



Royal College
of Physicians

Faculty of
Physician Associates

Faculty of Physician Associates Census results 2017

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Introduction

It has been an eventful and exciting year for the physician associate (PA) profession. We have seen amazing growth in PA student numbers, an increase in the number of PA programmes that are available in the UK and continued awareness of the role across other healthcare professions and the public.

In September 2017 we launched [An employer's guide to physician associates](#), an evolving document that provides information for current and potential employers and supervisors of PAs.

In October 2017 the secretary of state for health Jeremy Hunt announced the opening of a [Department of Health consultation](#) on the regulation of medical associate professions in the UK, recommending that statutory regulation be introduced for PAs.

This is a monumental positive step forward for PAs, and the result of a decade's worth of campaigning as a profession. I am incredibly proud to be part of this progress as a PA, as one of the first PAs who graduated from the pilot scheme back in 2007 and as the president of the Faculty of Physician Associates (FPA). We look forward to working with the government and the Department of Health to make regulation of the profession a reality as soon as we can, and the FPA awaits the results of the consultation with anticipation.



As usual, we hope that the process of collecting census data about the growth of the PA profession and the exciting progress it is making will help to inform decision making about the future of the NHS workforce and the future of PAs. The FPA census documents the geographic and specialty spread of the profession and the scope of the practice of PAs. This information is of great interest to potential employers and policy makers, as it demonstrates which specialties PAs are working in, and their numbers. The data can also be used to advocate for statutory regulation of the profession.

Furthermore, the census can help potential employers to set proper remuneration for PAs who they may wish to hire, as well as to record how many people have trained and qualified as a PA but are not currently working as a PA. This may indicate a need to modify training or job placement activities. The FPA census can also be used to document the advancement of the profession in the UK, for use in academic work or papers.

Thank you to all the PAs and PA students who took time to complete the census – we are grateful for your continued work to advocate for the profession and to deliver high-quality care to patients.

Jeannie Watkins

President of the Faculty of Physician Associates

The FPA census 2017

The FPA collected these census data during May and June 2017. We believe that there are up to 1,650 people (450 PAs and up to 1,200 PA students) who are eligible to respond to the census and are living in the UK.

In total, 218 PAs and 639 PA students who are living in the UK responded to the census. It is unclear how many students have actually enrolled at some universities that have recently begun to accept students. The response rate was therefore calculated based on the number of students that these universities intended to enrol.

- Total response rate = 51.9% (857/1,650).
- Response rate for PAs believed to be living in the UK and eligible to practise as a PA = 48.4% (218/450).
- Response rate for UK PA students = 53.3% (639 / up to 1,200 PA students nationwide).

Gender

	PA students	PA graduates
Female	472	165
Male	167	52
Not specified	0	1
Total	639	218

Location

	England	N Ireland	Scotland	Wales	Total
PA graduates	191	3	21	3	218
PA students	581	13	21	24	639
Total	772	16	42	27	857

Respondents by university attended

University	PA students	PA graduates
The University of Aberdeen	22	21
Anglia Ruskin University	29	N/A
Bangor University	9	N/A
The University of Birmingham	29	52
The University of Bradford	11	N/A
Brighton and Sussex Medical School	5	N/A
Brunel University London	2	N/A
Canterbury Christ Church University	18	N/A
The University of East Anglia	25	N/A
The University of Hertfordshire	No longer teaching	8
Hull York Medical School	25	N/A
The University of Leeds	14	N/A
The University of Liverpool	75	N/A
The University of Manchester	53	N/A
Newcastle University	11	N/A
Plymouth University	21	10
Queen Mary University of London	11	N/A
The University of Reading	26	N/A
Sheffield Hallam University	23	N/A
University of Sheffield	15	N/A
St George's, University of London	76	87
The University of Surrey	16	N/A
Swansea University	9	N/A
Ulster University	12	N/A
The University of Central Lancashire	44	N/A
The University of the West of England	9	N/A
The University of Wolverhampton	16	12
The University of Worcester	33	7
<i>Educated in the United States</i>	<i>Not eligible</i>	20

N/A = these universities do not yet have PA graduates.

Current practising status

Overall, 218 PAs were eligible to respond to census questions about their practising status. Each respondent was allowed to choose more than one status; for example, two PAs were practising, researching and also working as a researcher.

Of the PAs who were not working, one is currently seeking work as a PA, one could not find a PA job, and one stated that they could make more money in another profession. Of the PAs who were taking time off for personal reasons, one was on maternity leave. Of the PA educators, 17 stated that they were also practising as a PA.

Practise status	Graduate PAs
Practising as a PA	182
In a PA training post	7
Working as a PA educator	34
Working as a researcher	2
Working but not as a PA	4
Currently seeking work as a PA	7
Taking time off for personal reasons	5

Hours, call and home visits

Mean number of hours worked per week	37.4
Median number of hours worked per week	37.5

- Range: 16–60 hours per week
- 28 PAs perform home visits
- 15 PAs take call for their practice/service

Specialties

Generalist specialties	Percentage
Educators who also practise clinically	8.9
Emergency medicine	12.0
General practice	26.0
Acute medicine	22.9

The total is >100% because some respondents practise in more than one specialty.

Overall, 17 PAs work as educators only and do not currently practise in a clinical setting.

Adult medical specialties	Percentage
Cardiology	3.6
Care of older people / geriatrics	4.7
Community medicine	0.5
Critical care	2.1
Dermatology	1.0
Endocrinology	0.5
Gastroenterology	3.7
General internal medicine	1.6
Genitourinary medicine / sexual health	0.5
Haematology	0.5
Infectious diseases	0.5
Lymphedema	0.5
Nephrology	1.6
Neurology and/or stroke medicine	1.6
Obstetrics/gynaecology	0.5
Oncology	1.0
Psychiatry	2.1
Rehabilitation medicine	1.6
Rheumatology	0.5

Paediatric specialties	Percentage
General paediatrics	2.1
Critical care	1.0
Neonatology	0.5

Surgical specialties	Percentage
Breast surgery	0.5
Cardiothoracic surgery	0.5
Endocrine surgery	0.5
Ear nose and throat (ENT) / otolaryngology	0.5
General surgery	6.3
Neurosurgery	2.1
Orthopaedic surgery	4.2
Plastic surgery	0.5
Spinal surgery	0.5
Transplant surgery	0.5
Trauma and orthopaedic surgery	4.2
Urology	0.5
Vascular surgery	2.6

Pay

The median pay for all PAs who work more than 30 hours per week and are not in a training post (regardless of specialty and length of experience) is £37,000.

The mean pay for the same cohort of PAs is £37,364. The interquartile range (the middle 50%) is £31,000–£41,000.

PA employers

Nearly all PAs (>99%) work in the NHS in primary or secondary care. Four PAs stated that they see both private and NHS patients. One PA stated that they work solely for a private hospital.

Indemnity coverage

In total, 185 PAs answered the census questions about indemnity cover. Of these, 91 PAs (49%) reported that their indemnity coverage is fully paid by their employer. Overall, eight PAs (4%) reported that their indemnity coverage is partially paid by their employer; whereas 29 PAs (16%) reported that they pay for their own indemnity insurance and 30 PAs (16%) reported that they do not have indemnity insurance.

In total, 27 PAs (15%) reported being uncertain about whether they have indemnity cover or not. Of those who reported that they did not have indemnity coverage or that they did not know whether they had indemnity coverage, all except one person either worked in a hospital or worked as an educator without a clinical component. It is likely that those who work in an NHS hospital do have indemnity coverage through their employers.

Study leave

For those who received paid study leave, the most common number of paid study leave days per year that they received was 5 days (77 PAs or 35%) and 10 days (16 PAs or 6%) (range 1–50 days). A number of PAs reported being 'unsure', which may indicate a need for PAs to clarify this aspect of their employment contract. In total, 44 PAs (20%) reported having no days of study leave.

Continuing professional development

Continuing professional development (CPD) is the educative means of updating, developing and enhancing the knowledge, skills and attitudes that are required to work safely and effectively as a PA. All PAs are currently required to fulfil CPD requirements to remain on the Physician Associate Managed Voluntary Register (PAMVR), which is to be audited by the FPA in conjunction with the Royal College of Physicians (RCP) using the CPD diary. (If you are a PA and you do not currently have access to the CPD diary, [please register online](#).)

In total, 88 PAs received set funds for ongoing CPD. Overall, 94 PAs stated that there are no funds available for CPD expenses from their employer. For those who receive funds, the mean, median and mode was £500 per year (range £100–£3,000).

The Physician Associate Managed Voluntary Register (PAMVR)

The PAMVR is held exclusively by the FPA, and it allows employers to check whether an applicant or employee is a fully qualified and approved PA.

In total, 182 of the 218 PAs who answered this census question were on the PAMVR. Of those PAs who are on the PAMVR, only eight have an employer who covers the whole cost of subscription to the register. The employer pays part of the subscription for two PAs. All other PAs on the PAMVR cover the cost themselves.

If you are a PA who is not currently registered on the PAMVR, please [apply for FPA membership](#).

Satisfaction

Answers to the global satisfaction question – ‘Taking everything into consideration, how do you feel about your work?’ – revealed that PAs are generally satisfied, with just under 90% saying that they are ‘very’ or ‘moderately’ satisfied.

Work satisfaction rating	Percentage
Very satisfied	29.6
Moderately satisfied	59.8
Not sure	3.2
Moderately dissatisfied	6.3
Very dissatisfied	1.0

Clinical tasks

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

The following tasks are routinely performed by nearly all PAs (>90%):

- taking a medical history
- performing a physical examination
- providing patient education.

The following tasks are routinely performed by more than half of PAs (50–89%):

- performing venepuncture
- interpreting an electrocardiogram (ECG)
- obtaining an ECG
- performing cannulation
- obtaining an arterial blood gas.

The following tasks are routinely performed by 25–49% of PAs:

- placing a urinary catheter
- performing a psychiatric examination
- performing suturing
- placing a nasogastric tube
- performing a pelvic examination.

The following tasks are routinely performed by 1–24% of PAs:

- lumbar puncture
- casting/splinting
- surgical first assist
- incision and drainage of abscess
- joint aspiration/injection
- fracture reduction
- dislocation reduction
- nerve blocks
- providing antenatal care
- chest drain insertion
- general newborn examinations
- pulmonary function tests
- arterial line insertion
- obtaining cervical smears
- paracentesis
- FAST trauma ultrasound
- hematoma blocks
- mole removal
- skin biopsy
- central line insertion
- PICC line placement
- lipoma removal
- thoracentesis
- ultrasonography
- fetal heart tones
- intubation
- IUD removal
- DEXA scanning
- perinatal care
- radiography
- cystoscopy
- implant removal
- IUD placement
- OGD
- participating in cardiac catheterisation
- pregnancy termination
- skin cancer removal.

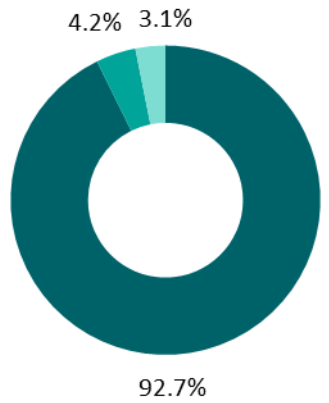
(DEXA = dual-energy X-ray absorptiometry; FAST = focused assessment with sonography for trauma; IUD = intrauterine device; OGD = oesophagogastroduodenoscopy; PICC = peripherally inserted central catheter.)

The following tasks are routinely performed by only one PA:

- circumcision
- colonoscopy
- endometrial biopsy
- implant placement
- performing cardiac stress testing
- sigmoidoscopy.

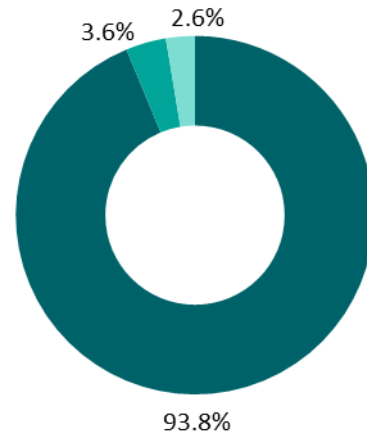
Job satisfaction

I would recommend a careers as a PA to a friend



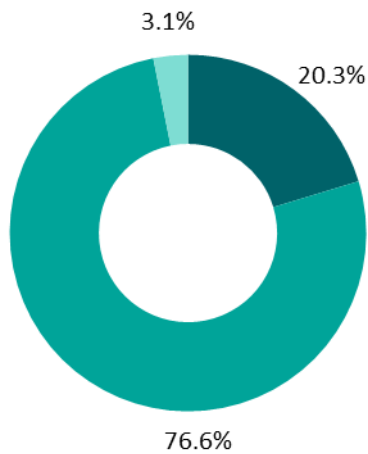
- Agree/ strongly agree
- Disagree/ strongly disagree
- No answer

I enjoy my job



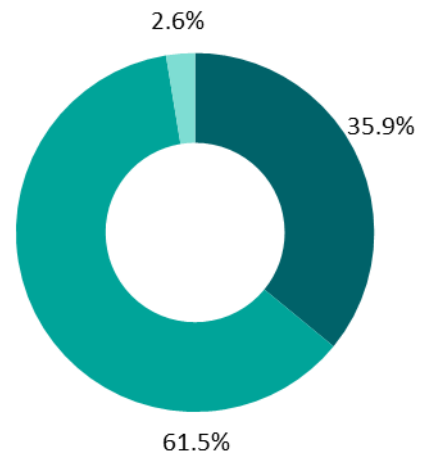
- Agree/ strongly agree
- Disagree/ strongly disagree
- No answer

My job gets me down



- Agree/ strongly agree
- Disagree/ strongly disagree
- No answer

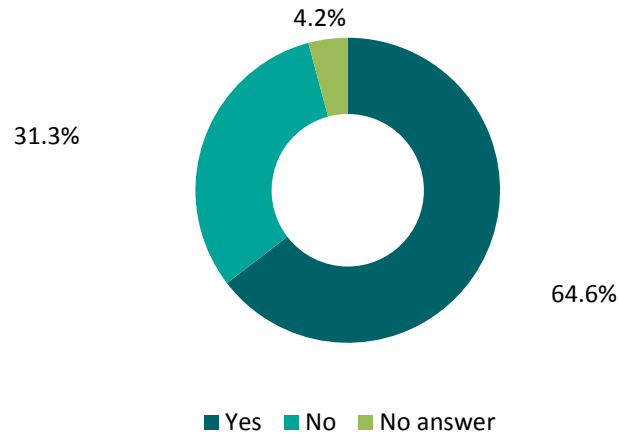
I work under excessive pressure



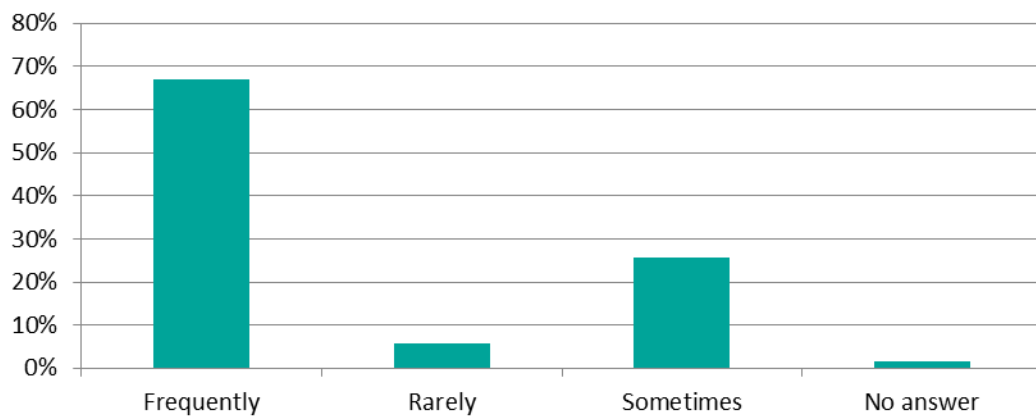
- Agree/ strongly agree
- Disagree/ strongly disagree
- No answer

Teaching hospital experience

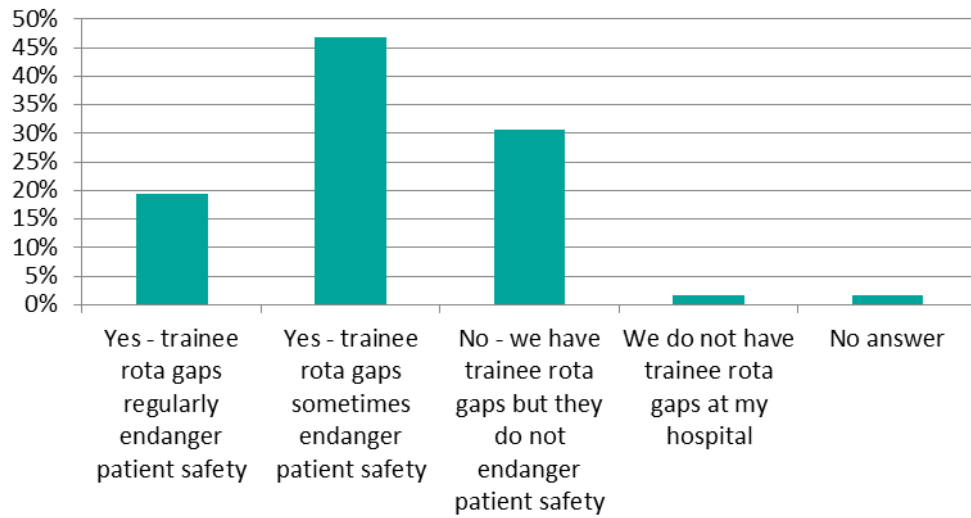
Do you work at a hospital that trains doctors?



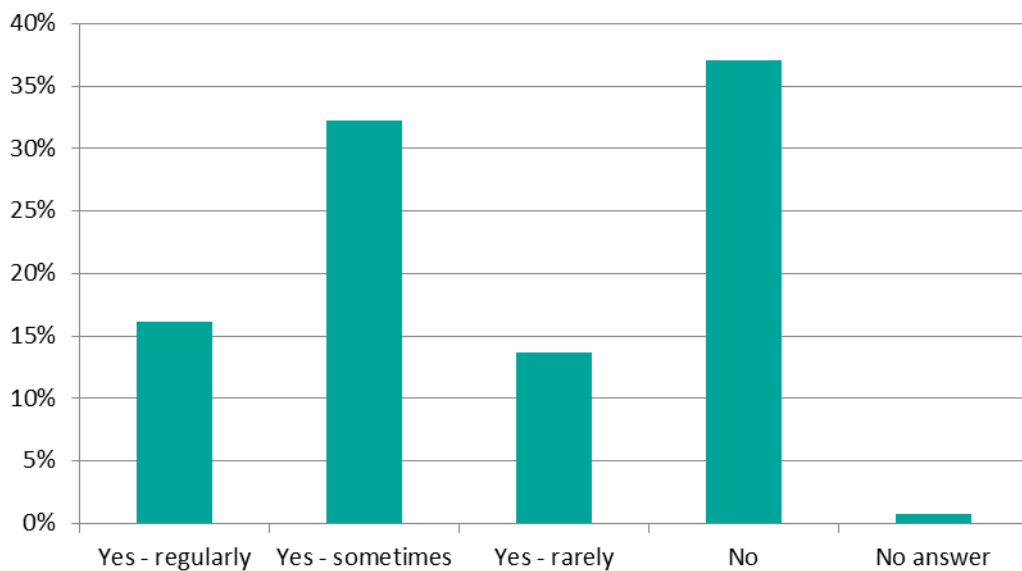
How often have you noticed gaps in trainee doctors rotas at your hospital?



Do you believe that gaps in trainee doctor rotas at your hospital endanger patient safety?



Have you ever been asked to cover trainee rota gaps at your hospital?



The Faculty of Physician Associates

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

How can PAs help physicians and the NHS?

PAs increase the numbers of the medical workforce and increase access to quality care for patients. They act in an enabling role, helping to reduce healthcare teams' workload and to bring new talent to the NHS, which adds to the skillmix within the teams.

How do PAs fit into the NHS workforce?

PAs' ability to practise medicine is enabled by collaboration and supportive working relationships with their clinical supervisors, meaning that there is always someone who can discuss cases, give advice and attend to patients if necessary.

To find out more about PAs, please visit the [FPA website](#).

Contact details

For any queries relating to the 2017 FPA census, please contact the FPA membership team:

Email: fpa@rcplondon.ac.uk

Direct line: +44 (0)203 075 1743

For permissions enquiries and data use requests, please contact:

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Census data discussion

The 2017 PA census data have several limitations. Firstly, participants were allowed to opt out at any time in the survey, and some PAs therefore completed only partial surveys. Others did not answer individual questions, which gives us shifting denominators. Secondly, some participants had difficulty generating a UCID (a unique ID that will allow us to track individual career paths over time). This results in an inability to match annual census data with practise patterns data and data from previous census administrations. Thirdly, conflicting answers were sometimes given and there is really no way to reconcile them in an anonymous survey administration. For example, a person may say that they practise emergency medicine but then not choose A&E as their practice setting. Or they may say that they work in a GP surgery as their setting, but 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 PAMVR and the number of individuals who have sat for the national exam, the explosive growth in the number of PA programmes has made it difficult to conclusively count all the PA students who are enrolled nationwide. Not all programmes have responded to queries regarding the number of their students. The estimated number of students is based on the actual numbers that were submitted by universities plus the intended intake numbers of non-responding programmes that submitted to the UK Universities Board over time. It is likely that the student response rate is actually better than 53% because, historically, new programmes have not enrolled as many students as they planned in the first cohort.

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

Overall, however, we believe that the data provide a fairly accurate snapshot of PAs in the UK. Articles that use the annual census data are being submitted for publication to peer-reviewed journals. These data are also used regularly in communications between the FPA, the government, Health Education England, employers, potential students and universities to advocate for the profession and for PA students. Furthermore, the data continue to be used by non-FPA organisations such as universities, students, workforce planners, and doctor advocates for the PA role in a wide variety of settings.

Thank you to all the PAs and PA students who took the time to respond to the FPA census – we wouldn't have this data without you!

Tamara Ritsema

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