

**PACESETTER SCHEME 2020-2022 APPLICATION FORM**

<p><b>Health Board</b></p>	<p>Hywel Dda University Health Board</p>
<p><b>Pacesetter Scheme Title</b></p>	<p>Physician Associate Primary Care Development Programme</p>
<p><b>What is the problem the scheme will try to address?</b></p>	<p>Ensure the growing number of newly qualified Physician Associates available to work in Primary Care have the required skills and competencies to do so.</p> <p>To ultimately, ensure there is an appropriately competent and sustainable workforce for Primary and Secondary Care to evolve the Primary Care model for Wales.</p> <p>Key problem: workforce sustainability; a number of reports from key practices in West Wales and across primary care nationally, identify the key threat to the sustainability of general practice is the ability to recruit and retain GPs and practice nurses. Coupled with a lack of administrative resources; the changing nature of delivering medical care and an aging frail population with multiple chronic conditions. This complexity, against a backdrop of public sector austerity and political uncertainty is creating the perfect storm for unscheduled care: practices are facing challenges in capacity, as are out of hours services and hospitals services: minor injuries and accident and emergency centres. This is across the array of medical presentations in physical and mental health as would be anticipated by the nature of our population health indicators.</p> <p>Within Mid and West Wales, particularly, we are experiencing an increasing difficulty to recruit and retain staff across all staff groups needed across the health and social care system, and increasing workforce “churn” within staffing groups is adding to the instability. Therefore, the need to engage and develop a new and alternative workforce is essential – Physician’s Associates are part of this solution. Added, to this is the need to create an attractive and well thought out offer to this professional group in a rural area as they develop and evolve their practice. It is essential to explore and understand the value that Physician</p>

## Final Pacesetter project submission – 20<sup>th</sup> December 2019

	<p>Associates can offer across the whole system and ensure an appropriate development pathway and career progression can be evolved.</p>
<p><b>Short description of the scheme.</b>  <i>(no more than half a page - embed 'Plan on a Page' if available or add simple template as annex 2)</i></p>	<p>The scheme: Physician Associate Academy will enable Physician Associates to engage in Primary and Secondary Care practice through different lenses: clinician, educator and service improver depending on their own stage of development. The scheme in it's entirety will be 2 years: 6 month Trailblazer Physician Associate (Band 7) rotation, followed by 3 x 6 month rotations of an internship Physician Associate (Annexe 21 Band 7) supported by a programme lead Physician Associate to evolve the education, mentorship and quality improvement aspects of the programme.</p> <p>The total programme across 3 county model: Carmarthen, Ceredigion and Pembrokeshire would equate to 1 Trailblazer PA and 3 intern PA's per county and 1 programme lead PA. Therefore a total programme requirement of 13 roles; or moderated as a pilot within 1 or 2 counties in most need i.e. Pembrokeshire and Ceredigion to create a sustainable model.</p> <p>The key to the programme will be a "Trailblazer Physician Associate" an established Physician Associate with a role to step into new areas where a Physician Associate has not been operating previously in Primary and Secondary Care and establish the role with the Practice/Area for an agreed rotational period (assessed as ideally 4-6 months). Following this, an internship Physician Associate can be placed within the Practice/Area for a 6-month rotation in each area: Primary, Community or Secondary care for the 18-month duration of the internship. As a new role, it will enable patients and clinicians to become confident– the Physician Associate Trailblazer will be a catalyst and instrumental in engaging with patient populations and promoting the role ready for the internship Physician Associate to be welcomed and for clinicians to be confident in their role to support and develop the intern. The educational element will be supported across the Physician Associate community by a education and improvement co-ordinator Physician Associate who can support educational development, coach/support the Trailblazer Physician Associates in service development and quality improvement and equally engage practices in aligning this work where Physician Associates could play a key role.</p>

## Final Pacesetter project submission – 20<sup>th</sup> December 2019

### For Primary Care:

The Physician associates will see patients with unscheduled care presentations both within the GP surgery and on home visits. This will free up GP time to enable them to concentrate on seeing patients with more complex needs and have the opportunity to develop a special interest with the view to supplementing services in general practice e.g. minor surgery, IUD fitting in the long term. This will be linked to the quality improvement pace setter programme to demonstrate the value of the Physician Associate role and develop skills in quality improvement and evidencing practice.

### For Community & Secondary Care:

The Physician Associates would assess the placements in Secondary and Community Care for the value of transfer/application to Primary Care knowledge. This will be linked to the quality improvement pace setter programme to demonstrate the value of the Physician Associate role and develop skills in quality improvement and evidencing practice. This may be linked to any number of programmes or projects that see the shift into Primary and Community settings i.e. Frailty etc

Swansea Medical School is currently training Physician Associates however there are very few programmes established to provide further training for them once they are qualified, particularly to work in general practice. We would seek to work with Swansea and Birmingham Universities to see how we can evolve the educational offer to Physician Associates through this programme through student placements etc.

The anticipation that the Physician Associate will move into established roles either, within practices or secondary care. This in itself will be exploratory, as over the course of the programme we would hope to see an emergent model of continued growth and development of the Physician Associate workforce across Primary And Secondary care and encourage how this could evolve in different ways.

Alongside this, educational practice and career development will be built into the role of the programme lead to develop this as an outcome with the support of the Physician Associate Strategic Group and facilitated by the PA Implementation Group which incorporates Primary

## Final Pacesetter project submission – 20<sup>th</sup> December 2019

	<p>and Secondary care. The Physician Associate Network which is evolving across Mid &amp; West Wales will also play a key role in supporting the programme. We would seek to work within colleagues in Powys Teaching Health Board to ensure alignment and economies of scale where possible.</p>
<p><b>Allocation requested (£)</b></p>	<p>£138,920 per year for 2 years</p> <p><b>Breakdown:</b>          Costs of the programme have been calculated on the basis of a 1 county or 2 county approach as below:  <b>2 county (0.25 WTE per county)</b>          Lead PA (8a) 50819 pa x 1 WTE reflected as 0.5 WTE pa equates to: c£26,000 (i.e. 0.25 WTE across each county).          Intern PA's (B7 Annexe 21) 32829 x 2 = c£66,000  <b>Total c£92,000</b>          Plus estimated 25% on costs – c£23,000          Plus GP Time estimated over 2 years x engagement with 2 PA's (230 per session x 52 x 2)  <b>£23,920</b>  <b>Grand Total: £138,920</b>  <b>Not accounted for</b>  <b>Assess % or roles supported by HB 50/50 split and also part funded roles with Practices/Rotations in HB</b>  <b>NB if 1 county role, lead would need to catalyse other roles, support dissemination of work</b>  <b>Evaluation – external £3000?</b></p>
<p><b>Start date of the scheme.</b></p>	<p>The programme will commence from April 2020, but the immediate availability of Physician Associates will be dependent on the completion of their university education; this may be during the summer of 2020. Some Physician Associates may, however, be immediately available to commence the programme, having completed their university education previously.</p>

## Final Pacesetter project submission – 20<sup>th</sup> December 2019

<p><b>Duration of the scheme.</b> <i>(maximum 2 years)</i></p>	<p>The programme will be 2 years in duration.</p>
<p><b>Overarching aim of scheme.</b> <i>(What are you hoping to achieve?)</i></p>	<p>The availability of a pipeline of appropriately skilled and competent Physician Associates to work in Primary Care in Ceredigion and Pembrokeshire and Wales as a whole. These skills will not be confined just to those required of a primary care clinician, but relate also to an appreciation of how general medical services are organised and delivery and how care in a locally is planned and funded. The strategic aim is to develop Physician Associates that are competent across, Primary, Community and Secondary Care.</p> <p>NB. The intention is that this programme will sit as a wider strategic approach to developing workforce sustainability across the rural health and social care system, with Physician Associates being seen as a key component of this workforce.</p> <p>Ultimately, to establish Mid and West Wales as an attractive employment offer in educational terms for Physician Associates to grow and develop their careers. To improve patient care and quality outcomes (key indicators/objectives to be aligned to QI programme and generated with participating practices).</p>
<p><b>Objectives of the scheme.</b> <i>(The steps you to achieve the aim)</i></p>	<ol style="list-style-type: none"> <li>1. Approval of the programme as a pathfinder scheme with a particular focus on rural primary care and led by a dedicated Physician Associate Development Manager</li> <li>2. Establishment of a steering group</li> <li>3. Appointment of a lead Physician Associate Development Manager</li> <li>4. Development of the 2-year development programme</li> <li>5. Identification of the host practices</li> <li>6. Identification of the hospitals where out-reach components of the programme will be delivered</li> <li>7. Recruitment of the Physician Associates joining the programme</li> <li>8. Identification of the associate practices required to host the Physician Associates in year 2</li> <li>9. Evaluation of the programme's success at the conclusion of year 2</li> </ol>

## Final Pacesetter project submission – 20<sup>th</sup> December 2019

<p><b>Describe here how the scheme aligns to the wider strategic agenda and indicate which components of the <i>Primary Care Model for Wales, Strategic Programme for Primary Care, A Healthier Wales</i> the scheme addresses. (refer to annex 1)</b></p>	<p>At the heart of the proposal is the delivery of high-quality care by skilled and competent clinicians as close as possible to where patients live. This is about whole system care in a rural environment being delivered by Physician Associates who have been developed to be part of a well-resourced multi-disciplinary team available to deliver readily accessible services to patients in or near their homes.</p> <p>Annex 1 sets out the numerous ways in which the programme fits the strategic direction for the delivery of Primary Care services in Wales.</p>
<p><b>Describe how stakeholders, including patients and communities, will be involved in the design, delivery and review of the scheme.</b></p>	<p>The programme will build on existing infrastructure i.e support of the HB wide Physician Associate Strategic Group and Physician Associate Implementation Group which incorporates Primary, Community and Secondary care. The Physician Associate Network which is evolving, has the potential to develop a Mid and West Wales focus and give greater impetus to the role in Primary Care. Key to meeting this requirement will be the steering group for the programme. This will be established to involve representation from the Physician Associate profession, General Practitioners, the voice of the patient, practice management, and the health board.</p>
<p><b>Describe expected outcomes.</b> <i>(How will you know when you have achieved your aim - embed draft logic model if available – annex 2)</i></p>	<p>Please see Annex 2 below.</p>
<p><b>Has this idea been tested previously, locally, nationally or elsewhere in UK and if so how does this proposed scheme offer new learning?</b></p>	<p>Attracting newly qualified Physician Associates into the county is, however, just part of the journey required to ensure the resource is used to maximum benefit. When arriving in the workplace, for many Physician Associates, further support and development is required to make the most of their potential. Working in a large rural county can sometimes feel isolated and attention is needed to support the Physician Associate from a point beyond that where they qualified.</p>

## Final Pacesetter project submission – 20<sup>th</sup> December 2019

	<p>Given its experience in working with Physician Associates in secondary care the opportunity to develop a scheme for Primary Care to enable in and out reach is the next level of development needed, hence the proposal to establish the development programme which is the subject of this application.</p>
<p><b>Describe how this scheme is different to what is already in place locally or what has been tested elsewhere.</b></p>	<p>Acknowledging a scheme exists in the SBUHB and are developing within Powys, this proposal is unique in that it:</p> <ul style="list-style-type: none"> <li>• Will cross community, primary and secondary care</li> <li>• Will align to other HB's Physician Associates intentions</li> <li>• Has a strong focus on the challenges of delivering care in a very rural area and the complex challenges of working across boundaries (geographical and system based)</li> <li>• Accommodates for a holistic model across the system and placements which complement the delivery of primary care in a rural area; and</li> <li>• Aims to develop the Physician Associate in a way that is not only focussed on clinical skills, managerial and quality improvement focused.</li> </ul>

### DETAILS OF THE SCHEME

<p><b>Describe the key stages of the scheme and timescales for each stage. (quarterly or relevant intervals)</b></p>	<p>This timetable assumes the outcome of the application will be known before the end of 2019.</p> <table border="1" data-bbox="674 1018 2107 1415"> <tr> <td data-bbox="674 1018 864 1257">Q4 19/20</td> <td data-bbox="864 1018 2107 1257"> <ul style="list-style-type: none"> <li>• Steering group established</li> <li>• Lead Physician Associate Development Manager appointed</li> <li>• Development programme written and agreed</li> <li>• Training practices identified</li> <li>• Recruitment of Physician Associates commences</li> <li>• Associate hospital departments (for out-reach placements) identified</li> </ul> </td> </tr> <tr> <td data-bbox="674 1257 864 1337">Q1 20/21</td> <td data-bbox="864 1257 2107 1337"> <ul style="list-style-type: none"> <li>• Recruitment of Physician Associates continues</li> <li>• Year 1 of the development programme commences</li> </ul> </td> </tr> <tr> <td data-bbox="674 1337 864 1377">Q2 20/21</td> <td data-bbox="864 1337 2107 1377"> <ul style="list-style-type: none"> <li>• Year 1 of the development programme fully subscribed to</li> </ul> </td> </tr> <tr> <td data-bbox="674 1377 864 1415">Q3 20/21</td> <td data-bbox="864 1377 2107 1415"> <ul style="list-style-type: none"> <li>• Associate practices for Year 2 identified</li> </ul> </td> </tr> </table>	Q4 19/20	<ul style="list-style-type: none"> <li>• Steering group established</li> <li>• Lead Physician Associate Development Manager appointed</li> <li>• Development programme written and agreed</li> <li>• Training practices identified</li> <li>• Recruitment of Physician Associates commences</li> <li>• Associate hospital departments (for out-reach placements) identified</li> </ul>	Q1 20/21	<ul style="list-style-type: none"> <li>• Recruitment of Physician Associates continues</li> <li>• Year 1 of the development programme commences</li> </ul>	Q2 20/21	<ul style="list-style-type: none"> <li>• Year 1 of the development programme fully subscribed to</li> </ul>	Q3 20/21	<ul style="list-style-type: none"> <li>• Associate practices for Year 2 identified</li> </ul>
Q4 19/20	<ul style="list-style-type: none"> <li>• Steering group established</li> <li>• Lead Physician Associate Development Manager appointed</li> <li>• Development programme written and agreed</li> <li>• Training practices identified</li> <li>• Recruitment of Physician Associates commences</li> <li>• Associate hospital departments (for out-reach placements) identified</li> </ul>								
Q1 20/21	<ul style="list-style-type: none"> <li>• Recruitment of Physician Associates continues</li> <li>• Year 1 of the development programme commences</li> </ul>								
Q2 20/21	<ul style="list-style-type: none"> <li>• Year 1 of the development programme fully subscribed to</li> </ul>								
Q3 20/21	<ul style="list-style-type: none"> <li>• Associate practices for Year 2 identified</li> </ul>								

## Final Pacesetter project submission – 20<sup>th</sup> December 2019

	Q4 20/21	
	Q1 21/22	<ul style="list-style-type: none"> <li>Year 2 of the development programme commences</li> </ul>
	Q2 21/22	
	Q3 21/22	
	Q4 21/22	<ul style="list-style-type: none"> <li>Programme evaluation commences</li> </ul>
	Q1 22/23	<ul style="list-style-type: none"> <li>Programme evaluation completed</li> </ul>
<p><b>Describe the governance and project management arrangements for the scheme including lead roles.</b> <i>(project support, clinical and non-clinical lead(s))</i></p>	<p>The Physician Associate Primary Care Development Programme will be overseen by a steering group. The group will be accountable to (a yet to be confirmed) committee in the health board. The day-to-day running of the programme will be undertaken by an already experienced Physician Associate Development Manager.</p>	
<p><b>Describe the plans and key milestones for monitoring progress and evaluation.</b> <i>(attach an outline logic model and evaluation plan, if available- see annex for template)</i></p>	<p>Please see Annex 2 below.</p>	
<p><b>Describe what resources (expertise and financial) has been allocated for evaluation.</b></p>	<p>Consideration has been given an external or arms-length evaluation of the programme. A figure has been included in the costings to reflect this. Internal HB conversations are taking place on support and alignment of resources for the programme to maximise opportunities.</p>	
<p><b>Outline the ways you plan to share the learning locally and nationally.</b></p>	<p>The proposal lends itself extremely well for to being transported to other areas. In fact, it is possible to involve another health board/other health boards in the programme from the outset. This is of course a decision for other health boards to consider.</p>	

<b>COMPONENTS OF NATIONAL STRATEGIC POLICIES AND WAYS OF WORKING – Tick one or more of the relevant component which the scheme addresses</b>	
<b>Primary Care Model for Wales</b>	<b>TICK</b>
1. An informed public	
2. Empowered communities	
3. Support for well-being, prevention and self-care	X
4. Local services (inc more services in the community)	X
5. Seamless working	X
6. Effective telephone systems	
7. Quality out of hours care	
8. Directly accessed services	X
9. Integrated care for people with multiple care needs	X
10. Estates and facilities support MDT working	
11. IT systems enable cluster communications and data sharing	
12. Ease of access to community diagnostics supporting high-quality care	
13. Finance systems designed to drive whole-system transformative change	
<b>A Healthier Wales - The Ten Design Principles (page 17)</b>	<b>TICK</b>
1. Prevention and early intervention – enabling and encouraging good health and wellbeing	X
2. Safety – healthcare does no harm, enabling people to live safely in families and communities	X
3. Independence – supporting people to manage their own health and wellbeing and remain in their own homes	X
4. Voice – Empowering people to understand, manage and make decisions about their health, wellbeing and care	X
5. Personalised – services tailored to individual needs and preferences	X
6. Seamless – services and information which is not complex and co-ordinated	X
7. Higher value – better outcomes and patient experiences	X
8. Evidence driven – understand what works, evaluating innovative work and learning from others	X
9. Scalable – Ensuring that good practice scales up	X
10. Transformative – new ways of working are affordable and sustainable and change or replace approaches	X
<b>Aims of the primary care pacesetter fund</b>	<b>TICK</b>
1. Sustainability – contracting general medical services at cluster level	X
2. Use of digital technology to improve access	X
3. Delivering more care in the community	X
<b>The Strategic Programme for Primary Care</b>	<b>TICK</b>
1. Prevention and wellbeing	X
2. 24/7 Model	X
3. Data & Digital Technology	
4. Workforce & Organisational Development	X
5. Communication & Engagement	X
6. Transformation & the Vision for Clusters	X

## Final Pacesetter project submission – 20<sup>th</sup> December 2019

### Logic Model and Evaluation Plan templates

### Annex 2

#### Example logic model template

**Project title:** Physician Associate Primary Care Development Programme

**Project aim:** Ensuring the growing number of newly qualified Physician Associates available to work in Primary Care have the required skills and competencies to do so.

**Project objectives:**

1. Approval of the programme as a pathfinder scheme.
2. Establishment of a steering group
3. Appointment of a lead Physician Associate Development Manager
4. Development of the 2-year development programme
5. Identification of the host training practices
6. Identification of the hospitals where out-reach components of the programme will be delivered
7. Recruitment of the Physician Associates joining the programme
8. Identification of the associate practices required to host the Physician Associates in year 2
9. Evaluation of the programme's success at the conclusion of year 2

Consider inputs, outputs & outcomes for each of your objectives

Inputs	Outputs		Outcomes		
	Intervention/ activity	Participants	Short term	Medium term	Long term
<b>Objective 1:</b> Approval of the programme as a pathfinder scheme  <i>Decision of the DPCCs and National Primary Care Board</i>	Application submitted	<ul style="list-style-type: none"> <li>• DPCCs</li> <li>• National Primary Care Board</li> </ul>	A successful application	Same	Same
<b>Objective 2:</b>	Approaches will be made directly to	<ul style="list-style-type: none"> <li>• Medical practices</li> </ul>	A fully established steering group with	Same	Same

## Final Pacesetter project submission – 20<sup>th</sup> December 2019

<p>Establishment of a steering group</p> <p><i>Representatives from medical practices, physician associates, patient groups and health board.</i></p>	<p>medical practices and patient representative groups</p>	<ul style="list-style-type: none"> <li>• Physician Associates</li> <li>• Patient groups</li> <li>• Health board</li> </ul>	<p>broad range of representation</p>		
<p><b>Objective 3:</b> Appointment of a lead Physician Associate Development Manager</p> <p><i>Expected to be 0.5 WTE Band 8a role.</i></p>	<p>Position will be advertised</p>		<p>A successful appointment</p>	<p>Same</p>	<p>Same</p>
<p><b>Objective 4:</b> Development of the 2-year development programme</p> <p><i>Led by the lead Physician Associate Development Manager.</i></p>	<p>Led by the lead Physician Associate Development Manager with input from the steering group</p>	<ul style="list-style-type: none"> <li>• Lead Physician Associate</li> <li>• Members of the steering group</li> </ul>	<p>A carefully considered and balanced development programme reflecting the needs of rural Primary Care</p>	<p>Same, but with provision for further refinement as required</p>	<p>Same, but with provision for further refinement as required</p>
<p><b>Objective 5:</b> Identification of the host training practices</p> <p><i>Led by the lead Physician Associate Development Manager with the support of the Primary Care Department</i></p>	<p>Opportunity advertised widely across the medical practices in Powys. Ideally an outcome which reflects the geography of Powys will be secured, maybe one practice in the north and one in the south</p>	<ul style="list-style-type: none"> <li>• Lead Physician Associate Development Manager</li> <li>• Primary Care Department</li> <li>• Medical Practices across Powys</li> </ul>	<p>Securing sufficient medical practices to act as training practices. This will involve ensuring those involved have the appropriate skills and time to undertake the role properly</p>	<p>Same</p>	<p>Same</p>
<p><b>Objective 6:</b> Identification of the hospitals where out-reach components of the programme will be delivered</p>	<p>Discussions with suitable hospitals led by the lead Physician Associate</p>	<ul style="list-style-type: none"> <li>• Lead Physician Associate</li> </ul>	<p>Sufficient capacity in a district general hospitals to support out-reach</p>	<p>Same</p>	<p>Same</p>

## Final Pacesetter project submission – 20<sup>th</sup> December 2019

<p><i>Led by the lead Physician Associate Development Manager with the support of the health board's service commissioning department (the health board having close contact with out-of-county services providers where the DGH out-reach placements would need to be made)</i></p>	<p>Development Manager with appropriate support from the health board's service commissioning department</p>	<p>Development Manager</p> <ul style="list-style-type: none"> <li>• Health board's service commissioning department</li> <li>• Staff from appropriate hospitals</li> </ul>	<p>placements for Physician Associates on the development programme</p>		
<p><b>Objective 7:</b> Recruitment of the Physician Associates joining the programme</p> <p><i>Led by the lead Physician Associate Development Manager with the support of the Primary Care Department (the health board has close working relationships with a number of universities where Physician Associate students are taught)</i></p>	<p>Advertising the opportunities widely amongst the Physician Associate community and universities across Wales and the UK</p>	<ul style="list-style-type: none"> <li>• Lead Physician Associate Development Manager</li> <li>• Primary Care Department</li> <li>• Universities where Physician Associates undertake study</li> </ul>	<p>All places on the development programme successfully filled</p>	<p>Same</p>	<p>Same</p>
<p><b>Objective 8:</b> Identification of the associate practices required to host the Physician Associates in year 2</p> <p><i>Led by the lead Physician Associate Development Manager with the support of the Primary Care Department (the health board has a number of practices</i></p>	<p>Opportunity advertised widely across the medical practices Ceredigion and Pembrokeshire</p>	<ul style="list-style-type: none"> <li>• Lead Physician Associate Development Manager</li> <li>• Primary Care Department</li> <li>• Medical Practices across Powys</li> </ul>	<p>Securing sufficient medical practices/clinical areas to act as second year placement practices</p>	<p>Same</p>	<p>Same</p>

## Final Pacesetter project submission – 20<sup>th</sup> December 2019

<p><i>with an expressed interest in the Physician Associate role)</i></p>					
<p><b>Objective 9:</b> Evaluation of the programme's success at the conclusion of year 2</p> <p><i>Please see the evaluation section below</i></p>					
<p><b>Key assumptions:</b></p> <ul style="list-style-type: none"> <li>• Ability to attract a suitable Physician Associate Development Manager as the lead</li> <li>• Ability to attract appropriate members to the steering group</li> <li>• Ability to secure practices in sufficient numbers and with the required competencies to act as placement practices</li> <li>• Ability to secure the required out-reach placements in a district general hospital</li> <li>• Ability to attract sufficient Physician Associates to join the development programme</li> <li>• Ability to attract practices/outreach in sufficient numbers of the second year placements</li> </ul>			<p><b>External factors/ influences:</b></p> <ul style="list-style-type: none"> <li>• Risk of failing to appoint a lead Physician Associate Development Manager</li> <li>• Risk of non-engagement from medical practices</li> <li>• Risk of non-engagement from district general hospitals in adjoining areas</li> <li>• Risk of failing to attract sufficient Physician Associates to fill the places on the development programme</li> </ul>		
<p><b>Costs &amp; value:</b> Continuation of the programme will involve very similar cost (with the exception of the some minor start-up costs). It is envisaged that scaling-up to a larger area will involve very similar cost pro-rata.</p>			<p><b>Unintended results:</b> No unintended result is identified with the possible exception of the development programme not delivering Physician Associates with the skills sets and competences originally required. The risk of this is, however, very low. However, we are alert to managing relationships with patients and the practices to enable positive outcomes i.e. unintended consequences could be creating positive future role models i.e. enabling the "Community" to see PA's as an alternative career choice.</p>		

## Final Pacesetter project submission – 20<sup>th</sup> December 2019

<b>EVALUATION PLAN</b>				
<b>What do we want to know?</b> (Evaluation Question)	<b>How will we know it?</b> (Indicator)	<b>How to collect information about the indicator?</b> (Data source/ method)	<b>When and where will info be collected?</b> (Timeframe)	<b>Who will do this?</b> (Responsibility)
<p>Has the development programme delivered Physician Associates with the skill sets and competencies set out in the programme plan?</p> <p>Has the programme created a positive platform to introduce more Physician Associates into Primary, Community and Secondary care?</p>	<ul style="list-style-type: none"> <li>• Obtaining a view from the lead Physician Associate Development Manager</li> <li>• Obtaining a view from the designated trainer in the training practice</li> <li>• Obtaining a view from the associate practices/outreach placements where the Physician Associates were placed in year 2</li> <li>• Obtaining a view from the Physician Associates themselves</li> </ul>	<p>Face to face or questionnaire based contact with the subjects</p>	<p>The last quarter of the second year of the development programme/first quarter after it has been completed</p>	<p>Health board's Primary Care Department</p>

### Final Pacesetter project submission – 20<sup>th</sup> December 2019

<p>Are the skills and competencies the Physician Associates have gained as being part of the development programme the right ones for the practices in which they now work?</p>	<ul style="list-style-type: none"> <li>• Obtaining a view from the medical practices/outreach in which the Physician Associates now work</li> <li>• Obtaining a view from the Physician Associates themselves</li> </ul>	<p>Face to face or questionnaire based contact with the subjects</p>	<p>Probably no sooner than the third quarter after the end of the development programme</p>	<p>Health board's Primary Care Department</p>
---	--	--	---	---