



Royal College  
of Physicians

Faculty of  
Physician Associates

# Focus on physician associates: **census 2019**





## Introduction

The Faculty of Physician Associates (FPA) census has been running since 2014. It provides insight that is vital for workforce planning and research, and seeks to reflect the experiences of physician associates (PA) both registered and in training.

We took a different approach to the census in 2019 to make sure the data we collect is in line with the managed voluntary register (MVR). We will continue to make improvements, learning from the annual census of consultants and higher specialty trainees carried out by the RCP on behalf of the three royal colleges of physicians.

The FPA census provides key evidence about the PA profession. As the profession grows, we need to add to this evidence base to ensure that we can plan appropriately. We encourage national NHS organisations, such as NHS Digital, to ensure that key data sets they manage have appropriate coding for PAs so that in time we can develop a full picture of the profession.



## Key points

- > The profession has grown significantly since the 2018 census report. At that time there were 582 PAs on the MVR and an estimated 600 qualified PAs. This has increased to **1,392** and **1,600** respectively.
- > On the whole, PAs continue to be **satisfied** with their roles, but concerns about workload are becoming more prevalent.
- > **90% of respondents would recommend a PA career** to a friend, even though 42% work under excessive pressure. Most are satisfied with all aspects of their roles, particularly their **colleagues and fellow workers**.
- > PAs are mainly employed by **NHS trusts, GPs and primary care networks (PCNs)**. They work in a large variety of clinical settings.
- > The number of specialties that PAs work in has increased by a **third** since the 2018 report.
- > The majority of PAs are **straight, white women**.
- > Only **25%** of PAs have protected time in their contracts. 72% of respondents working for a GP or PCN were always able to use their protected time, compared with only 47% working for an NHS trust.
- > A third of PAs **do not have a personal development plan** and a quarter were not receiving sufficient support from management.

## Next steps

The 2019 PA census shows that the profession continues to grow year on year. As you would expect from a relatively new profession, there are still a number of significant milestones ahead which will help to develop the profession further. The first of these will be statutory regulation. However, the work doesn't stop there and there are a number of other key actions needed in the year ahead:

- > We will work with our members to better understand the pressures of the role and understand what support they need to avoid burnout and maintain their wellbeing.
- > We will work closely with regional networks to help create a supportive environment for PAs.
- > The PA workforce is mainly made up of straight, white women, so there is clearly a need to reach out to other sections of the population. In future surveys we will collect more detailed demographic information. We will engage with all our members to make sure they feel a valued part of the FPA and our community. We will continue work we started this year with members from black, Asian and minority ethnic backgrounds to understand their experiences and what we can do to improve them. We will aim to increase the diversity of our board and those members involved in our work.
- > The rapid growth of the profession makes the need for a career framework for PAs crucial. Key to the success of this framework will be the ability for PAs to retain their generalist skills while also developing specialist skill sets if they wish to. We will continue to work with Health Education England (HEE) to make sure the framework that is in development meets the needs of PAs and the NHS.
- > We will work with medical royal colleges and specialist organisations to develop tailored specialty guidance for PAs.
- > We will help our members to map out their job progression and help employers to better understand the role so they can provide more fulfilling jobs.

## Methodology

In preparation for the regulation of the profession, we developed our survey methodology this year. Each PA and student PA was sent a unique link to a personalised survey. This will bring the data we collect in line with the MVR and enable us to monitor trends over time while protecting the anonymity of respondents.

The survey was conducted by the RCP's Medical Workforce Unit. It was sent electronically during December 2019 to PAs on the MVR and PA student members. We received 732 responses, of whom 484 were PAs and 248 PA students.

In addition to the data collected via the survey, this report draws on the membership data held by the FPA and RCP. It helps provide a more complete insight into the PA workforce at the point of sending the census survey.

## Physician associate workforce

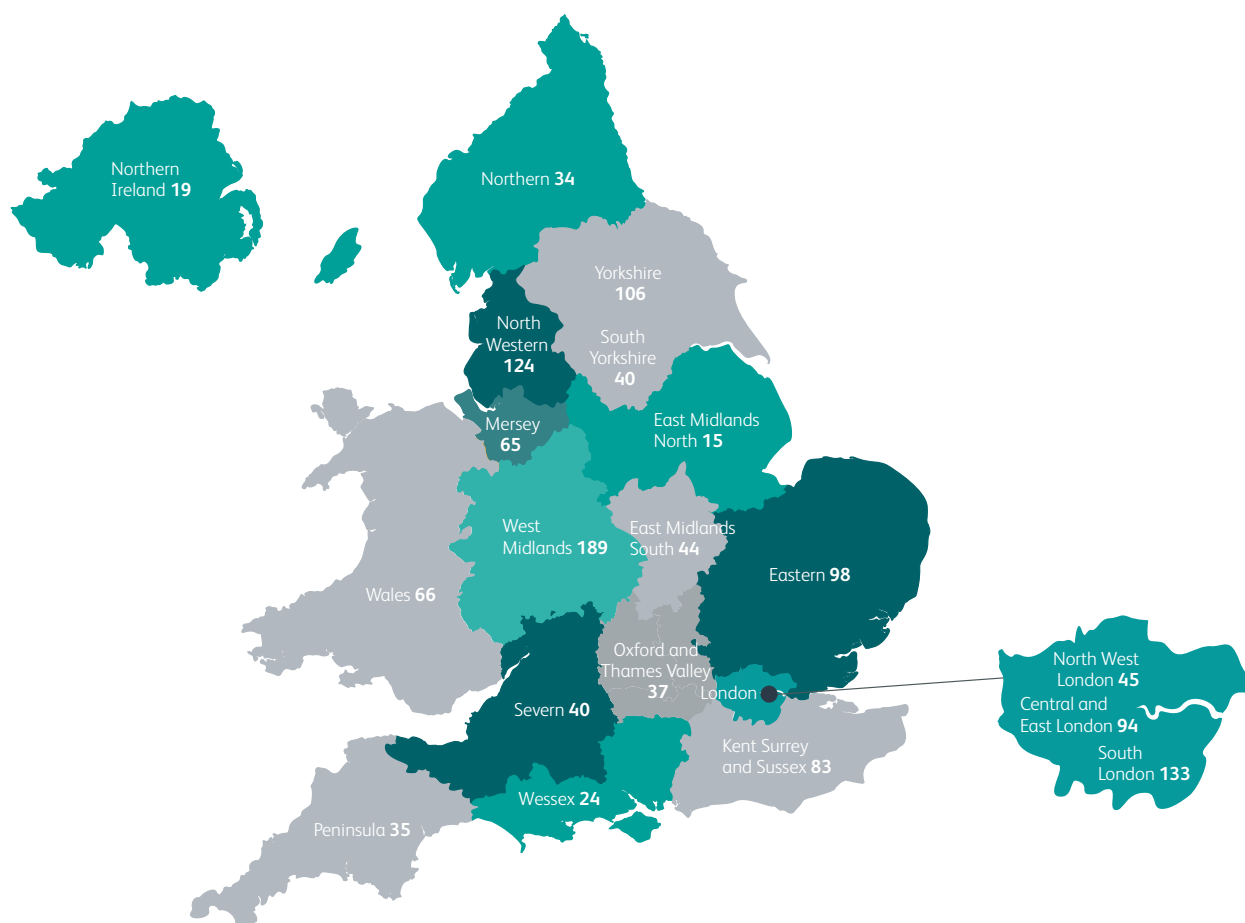
At 31 December 2019, there were 1,392 PAs on the MVR. 484 PAs completed the survey, a return rate of 35%.

### Number of PAs by country

Country	MVR December 2019	Census respondents 2019	Census respondents 2018
England	1,206	396	232
Northern Ireland	19	10	6
Scotland	75	33	18
Wales	66	31	3

### Number of PAs by RCP region

The regional variation in PA numbers shows that there is still plenty of potential for the profession to expand. It also reminds us that while the profession has expanded rapidly, there will still be PAs who are the first in their area or one of a very few.



## Demographics

- > 72% of respondents were women and 27% were men, which reflects the MVR.
- > Two-thirds of respondents identified as English, Welsh, Scottish, Northern Irish or British. The next largest groups were African (6.5%), Indian (4.75%) and Asian (4.5%).
- > 8.5% of respondents considered themselves to be disabled or have a long-term health condition.
- > Almost 90% of respondents were heterosexual. Just over 5% were gay men or women, and 2.5% were bisexual.

## Education

The majority (69%) of respondents had completed a postgraduate diploma. A further 31% held a master's degree.

A small number took a different route, with either a certificate or a bachelor's degree. These are usually earlier qualifications from the USA, where just over 2% of respondents trained.

## Previous healthcare experience

61% of respondents had healthcare experience across 36 different roles before becoming a PA. The most common (26.5%) was as a healthcare assistant with 97 respondents, followed by volunteer in a healthcare setting (13%), care or nursing home assistant (8%) and as a nurse (7%).

7.5% of respondents with previous healthcare experience had prescribing rights in their previous role.

## The role

### Practice status

Status (choose all that apply)	%
Practising as a physician associate	73.5%
Practising as a physician associate in a training post	7.9%
PA educator	5.6%
Researcher	0.5%
University lecturer	4.5%
Working, but not as a physician associate	1.4%
Currently seeking work as a physician associate	3.6%
Not working right now (eg for family care or personal reasons)	1.6%
Retired	0.2%
Have become a doctor/surgeon or have entered medical school	0.2%
Other	1.1%

### Clinical settings

70% of respondents were working in secondary care, with an NHS trust as their main employer. 29% were employed by a general practice or primary care network.

Respondents were working in a range of clinical settings, including 30% in an inpatient ward, 30% in a GP surgery, 13% in a medical assessment unit and 12% in accident and emergency. Other settings included specialist surgery, psychiatry or mental health service, operating theatre, intensive care unit and urgent care centre. 119 respondents were working in a secondary area.

## Specialties

The number of specialties that PAs work in has increased by a third since the 2018 report, from 29 to 39. Most respondents were working in one specialty, but 87 also worked in a secondary specialty.

Specialty	%
General practice	25.3 %
Acute medicine	14.2 %
Emergency medicine	12.1 %
Care of older people / geriatrics	5.2 %
Other	4.4 %
General surgery	3.6 %
Respiratory medicine	3.5 %
Gastroenterology	2.5 %
Trauma and orthopaedics	2.5 %
Oncology (medical)	2.3 %
Neurology	1.9 %
Orthopaedic surgery	1.9 %
General internal medicine	1.7 %
Psychiatry	1.7 %
Endocrinology	1.5 %
Cardiology	1.3 %
Haematology	1.3 %
Community medicine	1.2 %
Dermatology	1.2 %
Obstetrics and gynaecology	1.2 %
Neurosurgery	1.0 %
Urology	1.0 %
Critical care	0.8 %
General paediatrics	0.8 %

### Specialties (cont.)

Specialty	%
Neonatology	0.8%
Rehabilitation medicine	0.8%
Vascular surgery	0.6%
Educator	0.4%
ENT/otolaryngology	0.4%
Genitourinary medicine / sexual health	0.4%
Spinal surgery	0.4%
Surgical oncology	0.4%
Cardiothoracic surgery	0.2%
Infectious diseases	0.2%
Nephrology	0.2%
Paediatric oncology	0.2%
Paediatric surgery	0.2%
Plastic surgery	0.2%
Researcher	0.2%
Transplant surgery	0.2%
Not specified	0.2%



## Clinical tasks

Physician associates carry out a wide range of clinical tasks, which vary depending on the specialty they are working in, but the majority carry out general medical activities.

Which of the following general medical activities do you perform? (select all that apply)	%
Perform physical examination	92.3%
Take medical history	91.1%
Manage acute conditions (eg musculoskeletal injury, lacerations, COPD flare)	85.9%
Perform patient education	85.4%
Manage chronic conditions (eg diabetes, high blood pressure, COPD)	71.9%
Manage emergent conditions (eg stroke, pulmonary embolus, chest pain, trauma)	71.0%
Perform psychiatric assessment	48.0%
Pelvic examination (palpation of cervix, uterus and adnexae)	29.0%

Which of the following miscellaneous activities do you perform? (select all that apply)	%
Take bloods / perform venepuncture	16.5%
Arterial blood gas	16.1%
Place IVs / perform cannulation	14.1%
Interpret ECG	13.9%
NG tube placement	10.6%
Ultrasonography	4.1%
Urinary catheterisation	3.6%
Chest tube/drain insertion	1.9%
Lumbar puncture	1.9%
Pulmonary function testing	1.7%
Radiography	1.2%
General newborn examinations	1.0%
Paracentesis / peritoneal drain	0.7%
Cervical smear	0.5%
Lipoma removal	0.5%
Skin biopsy	0.5%
Bone marrow biopsy	0.2%
Circumcision	0.2%
Coil/IUD removal	0.2%

If you selected surgical, critical care or accident and emergency as your main specialty, which activities do you perform? (select all that apply)	%
Arterial blood gas	86.2%
Urinary catheterisation	82.8%
Suturing	78.2%
NG tube placement	54.0%
Surgical first assisting	28.7%
Incision and drainage of abscess	19.5%
Arterial line insertion	13.8%
Lumbar puncture	11.5%
Chest tube / drain insertion	10.3%
FAST ultrasound testing for trauma	9.2%
Central line insertion	4.6%
Intubation	4.6%
Paracentesis / peritoneal drain	4.6%
PICC line placement	3.4%
Thoracentesis / pleural drain intubation	3.4%
Port placement (Groshong, Hickman, Mediports etc)	0.0%

If you selected orthopaedics, trauma or emergency medicine as your main specialty, which orthopaedic activities do you perform? (select all that apply)	%
Dislocation reduction	43.7%
Casting/splinting	42.3%
Fracture reduction	38.0%
Nerve blocks	32.4%
Joint aspiration/injection	23.9%
Haematoma blocks	22.5%
Bier blocks	5.6%

The number of respondents was small for obstetrics and gynaecology, but they reported that they performed cervical smear, coil/IUD replacement and removal, fetal heart tones, pelvic examination and perinatal care.

## Contracted and worked hours

There was little variation between the hours PAs are contracted for and the hours they actually worked.

Status (choose all that apply)	Contracted average hours	Worked average hours
Direct clinical care	34.30	35.80
Supporting professional activities	5.9	5.6
Academic programmed activities	4	4.1
Other professional activities	5.1	4.2

## On-call and home visits

10.5% of respondents took part in an on-call rota. They are on call for 11.6 hours per week on average. 21% of respondents undertook home visits.

## Protected time

Almost three-quarters (72%) of respondents did not have protected time as part of their contracts. Between the 28% who did, the amount varied widely. There was no significant difference between primary and secondary care employers.

There was a difference when it came to being able to use that time: 56% were always able to use it, 37% sometimes and 7% rarely. But 72% of respondents working for a GP or PCN were always able to use protected time, compared with only 47% working for an NHS trust.

## What do you use your protected time for?



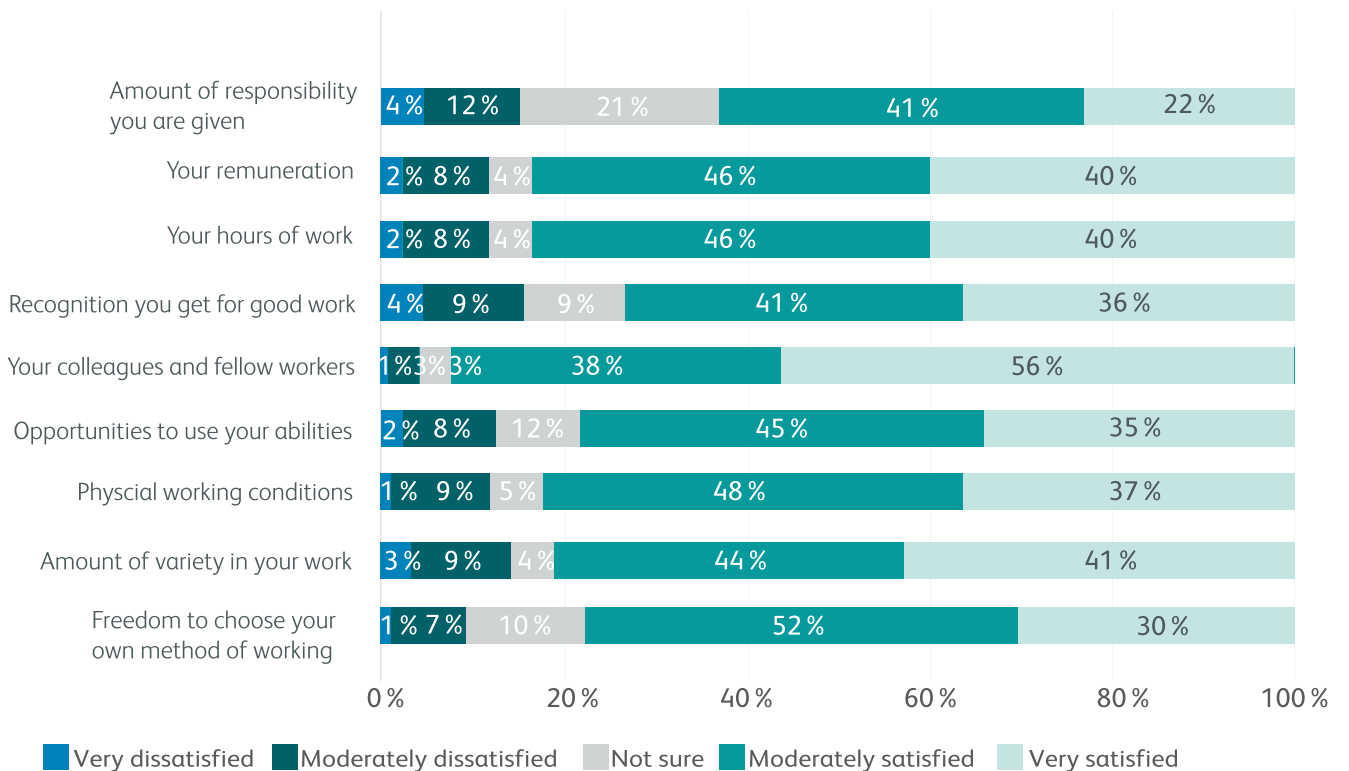
## Indemnity

The FPA is often asked about indemnity insurance – in addition to NHS Resolution cover – for PAs. 55% of respondents were fully insured by their employer, 20% paid for their own insurance and 3% shared the cost. 12% didn't have additional insurance and 10% didn't know if they did.

## Job satisfaction

The majority of respondents were either satisfied or very satisfied with all aspects of their roles. They were particularly satisfied with their colleagues and fellow workers. The area with the least satisfaction or uncertainty was the amount of responsibility.

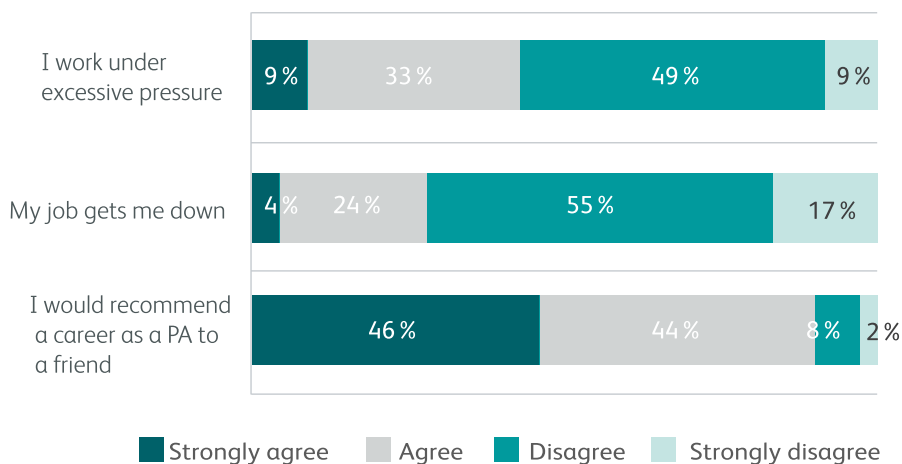
### Job satisfaction



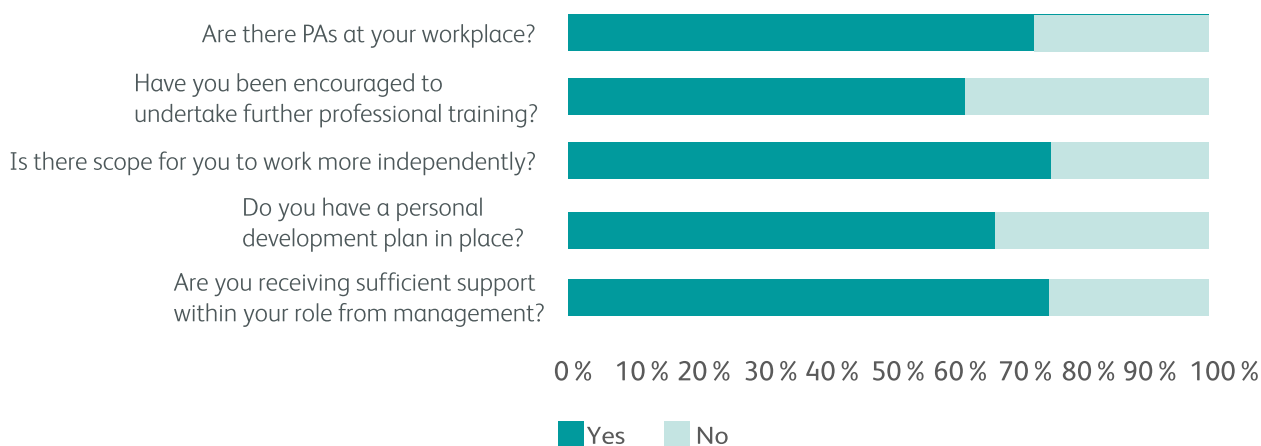
## Morale

It is positive that 90% of respondents either agreed or strongly agreed that they would recommend the PA career to a friend. This was the case even though 42% either agreed or strongly agreed that they worked under excessive pressure.

## Morale



## Workplace experiences



## Physician associate students

At 31 December 2019, there were 762 student members of the FPA. 248 completed the census, a return rate of 32.5%.

Country	Student members December 2019	Census respondents 2019	Census respondents 2018
England	673	203	369
Northern Ireland	23	21	18
Scotland	14	4	11
Wales	30	7	15

### Demographics

- > 69% of PA student respondents were women and 31% were men.
- > Just over half identified as English, Welsh, Scottish, Northern Irish or British. The next largest groups were African (9.5%), Indian (4.5%) and Pakistani (3.5%).
- > 14.5% of respondents considered themselves to be disabled or have a long-term health condition.
- > Just over three-quarters (76%) of respondents were heterosexual. 6.5% were gay men or women, and 3.5% were bisexual.

# The Faculty of Physician Associates

The Faculty of Physician Associates (FPA) at the Royal College of Physicians (RCP) provides professional support to physician associates across the UK.

PAs are medically trained, generalist healthcare professionals, who work alongside doctors and provide medical care as an integral part of the multidisciplinary team. PAs are dependent practitioners who work with a dedicated medical supervisor, but are able to work autonomously with appropriate support.

## Contact details

For queries relating to the 2019 FPA census, please contact the FPA membership team:

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