

# A mixed methods study exploring supervisors' perceptions and use of Physician Associates (PAs) in today's general practice

Daniel Garcia PA-R and former PA Ambassador, Ria Agarwal PA-R and lead PA for the Faculty for Advanced Clinical Practice SYB, Julie Hoskin RGN, Primary care workforce and PA Preceptorship Scheme Lead in Sheffield Place and Workforce Development Lead for the Faculty for Advanced Clinical Practice SYB

## Background to study:

- PAs have been introduced across primary and secondary care in order to support demand and workforce shortages<sup>1</sup>, with the FPA Census 2021 indicating that 38% of PAs work in primary care<sup>2</sup>
- Previous literature has identified resistance to the introduction of PAs due to their supervision needs, lack of regulation and prescribing rights, and queries around their abilities to manage medical complexity<sup>3,4</sup>
- Funding incentives such as the ARRS and preceptorship schemes have come into play in order to potentially mitigate risk to the GPs and increase uptake of the PA role in primary care<sup>5</sup>

**Methodology:** A Google survey was sent to 24 GPs in Sheffield and its surrounding areas looking at the following four themes:

- Motivations for hiring a PA
- Advantages and Disadvantages of the PA
- Job description of the PA (figure 1)
- Satisfaction of the GP with the PA in thirteen domains across three core areas: clinical aptitude, softer skills and 'general feeling' (figures 2-4, specific domains listed within figures)

16 responses were received, giving information about 35 PAs for the first three themes, and 32 PAs for the fourth. A thematic analysis was conducted for free text responses to themes 1-3, Likert scale data with theme 4, and exploration of those rated as Dissatisfied/ Very dissatisfied.

Limitations include small sample size and perceptions of supervisors.

**Figure 1: How Physician Associates are being utilised across General Practice**

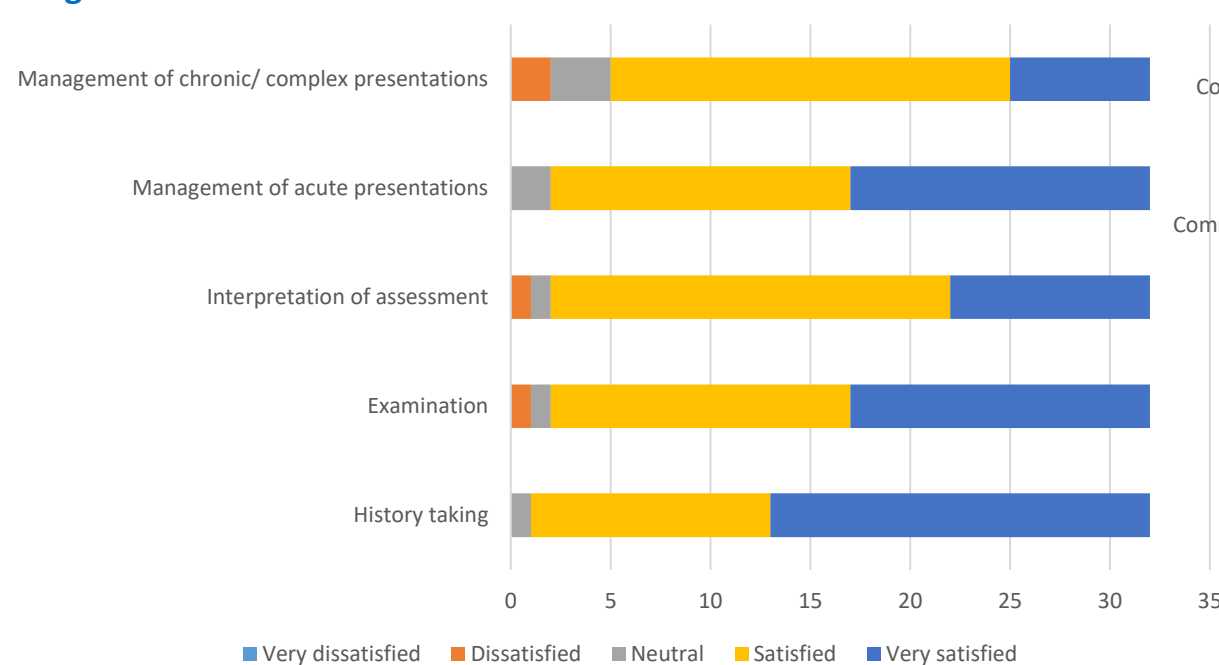
- Patient triage
- Home visits
- Routine and follow-up reviews
- Same-day acute appointments
- Minor ailments
- Chronic disease management
- QoF workload
- Mentoring of PA students
- Baby and post-natal checks
- Role specialization, such as diabetic lead
- Care of elderly patients
- Annual review for specific cohort e.g. Learning disability, severe mental illness
- Covering additional areas such as rehabilitation units

## Results:

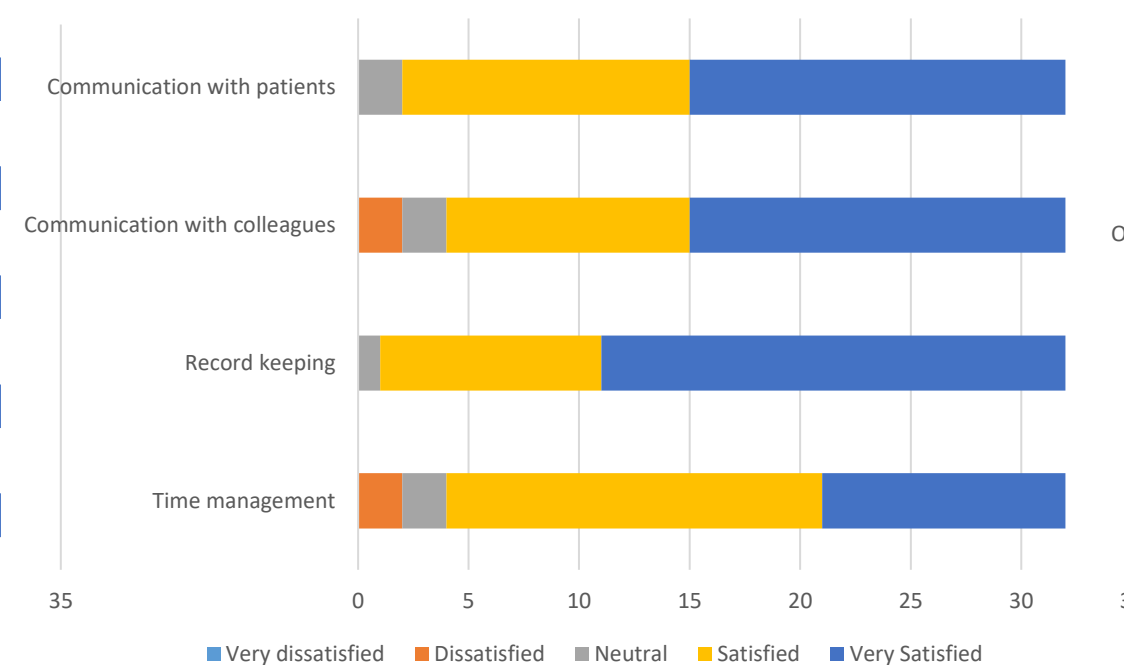
- The three reasons for hiring a PA were most commonly to increase capacity, followed by financial motivations (e.g. ARRS), and lastly, the GPs experience of the PA role (e.g. placement provider)
- Advantages of the PAs (in addition to the above) included them being cost-effective, providing comprehensive care and specific professional or personal attributes of the PA within the practice.
- Disadvantages of the PAs were the supervisory input, prescribing and regulatory concerns, a lack of post-qualification development and the financial risk.
- 19/32 PAs were rated as Satisfied/ Very Satisfied in every domain, 8/32 rated Neutral in 1+ domain, 5/32 rated Dissatisfied/ Very Dissatisfied in 1+ domain.

**Figures 2-4**

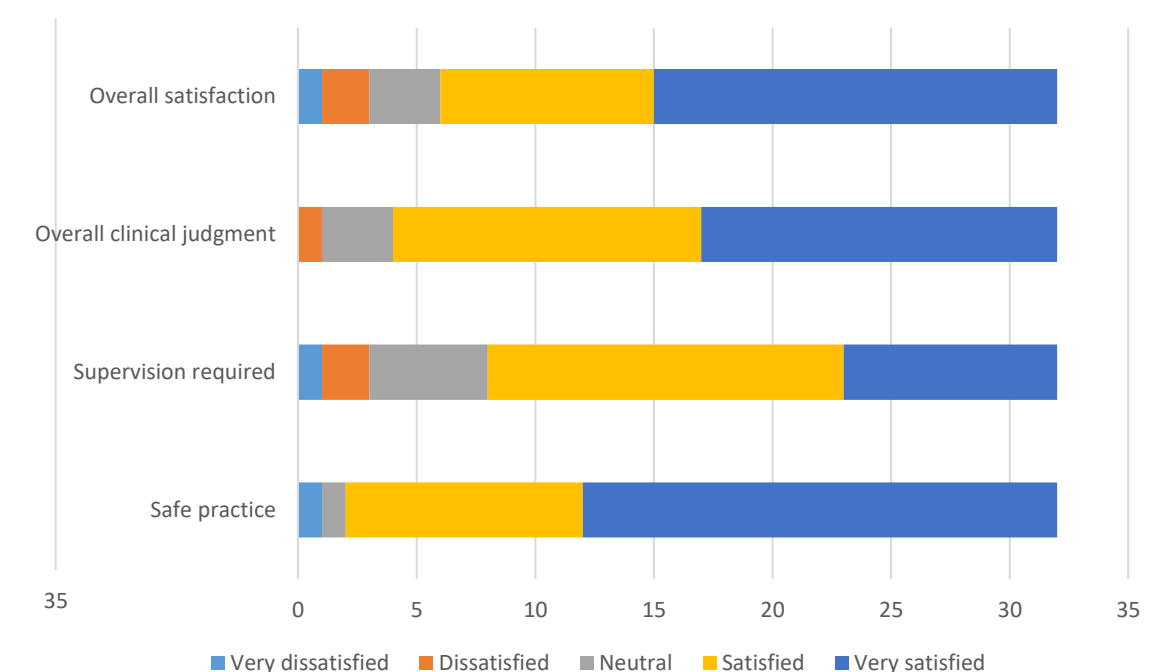
Clinical areas ratings



Softer skills ratings



Overall feeling ratings



The five PAs who were rated Dissatisfied/Very Dissatisfied were due to:

- Poor communication with colleagues
- Frequent debriefing taking away from the GPs time
- Poor time management within their clinics
- Issues with clinical aptitude
- Lack of confidence causing decision- fatigue for the supervisor

## Declarations and contact details for authorship:

All survey participants were entered into a random prize draw for £75, funded by author JH who shared survey. No conflicts of interest to declare. This poster was developed and presented by author RA, contact details: [riaagarwal@nhs.net](mailto:riaagarwal@nhs.net), Twitter: @riaagarwal19

## Recommendations:

1. An interview process with competency-based questions, ascertaining the PA's experience and their compatibility with the practice's needs may ensure both the PA and supervisor understand what is needed moving forwards.
2. A job description for the PA that encompasses the needs of the practice alongside any special interests of the PA may be helpful for managing satisfaction with the PA and assisting with their role development.
3. Supervisors should follow the guidance by the GMC and the Faculty of PAs<sup>6</sup> to ensure the supervision provided meets the PA's needs. Any uncertainty or concerns about the PA should prompt the employer to seek advice from the local PA leads/ Ambassadors who will be able to assist/ signpost.
4. Financial incentives should include protected time for good supervision.
5. PA post-qualification development at a central level may help the employer.

## References:

- 1 <https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/pressures-in-general-practice-data-analysis>
- 2 <https://www.fparcp.co.uk/about-fpa/fpa-census>
- 3 McCartney, M Are physician associates just "doctors on the cheap"? The British Medical Journal. (2017) 359, 1-2.
- 4 Jackson, B., Marshall, M and Schofield, S (2017) Barriers and facilitators to integration of physician associates into the general practice workforce: a grounded theory approach. British Journal of General Practice 2017; 67 (664): e785-e791.
- 5 <https://www.england.nhs.uk/gp/expanding-our-workforce/>
- 6 <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-pas-and-aas/advice-for-doctors-who-supervise-pas-and-aas>