



Royal College
of Physicians

Faculty of
Physician Associates

Faculty of Physician Associates Census results 2016

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Introduction

The physician associate (PA) is an innovative new health professional who works with the clinical team to provide quality health care across the NHS. The Department of Health's Competence and Curriculum Framework defines the physician associate as a healthcare professional 'who, while not a doctor, works to the medical model, with the attitudes, skills and knowledge base to deliver holistic care and treatment within the general medical and/or general practice team under defined levels of supervision.'

At present there are several universities across the UK that provide courses for physician associates and there are physician associates working in the UK in a wide variety of medical and surgical specialties. They are also found on the academic staffs of university programmes.

The Faculty of Physician Associates (FPA) launched in July 2015 after collaboration between the UK Association of Physician Associates (UKAPA) and the Royal College of Physicians. UKAPA was founded in July 2005 by American physician associates employed in the United Kingdom in an effort to support and promote the development of the physician associate profession in the UK.

Here we report the results of a census of our members carried out in May 2016.

Response rates

We believe there are up to 865 people (288 PAs and up to 577 students) who are living in the UK and were eligible to respond at the time of the census. 150 PAs and 353 PA students living in the UK responded. At some universities which have recently begun accepting students, it is unclear how many students have actually enrolled. Response rate was calculated on the number of students these universities intended to enrol.

- Total response rate: $503/865 = 58.2\%$
- Response rate for PAs: $150/288 = 52.1\%$
- Response rate for PA students: $353/577 = 61.1\%$

Demographic data

Location

PAs are clustered in London and in the West Midlands (around universities which have longer-standing PA courses) with a growing contingent in Scotland. Students are clustered around universities, with large numbers of new students in the north-west of England.

	Graduate PAs	PA students
England	130	338
Northern Ireland	1	0
Scotland	19	14
Wales	0	1

Gender

	Graduate PAs	PA students
Female	112	247
Male	38	106

Ethnicity

	Graduate PAs	PA students
Asian: Bangladeshi	1	14
Asian: Indian	19	28
Asian: Pakistani	9	23
Asian: Sri Lankan	3	4
Asian: other	1	3
Black: African	9	42
Black: Caribbean	2	5
Black: other black	1	7
Chinese	3	2
Mixed: white and Asian	3	3
Mixed: white and British African	0	2
Mixed: white and British Caribbean	0	1
Mixed: Other mixed persons	2	5
Other ethnic group	5	16
Prefer not to answer	2	4
White: British	73	180
White: Irish	1	4
White: other	15	11

Specialty data

Of the 150 respondents who are not PA students, the following specialty status was reported (note – each respondent was allowed to choose more than one status):

Generalist specialties

25	Educators
23	Emergency medicine
31	General practice

Adult medical specialties

23	Acute medicine
5	Cardiology
12	Care of the elderly/geriatrics
3	Critical care
3	Dermatology
2	Endocrinology
1	Gastroenterology
1	Genitourinary medicine/sexual health
2	Haematology
1	Infectious diseases
1	Lymphoedema
5	Neurology
1	Oncology
4	Psychiatry (including one geriatric psychiatry PA)
1	Rehabilitation medicine
3	Respiratory medicine
1	Rheumatology

Paediatric specialties

1	Adolescent medicine
1	General paediatrics
2	Critical care
1	Neonatology

Surgical specialties

1	Breast surgery
5	General surgery
4	Neurosurgery
3	Orthopaedic surgery
1	Paediatric surgery
1	Plastic surgery
1	Spinal surgery
10	Trauma and orthopaedics
2	Trauma surgery
2	Urology
1	Vascular surgery

Employment data

Current practice status

Of the 150 respondents who are not PA students, the following practice status was reported (note – each respondent was allowed to choose more than one status):

131	Practising as a PA
3	Practising as a PA in a training post
26	PA educators (19 of these also chose 'Practising as a PA')
3	Researcher (2 of these also chose 'Practising as a PA' and 'PA educator')
4	'Working but not as a PA'
2	'Currently seeking work as a PA'
6	'Taking time off for personal reasons' (3 of these specified maternity leave)

Hours, on-calls and home visits

The mean number of hours worked per week by is 37.2. The median is 37.5 hours per week and the range is 10 to 60 hours per week.

Among the respondents, 9 PAs perform home visits and 13 PAs are on-call for their practice/service.

Tasks and procedures performed by PAs

Tasks and procedures performed by currently practicing PAs, regardless of specialty, are listed below, sorted in order of frequency and grouped by relative frequency.

The following tasks are performed by nearly all PAs (>96%):

- taking medical histories
- performing physical examinations
- providing patient education.

The following tasks are performed by the vast majority of PAs (70%–95%):

- taking bloods/ venipuncture
- interpreting ECGs
- placing IV cannulas.

The following tasks are performed by more than half of all PAs (50%–69%):

- obtaining ECGs
- urinary catheterisation
- psychiatric assessment.

The following tasks are performed by 25–50% of all PAs:

- suturing
- NG tube placement
- pelvic examination.

The following tasks are performed by fewer than 25% of PAs, but more than one individual:

- incision and drainage of abscesses
- lumbar puncture
- fracture reduction
- surgical first assisting
- casting/splinting
- dislocation reduction
- joint aspiration/injection
- nerve blocks
- chest tube
- haematoma blocks
- arterial line insertion
- pulmonary function testing
- thoracentesis/pleural drain
- foetal heart tones
- central line insertion
- paracentesis/peritoneal drain
- antenatal care
- intubation
- fast trauma ultrasound
- PICC line placement
- general newborn examination
- cervical smear
- bier blocks
- participation in cardiac catheterisation
- cystoscopy
- skin biopsy
- colonoscopy
- bone marrow biopsy.

The following tasks are performed regularly by one individual:

- IUD removal
- antenatal ultrasound
- perinatal care/labour and delivery
- perform cardiac stress testing
- mole removal
- lipoma removal

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- oesophago-gastro-duodenoscopy
 - sigmoidoscopy
 - cryotherapy.

Discussion

These data have several limitations. First, participants were allowed to opt out at any time in the survey, and some did, completing only partial surveys. Others did not answer individual questions, giving us shifting denominators. Second, some participants had difficulty generating a UCID (unique ID which will allow us to track individual career paths over time). This results in an inability to match annual census data with practice patterns data with data from previous census administrations. Third, sometimes conflicting answers are given and there is really no way to reconcile them in an anonymous survey administration. For example, people will say that they practice emergency medicine, but then do not choose A&E as their practice setting. Or they say they work in GP surgery as their setting, but do not choose general practice as one of their specialties.

While we are able to establish an accurate denominator for the number of PAs relatively easily based on data from the MVR and the numbers who have sat for the national exam, the explosive growth in the number of PA programmes has made it difficult to conclusively generate a count of all the students enrolled nationwide. Not all programmes have responded to queries regarding the number of students. The estimated number of students is based on the actual numbers submitted by universities plus the intended intake numbers of non-responding programmes submitted to the UK Universities Board over time. It is likely that the student response rate is actually better than 61% as, historically, new programmes have not enrolled as many students as planned in the first cohort.

As the profession increases in size, we are struggling somewhat to keep people interested in completing the census. The response rate continues to fall. We hope that the universities will help us reinforce to their students and alumni that participating in data collection for the purposes of helping the leadership of the profession advocate is part of being a member of a meaningful profession. The FPA board will continue to advocate for the census as well.

Overall, however, I feel that the data reflect a fairly accurate snapshot of PAs in the UK. Articles using the annual census data are in progress, with a report on PA job satisfaction accepted for publication in *Clinical Medicine*. This data continues to be used by universities, students, workforce planners, the FPA, and doctor advocates for the PA role in a wide variety of settings.

We could not continue to have up-to-date data to use for these purposes without the help of our physician associates and physician associate students. Thank you!

Contact details

For permissions enquiries and data use requests, and other enquiries, please contact:

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