abdominal palpation (Basic)
Year 1 Mod 2 – General Medicine	Gen Hosp Med I -180 hrs (of 350) Simulation 25hrs Total 205 hrs (so 65 spare)	Cardio (2wks) Resp (2wks) Renal (2wks) DM/Endo (2wks) Gastro (?) Rheum (?)	Cardiovascular (including peripheral pulses) Respiratory Abdominal Neurological
Year 1 Mod 3 – Surgery	Gen surg 90hrs O+G 90hrs Simulation 25hrs Total 205 hrs (so 65 spare)	GI surg (2wks) Ortho (2wks) Urol (2 wks) O+G (4 wks)	Joints (including spine) Breast Lymphoreticular Vaginal, Rectal
Year 2 Mod 4 – Mental health/community	Community 180hrs Mental health 90hrs Total 270 hrs (so no spare)	GP Psych ? Derm	Mental state examination
Year 2 Mod 5 – Emergency Medicine (adult and child)	Paeds 90hrs Front door II 90hrs (of 180) Gen Hospital med II 170hrs (of 350) Simulation 25hrs Total = 375 (no spare)	Opthal cas Rheu/ Derm / Haem/Ent Neuro Paeds (4 wks) AMU/ A+E/ OPM (2wks)	Eyes and ears SIMMAN scenarios
Year 2 Mod 6 – Student selected placement with health improvement project	Various student selected 330 hrs (no spare)		
	Total 1600 hrs (200 simulation)		


FULL COURSE PROPOSAL


Part 5 APPROVALS AND NOTIFICATION

APPROVALS

Note AP

THIS SECTION WILL BE COORDINATED BY THE SECRETARY TO YOUR FACULTY TEACHING AND LEARNING QUALITY COMMITTEE (FLTQC)				
AP1	APPROVAL OF THE BUSINESS CASE			
	APPROVAL/SIGNATURES	Name	Signature/ evidence of approval	Date
AP1.1	School Director of Learning, Teaching and Quality	Mary Jane Platt Rosie Doy	Mary Jane Platt 	9 June 2015 09 Jun 2015
AP1.2	Head of School (on behalf of School Board)	Michael Frenneaux		10 June 2015
AP1.3	Dean of Faculty (on behalf of Faculty Executive)	Ian Harvey		10 June 2015
AP1.4	LTC (if relevant)			
AP1.5	Council (if relevant)			
AP1.6	Reasons for approval being withheld (and by whom)			

AP2	APPROVAL OF THE ACADEMIC CASE			
AP2.1	Head of School	Name	Signature	Date
	Approved:	Michael Frenneaux		10 June 2015
	Approved with amendments:			
	Rejected:			
	Comments (if any):			

AP2.2	Faculty Associate Dean (for Faculty LTQC)	Name	Signature	Date
	Approved:	Rosie Doy		8 th June 2015
	Approved with amendments:			
	Rejected:			
	Comments (if any):			
AP2.3	PVC Academic (for LTC)	Name	Signature	Date
	Approved:			
	Approved with amendments:			
	Rejected:			
	Comments (if any):			
Where applicable:				
AP2.4	Secretary to Council	Name	Signature	Date
	Approved:			
	Approved with amendments:			
	Rejected:			
	Comments (if any):			

FULL COURSE PROPOSAL

<i>Note N1</i>				NOTIFICATION OF APPROVAL	
This section should be completed by Faculty FLTQC Secretary once a course proposal has been approved. Its purpose is to ensure that relevant Offices are informed of the approval of course proposals (new courses and course amendments), in accordance with the procedures for course approval.					
FACULTY				SCHOOL	
NEW COURSE?	Y	N	If NO, please enter existing course code		
DEGREE AWARD (e.g. BSc/MA)					
TITLE OF PROGRAMME					
START DATE			LENGTH OF COURSE		
Course Approved by:		Name of Committee Chair		Date of approval	
Faculty Learning and Teaching Quality Committee (FLTQC)					
Learning and Teaching Committee (LTC)					
RELEVANT OFFICE INFORMED? *insert date					
Planning Office	Admissions and Marketing		Learning and Teaching Service		Union of UEA Students
*	*		*		*
sis.records@uea.ac.uk	arm.operations@uea.ac.uk		Email the LTS coordinator responsible for the course		union.academic@uea.ac.uk

<i>Note N1</i>		IMPLEMENTATION ACTIONS	
COURSE NAME		NEW ROUTE CODE	
ACTION			DATE
COURSE INFORMATION LIVE IN ADMISSIONS			
PROGRAMME SPECIFICATION UPLOADED ONTO WEBSITE			

COURSE PROFILE UPLOADED ONTO SITS	
COURSE CLOSURES COMMENCED (where appropriate)	