



Royal College  
of Physicians

Faculty of  
Physician Associates

# Faculty of Physician Associates Census results 2018

Tamara Ritsema  
Principal investigator

---

## Foreword

It has been another remarkable year for the physician associate (PA) profession. We have seen a steady growth in membership numbers, we held our largest exam to date in September and ran a sell-out third annual CPD conference. The culmination of our success had to be the announcement made by the secretary of state for health and social care in October confirming the introduction of statutory regulation for physician associates. The announcement followed years of campaigning from the profession and others. We still await the publication of the government's response to the consultation on medical associate professions, which will confirm the chosen regulator. We will continue to work with the Department of Health and Social Care as we move closer to statutory regulation. PAs are one of the only growing healthcare professions and it is vital that we champion the profession to benefit patients and play our part in reducing the pressures facing the NHS workforce.



It is our 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 decisions made about the future of the NHS workforce and the future of PAs. The census information is of great interest to potential employers and policymakers as it demonstrates which specialties PAs are working in and their numbers. The FPA census puts physician associates on the map, both geographically and professionally.

As the profession continues to grow with nearly a thousand PAs graduating a year, the FPA census will be used to document the advancement of the profession in the UK and help to ensure that our voices are heard in the debates about the future of health and social care.

We continue to work with the universities that support us, to reinforce to their students and alumni that participating in data collection will champion the advancement of the profession and is a meaningful way of backing their professional leadership body.

I'd like to take this opportunity to thank 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.

A handwritten signature in black ink that reads "Jeannie Watkins". The signature is fluid and cursive.

**Jeannie Watkins**  
**President of the Faculty of Physician Associates**

## Acknowledgements

The FPA census 2018 was authored by Tamara Ritsema with survey development and additional data analysis by Nina Newbery of the Medical Workforce Unit at the Royal College of Physicians (RCP).

---

## Executive summary

The PA census is the largest annual survey of PAs and plays an important role in providing a snapshot of the profession. This year the census reflects the experiences of over 600 PAs and PAs in training. The FPA and the RCP are particularly pleased that at a time of considerable growth in the profession we should celebrate that 87% of the profession report being 'very' or 'moderately' satisfied. The census also highlights that 82% of respondents would recommend the career to a friend.

It is widely recognised that the NHS workforce is under considerable pressure; 33% of respondents either 'agreed' or 'strongly agreed' that they worked under excessive pressure which likely contributed to the 19% of respondents who reported that 'My job gets me down'. It is vital that employers consider the welfare and wellbeing of PAs in order to support them to fulfil their potential and meet the needs of patients.

PAs report working in a variety of settings and across a number of specialties, which once again shows the versatility of the profession and the broad range of activity conducted. A number of PAs conduct home visits and take call, meaning they are part of a hospital's on-call service.

The census also highlights a number of areas that will need a specific focus in the year ahead. There is variability in the knowledge and coverage of indemnity cover for practising PAs. There are also different practices relating to study leave and continuing professional development budgets.

We hope this snapshot provides a useful update; as the profession grows so will the census.

## The FPA census 2018

The Faculty of Physician Associates (FPA) in partnership with the Royal College of Physicians has been conducting an annual census of physician associates in the UK since 2011.

The 2018 census was administered in May and June of 2018. We estimate that there are currently 2,300 people (600 PAs and up to 1,600 students) eligible to respond. In total, 262 PAs and 407 PA students responded to the census. As the number of higher education providers offering physician associate courses has grown significantly, it is unclear how many students have completed enrolment at some universities at the time of the census. The response rate was therefore calculated on the number of students that these universities intended to enrol.

- Total response rate = 30.4% (670 respondents)
- Response rate for PAs believed to be living in the UK and eligible to practise as a PA = 43.5% (261/600)
- Response rate for UK PA students = 25.5 % (409 / up to 1,600 students nationwide – see caveat on denominator above).

### Gender

	PA students	PA graduates
Female	296	198
Male	112	62
Not specified	1	1
<b>Total</b>	<b>409</b>	<b>261</b>

### Location

	England	N Ireland	Scotland	Wales	Isle of Man	Republic of Ireland (studying in NI)	Total
PA graduates	232	6	18	3	1	0	261
PA students	363	18	11	15	0	1	409
<b>Total</b>	<b>595</b>	<b>24</b>	<b>29</b>	<b>18</b>	<b>1</b>	<b>1</b>	<b>670</b>

## Respondents by university attended

University	PA students	PA graduates
Aberdeen	9	21
Anglia Ruskin	26	6
Bangor (Wales)	3	N/A
Birmingham	24	47
Bradford	6	N/A
Brighton and Sussex	8	N/A
Brunel	4	N/A
Canterbury Christchurch	17	3
East Anglia	6	6
Hertfordshire	1	4
Hull and York	12	N/A
Leeds	18	8
Liverpool	20	24
Manchester	21	16
Newcastle	15	N/A
Plymouth	6	10
Queen Mary, Univ of London	10	N/A
Reading	14	6
Sheffield Hallam	9	4
Sheffield	16	N/A
St George's, Univ of London	53	70
Surrey	22	N/A
Swansea	11	N/A
Ulster	16	N/A
University of Central Lancashire	22	10
University of West England	16	N/A
Wolverhampton	4	12
Worcester	10	7
<i>Educated in the United States</i>	<i>Not eligible</i>	26

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

---

## Current practising status of the 261 PAs

**Note – each respondent was allowed to choose more than one status.**

- 220 are practising as a PA
- 24 are practising as a PA in a training post
- 45 are PA educators (34 of these also chose ‘practising as a PA’ and three also chose ‘researcher’).
- 3 are researchers (two of these also chose ‘practising as a PA’, one also chose ‘PA educator’), one also chose ‘working but not as a PA’ and ‘currently seeking work as a PA’)
- 3 are ‘working but not as a PA’ (two of these are currently seeking work as a PA, one specified that s/he could not find a PA job in the location s/he desired, one is waiting to try again to pass the national exam)
- 7 are ‘currently seeking work as a PA’
- 1 is ‘taking time off for personal reasons’ (specified maternity leave)
- 1 has become a doctor or entered medical school
- 1 has graduated PA school but failed national exam, awaiting re-administration of the exam

## Hours, call and home visits

- The mean number of hours worked per week is 37.4; the median is 37.5 hours per week
- The range is 12–55 hours per week
- 42 PAs perform home visits
- 27 PAs take call for their practice / service

## Specialties

**Some respondents practise more than one specialty, so the total is >100%.**

Generalist specialties	Percentage
Educators who also practise clinically	13.6
Emergency medicine	16.5
General practice	28.4
Acute medicine	18.2

Overall, 13 PAs work as educators only and do not currently practise in the clinical setting.

<b>Adult medical specialties</b>	<b>Percentage</b>
Cardiology	3.3
Care of older people / geriatrics	2.9
Critical care	0.4
Dermatology	1.3
Gastroenterology	2.1
General internal medicine	3.3
Genitourinary medicine / sexual health	0.8
Haematology	2.5
Infectious diseases	0.4
Nephrology	1.7
Neurology and/or stroke medicine	1.3
Obstetrics/gynaecology	1.7
Oncology	1.3
Psychiatry	0.8
Respiratory medicine	1.3
Rheumatology	0.4

<b>Paediatric specialties</b>	<b>Percentage</b>
General paediatrics	2.1
Critical care	0.4
Neonatology	0.8

<b>Surgical specialties</b>	<b>Percentage</b>
Cardiothoracic surgery	0.4
Ear nose and throat (ENT) / otolaryngology	0.4
General surgery	8.9
Neurosurgery	1.7
Orthopaedic surgery	2.5
Plastic surgery	0.8
Transplant surgery	0.4
Trauma and orthopaedic surgery	5.1
Urology	1.7
Vascular surgery	2.1

---

## Employers

Nearly all PAs (>99%) work in the NHS or a GP surgery. Six PAs report seeing both private and NHS patients. One PA reports working solely for a private hospital.

## Indemnity coverage

A total of 230 PAs answered the census questions about indemnity cover. Of these, 133 PAs (58%) reported that their indemnity coverage is fully paid by their employer. 17 (7%) reported that their indemnity coverage is partially paid by their employer, whereas 33 PAs (14%) reported that they pay for their own indemnity insurance and 28 (12%) reported that they do not have indemnity insurance.

In total, 19 PAs (8%) reported being uncertain about whether they have indemnity cover or not. Of those who reported 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 the 170 PAs who received paid study leave, the most common number of paid study leave days was 5 (98 PAs or 42%) and 10 days (17 PAs or 7%) (range of 0–50 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, 65 PAs (28%) reported having no days of study leave.

## Continuing professional development

In total, 99 PAs received set funds for ongoing CPD, while 132 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–£2,500).

## Physician Associate Managed Voluntary Register fees

In total, 227 of the 232 PAs who answered this question were on the Physician Associate Managed Voluntary Register (PAMVR). Of those PAs who are on the PAMVR, only 11 have an employer who covers the whole cost. All other PAs on the MVR cover the cost themselves.

## Satisfaction

In response to the global satisfaction question ‘Taking everything into consideration, how do you feel about your work?’ PAs are generally satisfied, with just over 87% saying they are ‘very’ or ‘moderately’ satisfied.

Work satisfaction rating	Percentage
Very satisfied	38.7
Moderately satisfied	48.7
Not sure	6.5
Moderately dissatisfied	6.1
Very dissatisfied	0

## Clinical tasks

Tasks and procedures routinely performed by currently practising PAs, regardless of 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 medical history
- performing physical examination

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

- performing patient education
- performing venipuncture
- interpreting ECGs
- obtaining ECGs
- performing cannulation
- obtaining arterial blood gas

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

- placing urinary catheters
- performing psychiatric examination
- suturing
- placing nasogastric tubes
- performing pelvic examinations

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
- haematoma blocks
- mole removal
- skin biopsy
- central line insertion
- PICC line placement
- lipoma removal
- thoracentesis
- ultrasonography
- fetal heart tones
- intubation
- coil/IUD removal

- 
- DEXA scanning
  - perinatal care / labour and delivery
  - radiography
  - cystoscopy
  - OGD
  - participating in cardiac catheterisation
  - skin cancer removal

The following tasks are routinely performed by only 1 PA:

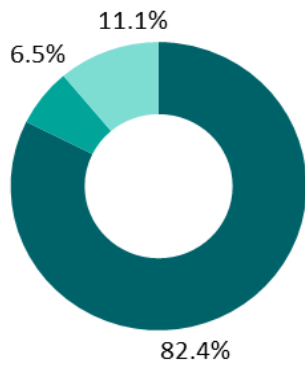
- amniocentesis
- coil/IUD placement
- endometrial biopsy
- implant placement
- implant removal
- performing cardiac stress testing
- port placement

Types of patient care management provided:

- management of chronic conditions – more than 50% of PAs
- management of acute conditions – more than 80% of PAs
- management of emergency conditions – more than 60% of PAs

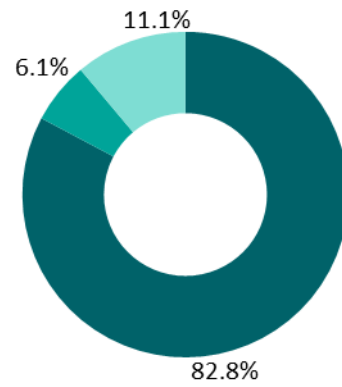
## Job satisfaction

**I would recommend a career as a PA to a friend**



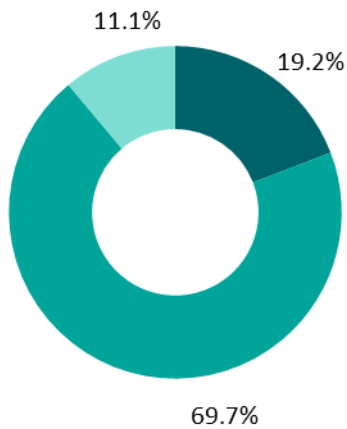
- Agree/Strongly agree
- Disagree / Strongly disagree
- No answer

**I enjoy my job**



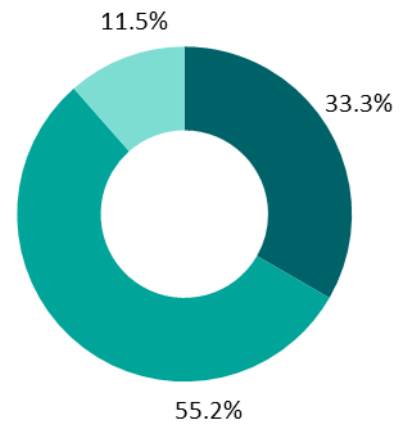
- Agree/Strongly agree
- Disagree / Strongly disagree
- No answer

**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

---

## Discussion

The 2018 census was administered in May and June of 2018. We estimate that there are currently 2,300 people (600 PAs and up to 1,600 students eligible to respond. In total, 262 PAs and 407 PA students responded to the census. As the number of higher education providers offering physician associate courses has grown significantly, it is unclear how many students have completed enrolment at some universities at the time of the census. The response rate was therefore calculated on the number of students that these universities intended to enrol.

The census data has a number of limitations which are noted below:

- Participants are able to opt out while completing the survey, and some PAs therefore completed only partial surveys. Others did not answer individual questions, giving us shifting denominators.
- 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 practice patterns data and data from previous census administrations.
- It is noted that there were some conflicting answers and there is no way to reconcile them in an anonymous survey administration. For example, a PA 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 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 numbers of individuals who have sat for the national exam, the explosive growth in the number of PA programmes has made it difficult to generate a conclusive number of all the PA students who are 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 that were submitted by universities plus the intended intake numbers of non-responding programmes that submitted to the United Kingdom and Ireland Universities Board for Physician Associate Education. It is likely that the student response rate is actually better than 25%, because historically, new programmes have not enrolled as many students as planned in the first few cohorts.

As the PA profession increases in size, we now need to consider how to maximise the census response rate. The response rate fell this year, with an overall response rate of 30% compared with 52% last year. We hope that universities will help us to reinforce to their students and alumni that participating in data collection to support advocacy of the profession is part of being a member of a meaningful profession. The FPA board will continue to advocate for the census as well.

Possibly due to the low response rate, we appear to have 'lost' some specialties in which PAs previously reported they were practising. We do not know whether PAs have left jobs in these specialties or did not answer the census this year. Specialties that were lost include: community medicine, endocrinology, lymphoedema, rehabilitation medicine, breast surgery, endocrine surgery, and spinal surgery. However, we have also seen some specialties that have increased over the last year, including: general surgery (from 6.3% in 2017 to 8.9% in 2018) and haematology (from 0.5% in 2017 to 2.5% in 2018).

Overall, however, we believe that the data provide a somewhat 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 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. The data also 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.

---

## 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.

### Contact details

For any queries relating to the 2018 FPA census, please contact the FPA membership team:

Email: [fpa@rcplondon.ac.uk](mailto:fpa@rcplondon.ac.uk)

Direct line: +44 (0)203 075 1743

For press enquiries, please contact the [RCP press office](#).

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

Tamara S Ritsema, MPH, MMSc, PA-C/R

Principal investigator, FPA annual census

[ukapacensus@gmail.com](mailto:ukapacensus@gmail.com)

**Faculty of Physician Associates**

Royal College of Physicians

11 St Andrews Place

Regent's Park

London NW1 4LE

Tel: +44 (0)20 3075 1743

Email: [fpa@rcplondon.ac.uk](mailto:fpa@rcplondon.ac.uk)

[www.rcplondon.ac.uk](http://www.rcplondon.ac.uk)



**Royal College  
of Physicians**

Faculty of  
Physician Associates