



Focus on physician associates: census 2021





Introduction

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

The FPA census provides a key evidence base for the PA profession. As the profession grows, and we come closer to being a regulated profession, 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 datasets they manage have appropriate coding for PAs so that, in time, we can develop a full picture of the profession.



Key points

- > PAs continue to be satisfied with their roles. 91% of respondents say that they enjoy their job and 89% would recommend it to a friend.
- > More respondents report carrying out extended procedural skills typically seen in primary care, such as cervical cytology screening, intrauterine device and coil placement and removal. This shows that, alongside an increase in PA numbers in primary care, we are now also seeing those PAs continue to progress and extend their scope of practice.
- > 11% take part in on-call rotas. Those who do work an average of 12.5 hours per week on call.
- > We are seeing a continued increase in workforce pressures – 49% say that they work under excessive pressure. Despite this, most PAs remain confident in the significance of their work and feel valued by colleagues and patients.
- > The number of PAs with protected time in their contract for work other than direct clinical care has increased for the second year, but only 48% say they are always able to use it. Around two-thirds still do not have protected time.

Progress since last year

Last year, we said that some of the things we had planned to do in 2020/21 had been delayed due to the pandemic. We have made progress this year by:

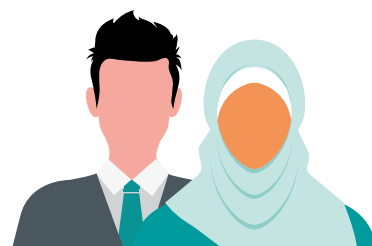
- > surveying our members to better understand the pressures of the PA role and what support they need to avoid burnout and maintain their wellbeing
- > working with PAs across the UK nations to better understand the different challenges they face, setting up a devolved nations group
- > working more closely with our regional networks, with the president touring the country to meet and listen to members
- > monitoring the impact of the steps we have taken to ensure greater transparency around leadership roles in the FPA
- > increasing PA representation and involvement in FPA governance by adding two new PAs to the FPA Board and recruiting to the research, professional standards and education committees
- > continuing to work with Health Education England (HEE) to make sure that the career framework will meet the needs of PAs and the NHS
- > continuing to work with medical royal colleges and specialty organisations to develop tailored specialty guidance for PAs, developing new relationships along the way
- > launching a members-only area of our website, which provides PA-focused clinical and non-clinical guidance notes to support, enable and empower our members
- > highlighting the amazing work of our members and showcasing the profession through our PA spotlight series.

Regulation

Becoming a regulated profession is the next major step for PAs, and we continue to work with the Department of Health and Social Care (DHSC) and the General Medical Council (GMC).

The DHSC recently set out a new timetable for regulation. While regulation by the second half of 2024 is later than many PAs anticipated, we are content that both the DHSC and GMC remain committed. We recognise that the DHSC decided to separate the legislation that will bring PAs into regulation from the legislation that will change the GMC regulatory framework for doctors, to mitigate any further delays to PA regulation. We hope it will have the intended effect and that the new timetable for PAs to be regulated by the GMC by the second half of 2024 will be met.

We will continue to raise PA regulation with MPs and are calling on the government to #RegulatePAsNow. Members are integral to the campaign and have helped us to develop it by sharing their stories of how their inability to prescribe or order ionising radiation is hampering the efforts of their employer to deal with the NHS backlog.



PAs to be regulated
by the GMC by the
second half of 2024

Next steps

As well as the **#RegulatePAsNow** campaign, in the year ahead we will:

- > continue to raise the visibility of the profession through the media and by showcasing the breadth of PA practice
- > continue to listen to our members across the UK to ensure that we understand the challenges they face as the pressure on the NHS grows
- > make the case for more support and access to supervisors for PAs, using what we know about the link between a lack of support and burnout
- > produce career progression guidance for PAs and work with external organisations such as HEE and NHS Education for Scotland (NES) to ensure that PAs are supported to develop their careers
- > do more to promote the role of PA to employers.



Methodology

Each PA and student PA received a unique link to a personalised survey from the RCP's Medical Workforce Unit. Links were sent electronically between 5 October 2021 and 9 January 2022 to PAs on the managed voluntary register (MVR) and PA student members. There were 1,044 survey respondents, of whom 790 were PAs and 254 were PA students.

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

I'm supporting
#RegulatePAsNow
 to allow PAs to
 contribute even more
 to the workforce



The workforce

2,486*

physician associates were on the MVR on 1 October 2021

*790 PAs completed the survey, a return rate of 32%.

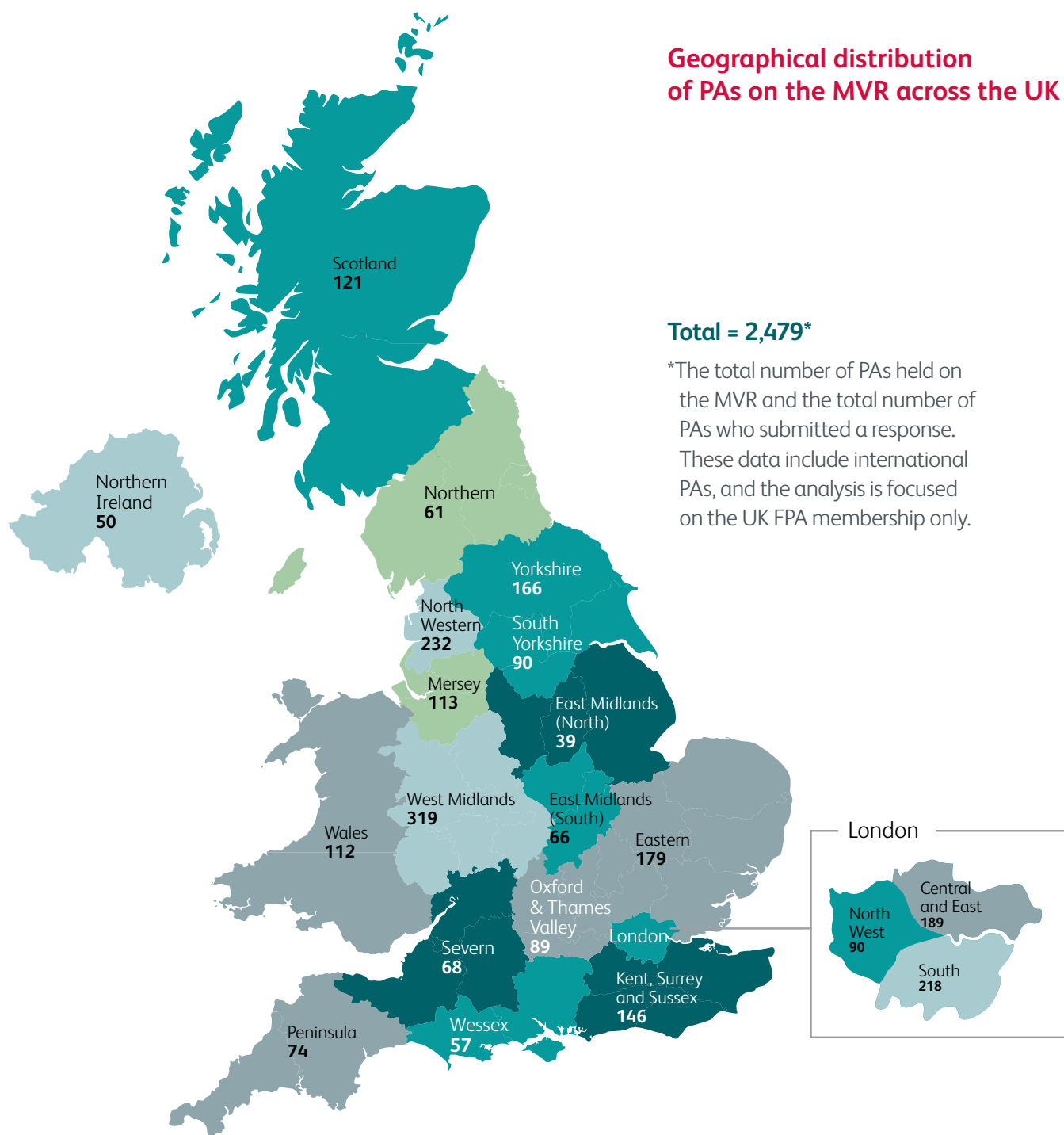


Number of PAs by country

| Country | MVR October 2021 | Census respondents 2021 | Census respondents 2020 |
|------------------|------------------|-------------------------|-------------------------|
| England | 2,196 | 690 | 592 |
| Northern Ireland | 50 | 19 | 23 |
| Scotland | 121 | 34 | 43 |
| Wales | 112 | 41 | 33 |

*The total number of qualified PAs and the total number who submitted a response. These data include international PAs, and the analysis is focused on the UK FPA membership only.

Geographical distribution of PAs on the MVR across the UK



As last year, the regional variation in PA numbers shows that there is still a lot of potential for the profession to expand. While there are areas with a large community of PAs – such as in the West Midlands and the North West – in others, there will still be PAs who are one of very few locally. While becoming a regulated profession will increase the number of PAs, we can still highlight their role and importance to employers in the meantime.

Demographics

- > 77% of respondents are women and 22% are men. Less than 1% of respondents identify as transgender or non-binary and less than 1% prefer not to answer.
- > 58% of respondents are English, Welsh, Scottish, Northern Irish or British. The next largest groups are African (9%), Indian (4%) and Pakistani (4%).
- > 11% of respondents consider themselves to be disabled or to have a long-term health condition.
- > 90% of respondents are heterosexual. Around 5% are gay men or women, and 3% are bisexual.

Education

Half of respondents have completed a postgraduate diploma. A further 49% hold a master's degree.

Around 1% took a different route, holding either a certificate or a bachelor's degree. These are usually earlier qualifications from the USA, where 2% of respondents trained.

Previous healthcare experience

72% of respondents had healthcare experience across 38 different roles before becoming a PA. Among them, the most common was as a healthcare assistant (39%), followed by volunteer in a healthcare setting (17%), care home or nursing home assistant (8%), nurse (8%) or clinical laboratory technician (7%). 8% had had prescribing rights in a previous role.

The role

The vast majority of respondents are practising as PAs. Around two-thirds are mainly employed in secondary care and one-third in primary care.

Practice status

| Status (choose all that apply – respondents were able to choose more than one option) | % |
|---|------|
| Practising as a PA | 90% |
| PA educator (university setting) | 9% |
| PA educator (clinical setting) | 6% |
| Practising as a PA in a training post | 4% |
| Working, but not as a PA | 2% |
| Currently seeking work as a PA | 2% |
| Not working right now (eg for family care or personal reasons) | 1% |
| Researcher | 0.5% |
| Other | 4% |

Clinical settings

61% of respondents are employed by an NHS trust as their main employer. 38% are employed by a general practice or primary care network. Less than 1% are working for a private healthcare provider.

Respondents are working in a range of clinical settings, including 40% in a GP surgery, 29% in an inpatient ward, 10% in accident and emergency and 9% in a medical assessment unit. Other settings include specialist surgery, psychiatry or mental health service, care home, rehabilitation facility, operating theatre, intensive care unit and urgent care centre. 23% also have a secondary area of work.

Specialties

PAs report working in over 46 specialties. Most respondents work in one specialty, but 32% also work in a secondary specialty, an increase from 18% last year.

| Specialty | % |
|-----------------------------------|-----|
| General practice | 38% |
| Acute medicine | 10% |
| Emergency medicine | 9% |
| Care of older people / geriatrics | 5% |
| Respiratory medicine | 4% |
| General surgery | 2% |
| Cardiology | 2% |
| Gastroenterology | 2% |
| General internal medicine | 2% |
| Psychiatry | 2% |
| Haematology | 2% |
| Stroke medicine | 2% |
| Trauma and orthopaedics | 1% |
| Paediatrics | 1% |
| Urology | 1% |
| Community medicine | <1% |
| Endocrinology | <1% |
| Oncology (medical) | <1% |
| Orthopaedic surgery | <1% |
| Colorectal surgery | <1% |

Specialties (cont)

| Specialty | % |
|--------------------------------|------|
| Breast surgery | <1% |
| ENT / otolaryngology | <1% |
| Neurology | <1% |
| Obstetrics and gynaecology | <1% |
| Clinical oncology | <1% |
| Dermatology | <1% |
| Infectious diseases | <1% |
| Nephrology | <1% |
| Neurosurgery | <1% |
| Paediatric surgery | <1% |
| Rotation pattern as internship | <1% |
| Cardiothoracic surgery | <1% |
| Critical care | <1% |
| Paediatrics – acute | <1% |
| Rheumatology | <1% |
| Spinal surgery | <1% |
| Transplant surgery | <1% |
| Vascular surgery | <1% |
| Allergy and immunology | <1% |
| Genetics | <1% |
| Neonatology | <1% |
| Paediatric psychiatry | <1% |
| Plastic surgery | <1% |
| Radiology | <1% |
| Rehabilitation medicine | <1% |
| Researcher | <1% |
| None specified | 1% |
| Other | 1.5% |

Clinical tasks

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

| Medical activities performed by PAs | % |
|---|-----|
| Perform physical examination | 97% |
| Take medical history | 97% |
| Perform patient education | 88% |
| Manage acute conditions (eg musculoskeletal injury, lacerations, COPD flare) | 86% |
| Manage chronic conditions (eg diabetes, high blood pressure, COPD) | 78% |
| Manage emergent conditions (eg stroke, pulmonary embolus, chest pain, trauma) | 69% |
| Perform psychiatric assessment | 49% |
| Pelvic examination (palpation of cervix, uterus and adnexae) | 32% |

| Miscellaneous activities performed by PAs | % |
|---|-----|
| Take bloods / perform venepuncture | 83% |
| Interpret ECG | 75% |
| Arterial blood gas | 57% |
| Place IVs / perform cannulation | 48% |
| Urinary catheterisation | 46% |
| Nasogastric tube placement | 32% |
| Lumbar puncture | 13% |
| Ultrasonography | 11% |
| Paracentesis / peritoneal drain | 9% |
| Chest tube / drain insertion | 9% |
| Cervical smear | 7% |
| General newborn examinations | 7% |
| Pulmonary function testing | 6% |
| Skin biopsy | 4% |

Clinical tasks (cont)

| Miscellaneous activities performed by PAs | % |
|---|-----|
| Bone marrow biopsy | 3% |
| Lipoma removal | 3% |
| Coil / intrauterine device removal | 3% |
| Radiography | 2% |
| Coil / intrauterine device placement | 2% |
| Cystoscopy | 1% |
| Implant placement | 1% |
| Implant removal | 1% |
| Skin cancer removal | 1% |
| Gastroscopy (oesophagogastroduodenoscopy) | <1% |
| Sigmoidoscopy | <1% |
| Colonoscopy | <1% |
| DEXA scanning | <1% |
| Activities performed by PAs working in surgical care, critical care or accident and emergency | % |
| Arterial blood gas | 88% |
| Urinary catheterisation | 72% |
| Nasogastric tube placement | 54% |
| Suturing | 22% |
| Lumbar puncture | 13% |
| Paracentesis / peritoneal drain | 8% |
| Surgical first assisting | 8% |
| Incision and drainage of abscess | 7% |
| PICC line placement | 6% |
| Arterial line insertion | 4% |
| Central line insertion | 4% |
| Thoracentesis / pleural drain intubation | 4% |
| Chest tube / drain insertion | 3% |
| FAST ultrasound testing for trauma | 3% |
| Port placement (Groshong, Hickman, Mediports etc) | 3% |

Contracted and worked hours

There is little variation between the hours PAs are contracted for and the hours they actually work.

| | Contracted average (hours) | Worked average (hours) |
|------------------------------------|----------------------------|------------------------|
| Direct clinical care | 34 | 35 |
| Supporting professional activities | 4 | 5 |
| Academic programmed activities | 3 | 4 |
| Other professional activities | 3 | 3 |

On-call and home visits

11% of respondents take part in an on-call rota. They are on call for 12.5 hours per week on average. 23% of respondents undertake home visits.

Protected time

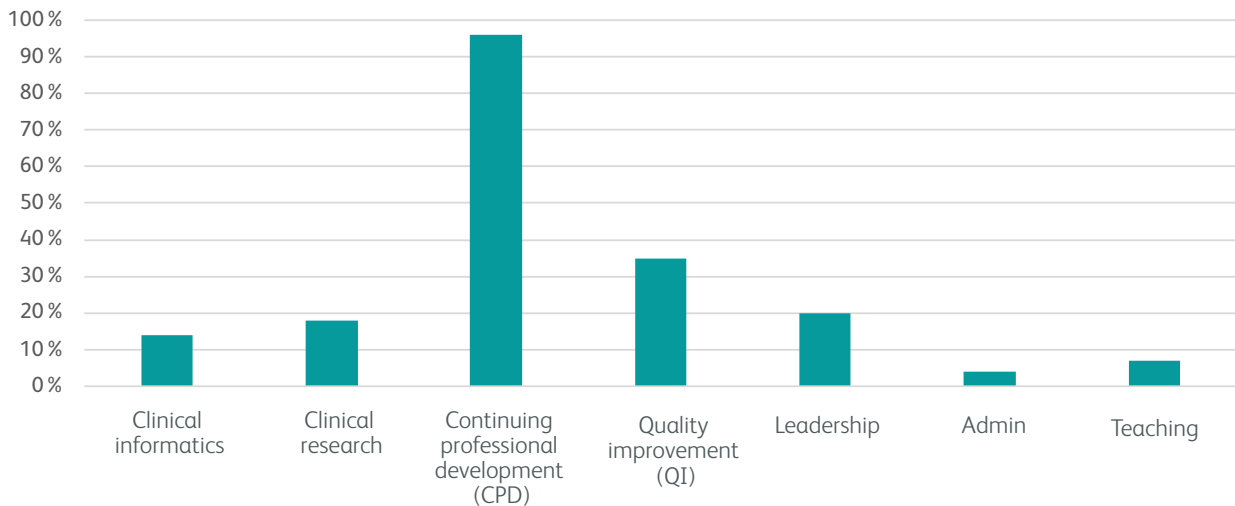
The number of respondents who have protected time for work other than direct clinical care has increased from 2020 (36% vs 32%). But that leaves around two-thirds of respondents with no contracted time for things such as developing themselves and their practice, helping improve services or carrying out research.

The 36% who do have protected time usually have half a day a week. Only 48% said they are always able to use their protected time, 40% are able to sometimes and 12% are never or rarely able to use it.



Two-thirds of respondents don't have protected time for developing themselves and their practice

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. 70% of respondents are covered under their employer’s indemnity scheme, with 24% being unsure. 21% of respondents have additional ‘top-up’ cover, with 62% of those who have additional cover paying the cost themselves.

Working with COVID-19

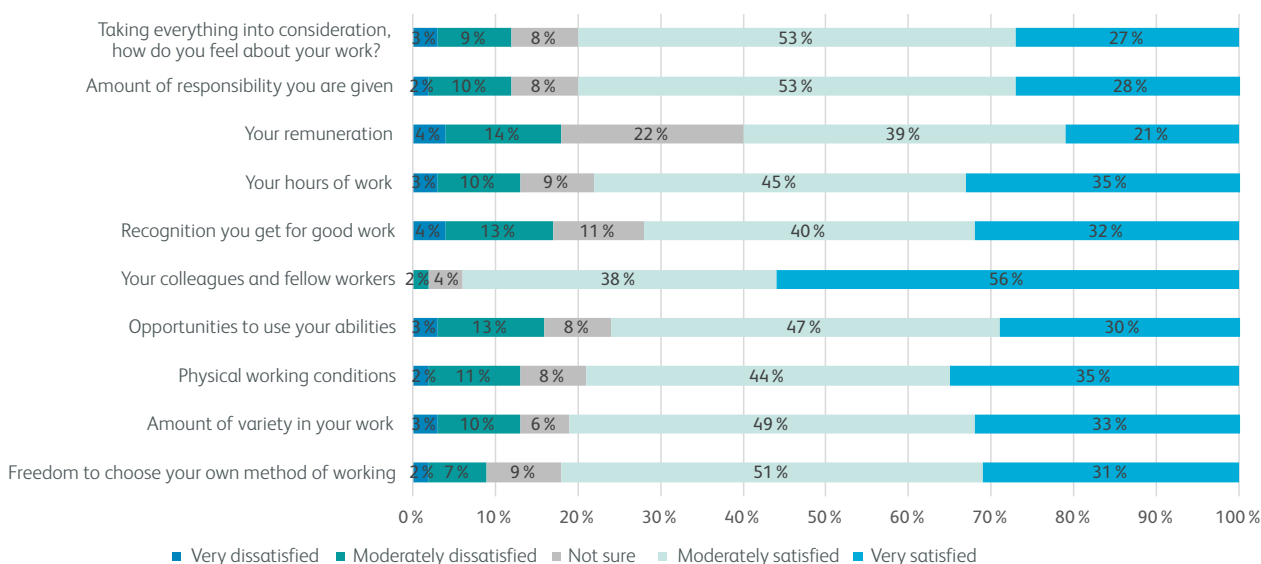
70% of respondents have been involved in the direct clinical care of patients with COVID-19. As we’ve seen with other professions, 76% of respondents have missed training opportunities as a result of the pandemic. 77% of them say that they have missed local teaching and 60% regional teaching.

Respondents also note reduced exposure to procedures for training (46%) and decreased frequency of clinical supervisor meetings (40%). The pandemic also caused a backlog for some post-qualification courses, which meant that it has been more challenging for PAs to progress in these areas.

Job satisfaction

The majority of respondents are either satisfied or very satisfied with all aspects of their roles. They are particularly satisfied with their colleagues and fellow workers. The area with the least satisfaction is remuneration (63%), followed closely by recognition (75%) and opportunities to use your abilities (76%).

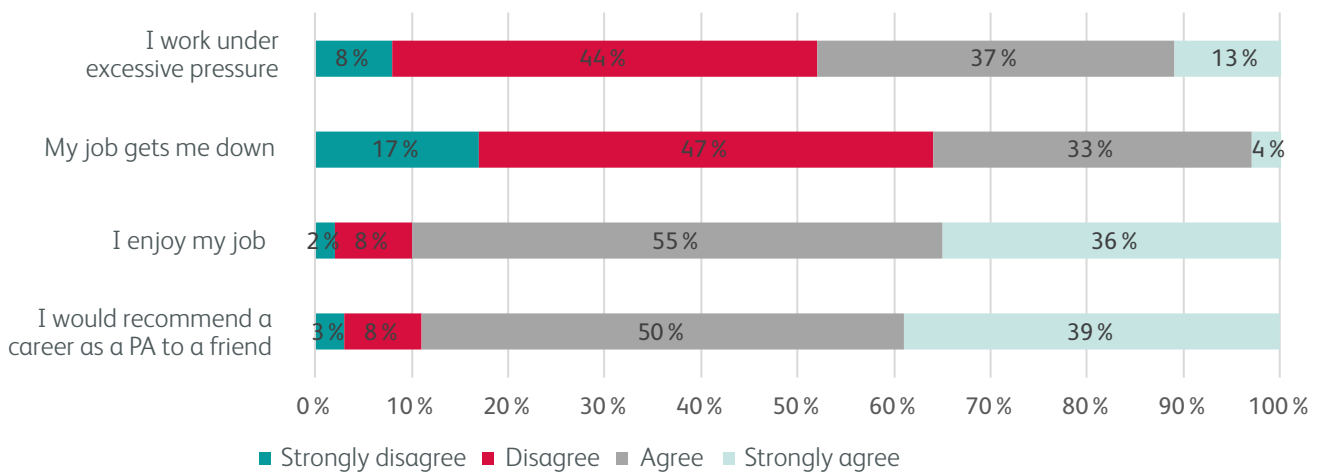
More than half of respondents (51%) feel in control of their workload at least most of the time, with a further 11% of respondents almost never feeling in control.



51% of respondents feel in control of their workload at least most of the time

Morale

We are pleased that most respondents would recommend the PA role, even though 50% either agree or strongly agree that they work under excessive pressure. 89% either agree or strongly agree that they would recommend the PA career to a friend and 91% enjoy their job.



Working as part of the team

It is positive to see that the majority of PAs feel valued in their place of work. Respondents feel most valued by their clinical line manager and least by the organisation management.

| | Almost always | Most of the time | About half of the time | Sometimes | Almost never |
|---|---------------|------------------|------------------------|-----------|--------------|
| Do you feel valued by medical colleagues? | 26% | 46% | 14% | 12% | 2% |
| By non-medical colleagues? | 33% | 45% | 11% | 9% | 2% |
| By patients? | 30% | 51% | 11% | 7% | 1% |
| By your clinical line manager? | 34% | 37% | 12% | 11% | 7% |
| By your organisation management? | 17% | 34% | 16% | 17% | 17% |

Physician associate students

1,184*

PA students were members of the FPA on 1 October 2021

*254 completed the census return, a return rate of 21%.



| Country | Student members October 2021 | Census respondents 2021 | Census respondents 2020 |
|------------------|------------------------------|-------------------------|-------------------------|
| England | 1,061 | 212 | 176 |
| Northern Ireland | 23 | 9 | 10 |
| Scotland | 19 | 7 | 2 |
| Wales | 81 | 21 | 9 |

*The total number of PA students and the total number who submitted a response. These data include international PAs, and the analysis is focused on the UK FPA membership only.

Demographics

- > 78.5% of student respondents are women and 20% are men. 1% of respondents identify as transgender or non-binary and less than 1% preferred not to answer.
- > Just over half of respondents identify as English, Welsh, Scottish, Northern Irish or British. The next largest groups are African (9.6%), Indian (7%) and Pakistani (6.5%).
- > 14.5% of respondents consider themselves to be disabled or to have a long-term health condition.
- > 87% of respondents are heterosexual. 5% are gay men or women, and 6.5% are bisexual.

Education and experience

- > 85% of student respondents are enrolled on a master's degree. The other 15% are studying for a postgraduate diploma.
- > 58% of student respondents had healthcare experience prior to embarking on PA training.
- > Of those who had healthcare experience, 34% worked as a healthcare assistant, 20% as a volunteer in a healthcare setting, 22% as a nursing home assistant or home carer and 9% as a clinical laboratory technician.

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. Physician associates are healthcare professionals who, while not doctors, work 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.

Contact details

For queries relating to the 2021 FPA census, please contact the FPA membership team:

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