



**Research by Design**  
MEMBERSHIP INTELLIGENCE

**Research Report**

# **Royal College of Paediatrics and Child Health**

**Physician Associates Member  
Consultation**

**November 2024**



# Research by Design

MEMBERSHIP INTELLIGENCE

## Contents

Contents .....	2
1. Introduction.....	3
1.1 Background.....	3
1.2 Methodology .....	3
1.2.1 Weighting.....	4
1.2.2 Confidence Intervals .....	5
1.2.3 Statistical significance .....	6
1.2.4 Tables and charts.....	7
2. Research Findings.....	7
2.1 Overview of responses.....	7
2.2 Experiences working with PAs and survey pathways .....	11
2.3 Settings and Practice: paediatric vs non-paediatric experiences.....	13
2.4 PAs in Paediatric Settings .....	20
2.5 Patient Safety Concerns within Paediatric Settings .....	28
2.5.1 Patient safety concerns raised while involved in the care of a patient .....	28
2.5.2 Patient safety concerns raised at Health Board/Trust level .....	30
2.6 Training and Supervision .....	32
2.6 Overall Opinions and Experience .....	43
3. Appendix.....	51



## Research by Design

MEMBERSHIP INTELLIGENCE

# 1. Introduction

## 1.1 Background

The Royal College of Paediatrics and Child Health (RCPCH) commissioned independent research agency Research by Design (RbD) to conduct research seeking opinions of its members in the UK on their experiences with and perspectives on Physician Associates (PAs).

The RCPCH has nearly 23,000 members in the UK and internationally. The College plays a major role in offering postgraduate medical education, upholding professional standards, facilitating research and shaping policy.

Within the Child Health and Paediatric workforce, it is thought that there are between 150-200 PAs currently (of about 3,000+ total working within the NHS), although this data may be somewhat out of date. Comparatively, there are around 5,000 consultants, 900 paediatric SAS doctors, and 4,000 trainees. NHS England's Long Term Workforce Plan<sup>1</sup> included proposals to increase the number of PAs to around 10,000 by 2036/37. NHS England have subsequently clarified that this is an aspirational number and actual numbers will be driven by demand and the capacity to train.

The quantitative survey sought to understand the perceptions, across the UK RCPCH membership, of the impact, role and scope of PAs, particularly concerning the following areas:

- The setting and scope in which PAs are working
- How they are supervised
- Levels of responsibility
- Interaction with colleagues and general communication
- Integration into teams

## 1.2 Methodology

The RCPCH designed the content of the survey used in the research. RbD scripted and hosted the survey, ensuring that individual responses remained strictly anonymous, adhering to the Market Research Society Code of Conduct. Eligible members of the RCPCH were each supplied with a unique link,

---

<sup>1</sup> NHS England. (2023, 30 June). NHS Long Term Workforce Plan. Retrieved from NHS England: <https://www.england.nhs.uk/wp-content/uploads/2023/06/nhs-long-term-workforce-plan-v1.2.pdf>.



## Research by Design

MEMBERSHIP INTELLIGENCE

meaning participants could only complete the survey once. All members of the RCPCH in the UK were invited to take part.

The PA workforce is currently small in comparison to paediatricians, hence a large proportion of the RCPCH membership have not worked directly with PAs. The survey was designed to capture both the experiences of those who have worked with PAs and the perceptions of those who haven't. Where relevant, comparisons are drawn between the two.

A total of 12,798 RCPCH members were invited to complete the survey. The survey launched on 9<sup>th</sup> August 2024 and was live until 9<sup>th</sup> September 2024. The survey received a total of 2,076 complete responses and 209 viable partial responses<sup>2</sup>, comprising a total sample size of 2,285, which represents a 17.9% response rate.

The responses from all quantitative questions can be found in the accompanying data tables.

The chapters in this report do not always appear in the order the questions were asked in the survey. This is to give a clearer framing and narrative to the results.

In some sections of the report, reference will be made to case studies, which was an optional open text box submitted at the end of the survey. Members had the opportunity to share unprompted experiences of where they feel PAs have worked well and where they have not worked well in paediatric teams, to see if there are any common themes. As per the assurances given to respondents in submitting these case studies, no verbatim results from the case study submissions have been included in this report.

### 1.2.1 Weighting

Data in this report is not weighted as the natural fallout of survey participants closely aligns to the proportions seen within the full RCPCH membership database. This is shown below.

#### Comparing the responses to the RCPCH survey database

Comparing the profile of respondents to the full set of those eligible to participate, we see that in the survey data, there is a less than 4% difference in the proportion of key demographics in the survey population compared to the full set of those invited to participate.

---

<sup>2</sup> Partial responses were included on the basis that they had completed all but the final section of the survey. The decision was made to include these responses in order to include the views of as many members as possible.



## Research by Design

MEMBERSHIP INTELLIGENCE

	Survey Population	Database	Difference
<b>UK Nation</b>			
England	85.1%	85.4%	-0.3%
Northern Ireland	2.9%	2.8%	0.1%
Scotland	7.4%	7.4%	<0.1%
Wales	4.5%	4.5%	<0.1%
<b>Member Grade</b>			
Ordinary Member	54.4%	53.6%	0.8%
Fellow	18.4%	16.8%	1.6%
Junior Member	12.5%	9.3%	3.2%
Associate Member	5.8%	8.0%	-2.2%
Senior Fellow	4.2%	4.7%	-0.5%
Foundation Affiliate	2.2%	3.7%	-1.5%
Honorary Fellow	0.9%	1.1%	-0.2%
Affiliate	0.8%	2.2%	-1.3%
Senior Member	0.4%	0.6%	-0.2%
Ordinary member in Training	0.2%	0.1%	0.1%
Student	<0.1%	<0.1%	<0.1%
Associate	<0.1%	<0.1%	<0.1%

### 1.2.2 Confidence Intervals

Given the nature of surveys typically representing the views of a sample of the population, sampling error must be considered when evaluating the findings. This is measured by the confidence level and confidence interval of the data. Most commonly, market research studies require a 95% confidence level, indicating that we can be 95% confident that the estimate has not been arrived at by chance and that the true value lies within the given range.

The confidence interval shows the variation that may exist in the findings drawn from a sample. Having achieved a total sample size of 2,285 from a population size of 12,798, the **confidence interval of these findings is 1.86%**.

For example, this survey shows that 75% of members who participated believe the NHS should centrally define a training framework and scope of practice for PAs with input from specialty bodies (more details on this finding can be found in Section 2.6 of this report). This indicates that the real figure (the 'true' figure if the whole population were surveyed) lies somewhere between 73.14% and 76.86%.



## Research by Design

MEMBERSHIP INTELLIGENCE

### 1.2.3 Statistical significance

The differences in results between sub-groups, for example membership categories, are tested for statistical significance. This way we know whether the differences are “real” or whether they could have occurred by chance. The test reflects the size of the samples, the percentage giving a certain answer and the degree of confidence chosen. Where statistically significant differences between sub-groups exist, details have been included within this report.

Throughout this report we have used capital letters (e.g., A, B, C, ...) to reference, in order, each column of data. For example, A refers to the first column, B to the second column, and so on. These letters are then used in the main body of the table to highlight statistically significant differences; they show whether a percentage is **significantly higher** when compared with another in the same row.

Here is an example of significance testing used in the report. This table shows a breakdown of the responses to the question 40E3; “To what extent do you agree or disagree with the following statement: *PA recruitment should be halted whilst the NHS develops structures for appropriate deployment of PAs*”, with the total aggregate response (‘Total’ column), the responses of those who have worked with PAs in a paediatric setting (‘O’ column), those who have worked with PAs in a non-paediatric setting (‘P’ column), and those with no recent experience with PAs in any setting (‘Q’ column):

<i>PA recruitment should be halted whilst the NHS develops structures for appropriate deployment of PAs</i>				
	Total	Paediatric settings (O)	Non-paediatric settings (P)	No recent PA experience (Q)
<i>Sample size:</i>	2,076	933	578	757
Agree	80%	72%	86%	85%
<i>Sig Test</i>			O	O
Neutral	10%	12%	7%	8%
<i>Sig Test</i>		PQ		
Disagree	9%	14%	6%	5%
<i>Sig Test</i>		PQ		
Unsure	2%	2%	1%	2%
<i>Sig Test</i>				

This table indicates that a significantly smaller proportion of those who have worked with PAs in paediatric settings agree that PA recruitment should be halted, compared to those with PA experience in non-paediatric settings and those with no PA experience at all). This survey data is examined in full in Section 2.6 of the report but is used here purely for illustrative purposes to explain how to read the significance testing on tables throughout the report.



## Research by Design

MEMBERSHIP INTELLIGENCE

### 1.2.4 Tables and charts

Within the main body of the report, where percentages do not sum to 100% this is due to rounding or more than one answer being given. Where respondents could choose more than one answer to a question, this is clearly labelled on the charts in this report.

The 'base' figure referred to in each chart and table is the total number of respondents answering the question. The population group (e.g., role, place of work, experience of working with PAs) is defined alongside the base.

Some questions allowed respondents to select more than one answer from a list of options. Those questions are labelled with "Please select all that apply. [MULTI-SELECT]" in the base under the chart.

## 2. Research Findings

### 2.1 Overview of responses

The survey achieved a total of 2,076 complete responses and allowed respondents to self-declare their grades, training posts, and varying working arrangements. In addition to the complete responses, 209 partial responses were also included, bringing the final total reported to 2,285.

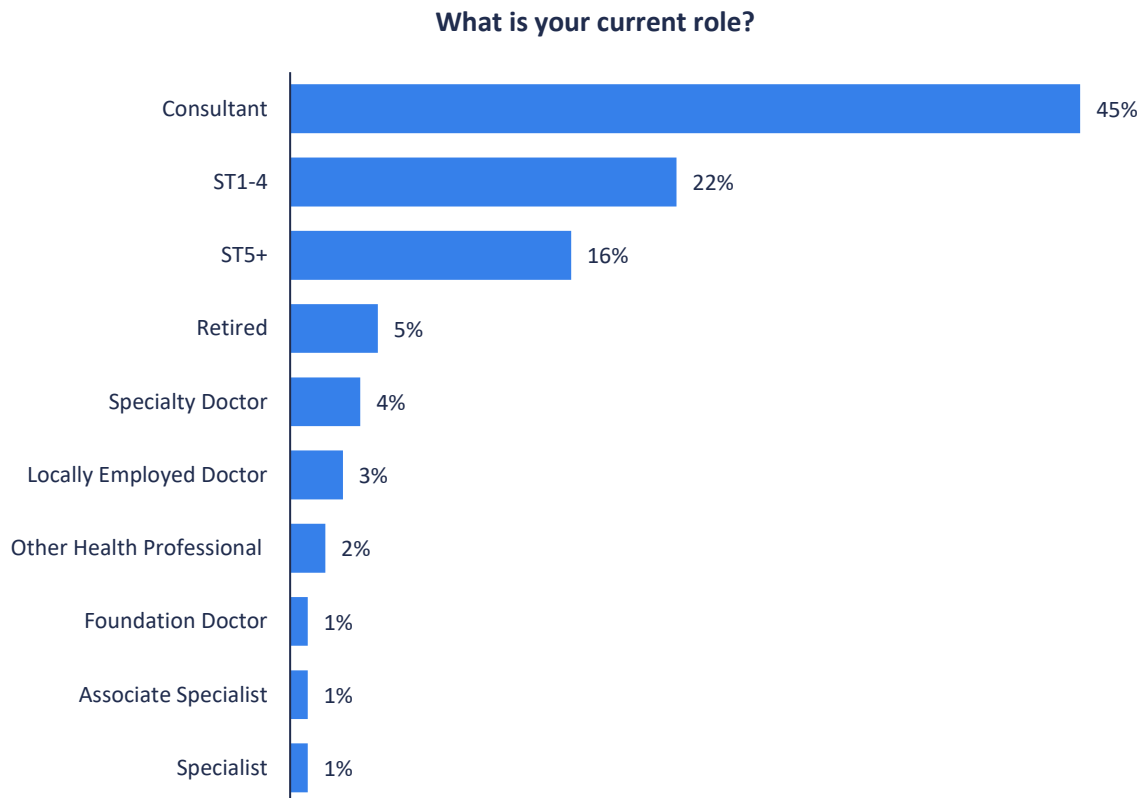
Respondents represent a range of roles within healthcare, a large proportion of respondents are consultants (45%), followed by ST1-4 (22%) and ST5+ (16%).





## Research by Design

MEMBERSHIP INTELLIGENCE



11. What is your current role? Base: Total (2,285 respondents).





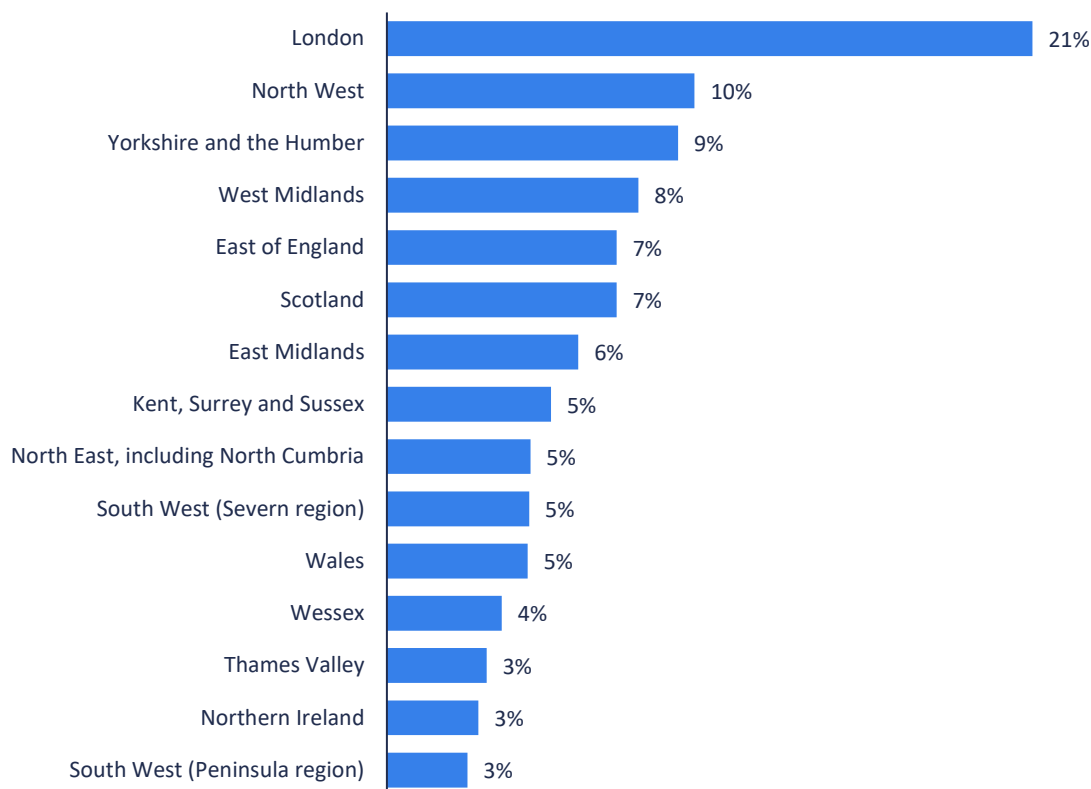


## Research by Design

MEMBERSHIP INTELLIGENCE

Approximately one fifth of respondents (21%) are based in London, while the remaining respondents come from across the UK.

### In which region of the UK are you currently based?



I2. In which region of the UK are you currently based? Base: Total (2,285 respondents).

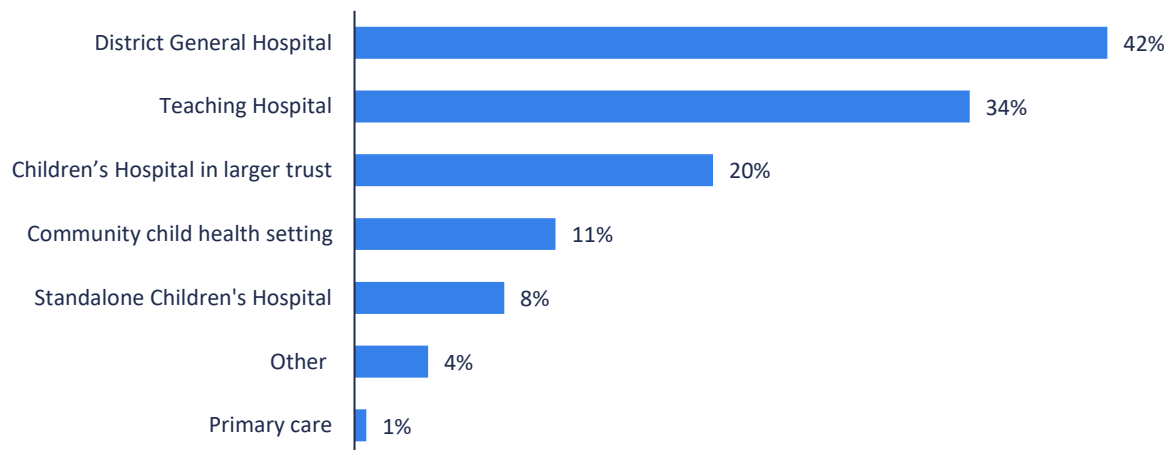
Almost half (42%) of the respondents are currently working in a district general hospital while approximately a third (34%) work in a teaching hospital. Less than one in ten (8%) work in a standalone children's hospital, and around 1% work in primary care.



## Research by Design

MEMBERSHIP INTELLIGENCE

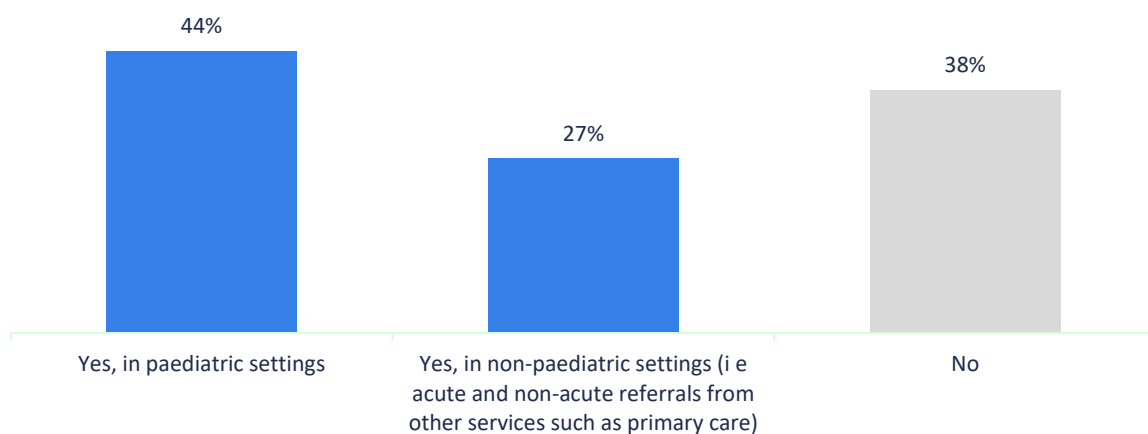
### What is your current workplace setting?



13. What is your current workplace setting? Please select all that apply. [MULTI-SELECT] Base: Total (2,285 respondents). Retired members selected their most recent workplace setting.

Almost half (44%) of respondents have experience of working with PAs in a paediatric setting and just over one quarter in a non-paediatric setting (27%). 38% of respondents do not have experience of working with PAs.

### Do you have current or previous experience of working with PAs?



14. Do you have current or previous experience of working with PAs? Please select all that apply. [MULTI-SELECT] Base: Total (2,285 respondents).

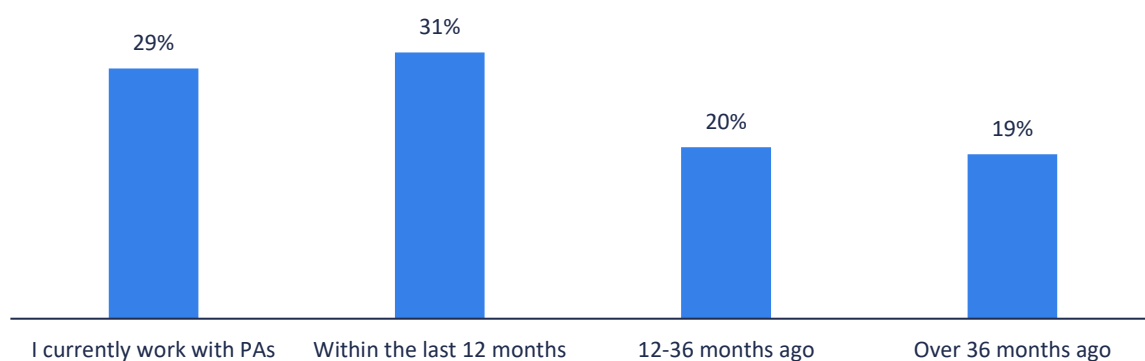


## Research by Design

MEMBERSHIP INTELLIGENCE

Amongst those who have experience working with PAs, the majority have either worked with PAs within the last 12 months (31%) or currently work with PAs (29%). 20% of this group have worked with PAs between 12-36 months ago, and 19% have worked with PAs over 36 months ago.

### When have you most recently worked with PAs?



15. When have you most recently worked with PAs? Base: Asked to those with previous experience with PAs (14 = 'Yes, in paediatric settings' OR 'Yes, in non-paediatric settings (i.e. acute and non-acute referrals from other services such as primary care') (1,421)

## 2.2 Experiences working with PAs and survey pathways

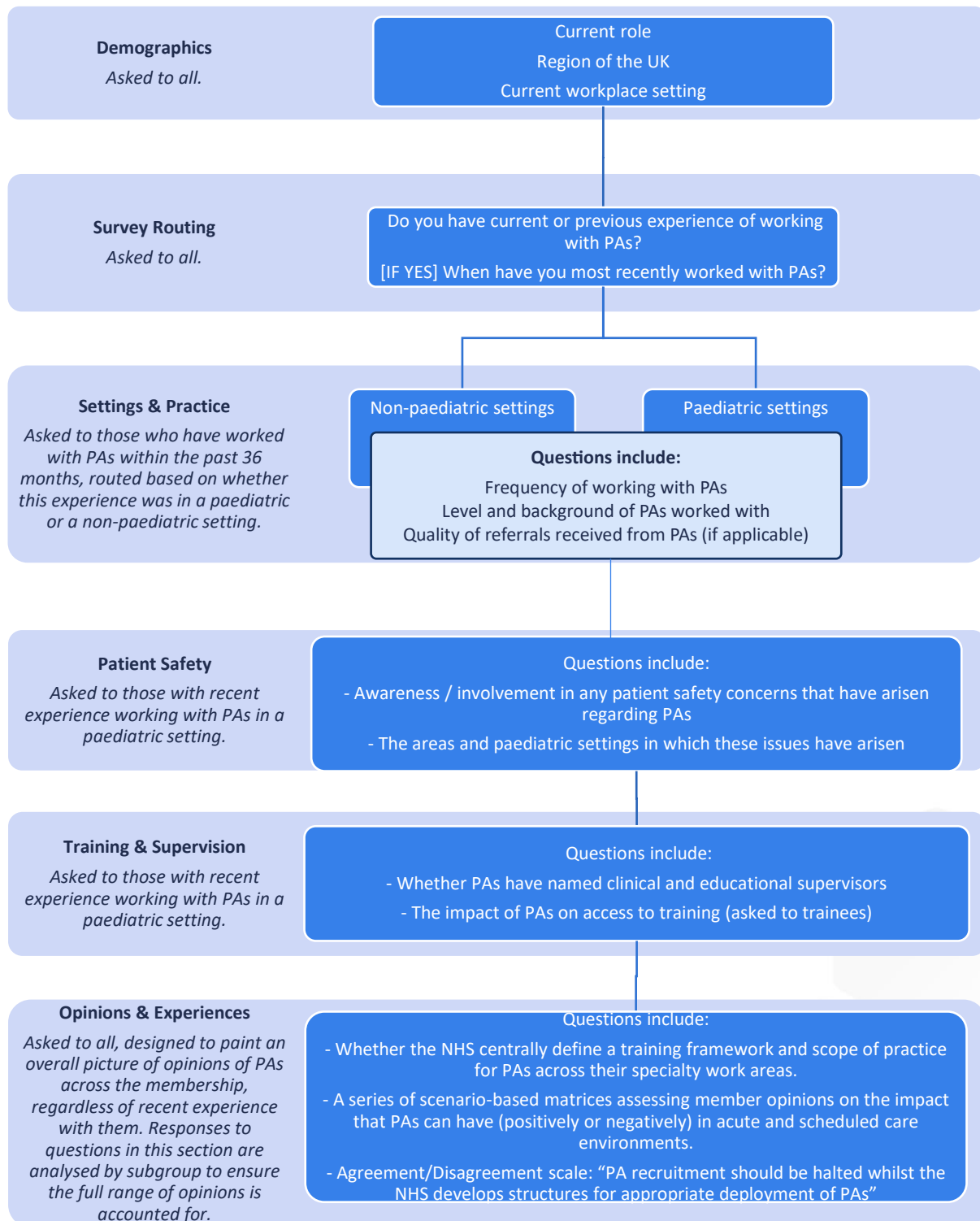
As mentioned previously, respondents report varying experiences working with PAs. 44% of respondents report having worked with PAs in a paediatric setting, and 27% report having worked with PAs in a non-paediatric setting within the same time period. 38% of respondents have no recent (<36 months) experience working with PAs.

The survey was designed to ask questions relevant to each respondents' experience with PAs, though core questions were asked to all – including those with no recent experience working with PAs – in order to glean opinions from across the membership, regardless of level of experience. Throughout this report, where relevant, significant differences between groups (those who are currently working with PAs, those who have done so in the past, those who work with PAs on a daily basis, those who work with PAs less frequently, and so on) are highlighted to understand in detail the groups driving opinions throughout.



## Research by Design

MEMBERSHIP INTELLIGENCE





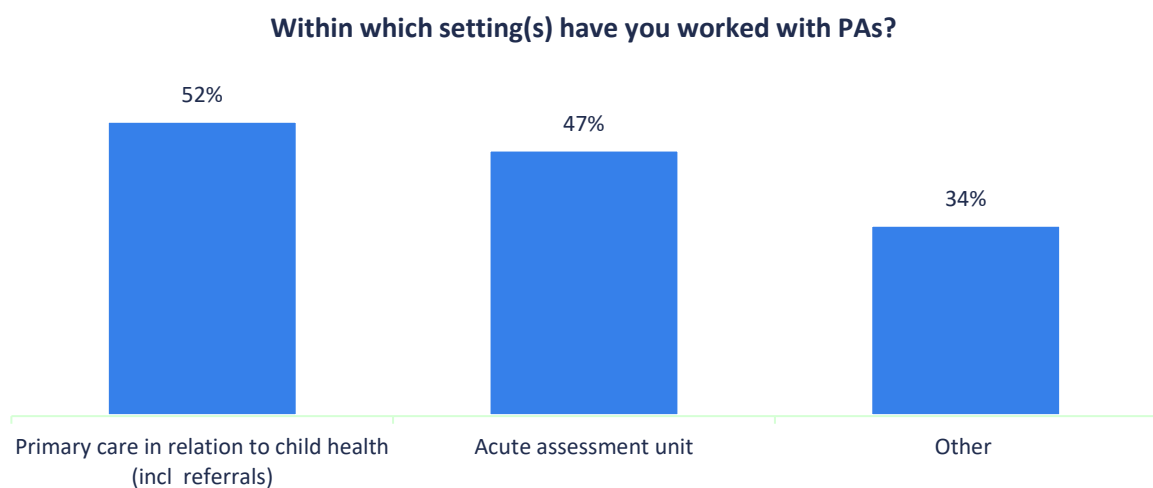
## Research by Design

MEMBERSHIP INTELLIGENCE

Among respondents who have worked with PAs in a non-paediatric setting, 52% have had these interactions within a primary care setting in relation to child health, 47% within an acute assessment unit setting, and 34% in another setting.

Most commonly, 'other' non-paediatric settings include:

- Accident & Emergency / Emergency Departments
- Wards (inpatient, surgical, adult, paediatric, etc)



*Base: 2A1 Within which setting(s) have you worked with PAs? Please select all that apply. [MULTI-SELECT] Asked to respondents in a non-paediatric setting (I4 = 'No') AND worked with PAs within the last 36 months (I5 = 'I currently work with PAs' OR 'Within the last 12 months' OR '12-36 months ago') (509)*

Among respondents who have worked with PAs in a paediatric setting, this has most commonly been within general paediatrics: ward (64%), paediatric emergency medicine (27%), paediatric subspecialist area: ward (23%) and neonatal unit (21%).

*More detail on PAs working within paediatric settings can be found in Section 2.4 (PAs in Paediatric Settings).*

### 2.3 Settings and Practice: paediatric vs non-paediatric experiences

The following questions were asked to all respondents who have recent experience with PAs, regardless of the setting. For those who have experience working with PAs in both paediatric *and* non-paediatric settings, these questions were asked twice, making clear when they were to refer to their experiences in paediatric settings, and when they were to refer to their experiences in non-paediatric settings:



## Research by Design

MEMBERSHIP INTELLIGENCE

- When working with PAs, how frequently are / were you working together?
- What was the level and background of the PA(s) you worked with?
- Do you receive referrals from PAs?
  - If yes...
    - How would you generally rate the quality of referrals you have received from PAs?
    - Is the referrer clearly identified as a PA on the referrals you have received?

One third of respondents (34%) who have recent experience working with PAs do so on a weekly basis. Those working with PAs in paediatric settings are more likely to work with PAs on a daily basis (44%), compared to respondents who have experience with PAs in non-paediatric settings (29%).

Both groups generally perceive the quality of referrals from PAs as poor, with respondents who have worked with PAs in a non-paediatric setting rating them lower than their paediatric setting counterparts (ref. questions 2CP3a and 2CNP3a).

There is a difference in the quality of referrals between different types of hospitals; district general hospitals receive lower-rated referrals compared to teaching or children's hospitals.

Furthermore, there are concerns about PAs not clearly identifying themselves on referrals, especially among those who work with PAs more regularly.

Details related to the above findings can be found on the charts below.

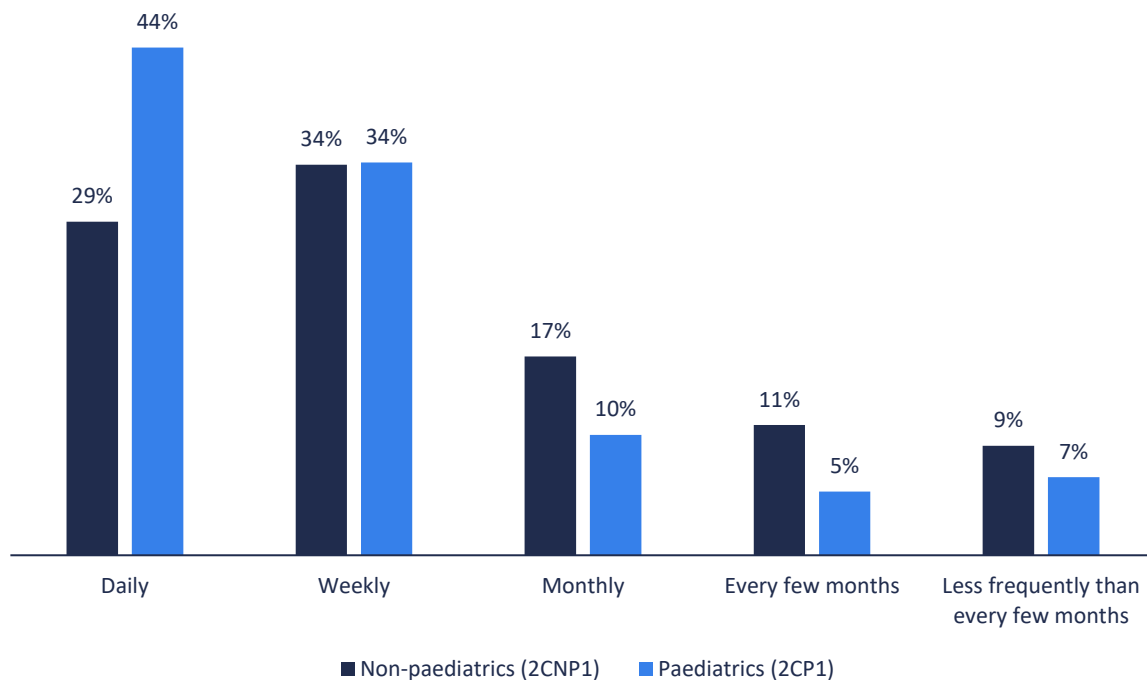




## Research by Design

MEMBERSHIP INTELLIGENCE

### When working with PAs, how frequently are / were you working together?



Base: 2CNP1 asked to respondents working with PAs in a non-paediatric setting (I4 = 'No') AND worked with PAs within the last 36 months (I5 = 'I currently work with PAs' OR 'Within the last 12 months' OR '12-36 months ago') (509). 2CP1 asked to respondents who have worked with PAs in a paediatric setting (I4 = 'Yes, in paediatric settings') AND worked with PAs within the last 36 months (I5 = 'I currently work with PAs' OR 'Within the last 12 months' OR '12-36 months ago') (820)

There is a significant difference in the proportion of respondents who work with PAs in a paediatric setting working with PAs weekly in England (32%) compared to the rest of the UK (42%).

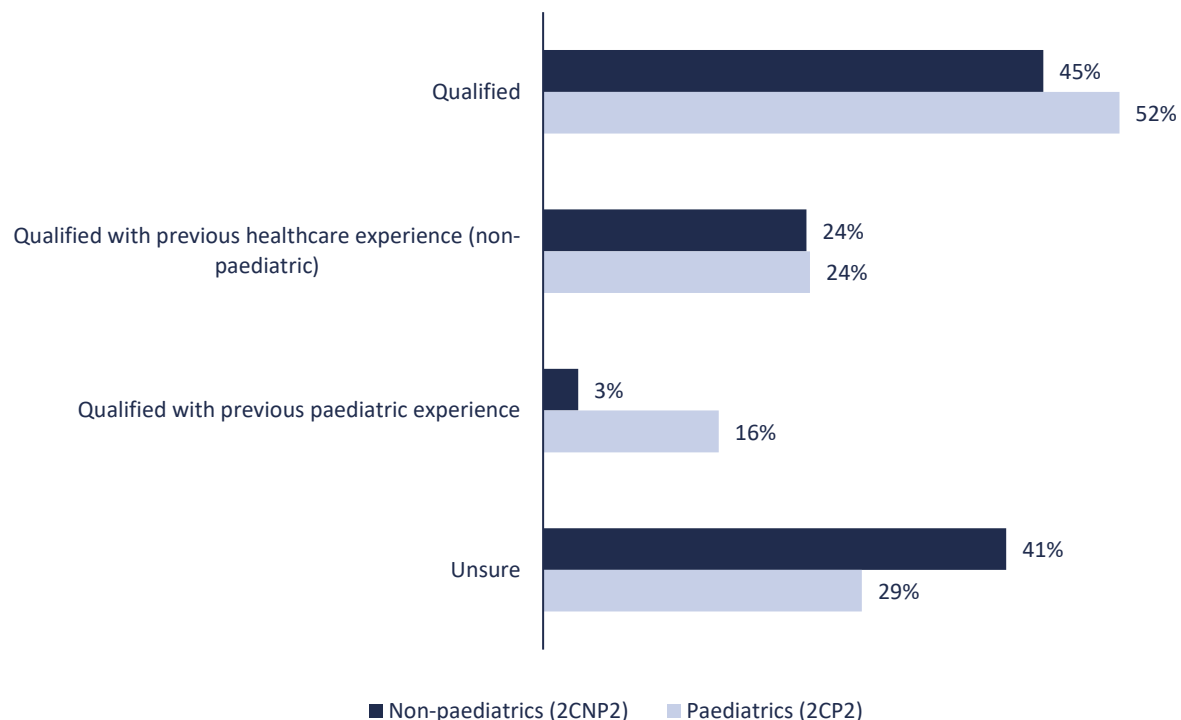
Approximately half of those who have recent experience working with PAs work with PAs who are Qualified. This is true of both those who work with PAs in non-paediatric (45%) and paediatric (52%) settings. 24% have worked with PAs with previous healthcare experience in a non-paediatric setting. Notably, there is a higher level of uncertainty about the PAs' level/background among respondents who have worked with PAs in a non-paediatric setting, compared to those who have worked with PAs in a paediatric setting (41% vs 29%, 'Unsure').



## Research by Design

MEMBERSHIP INTELLIGENCE

### What was the level and background of the PA(s) you worked with?



2CNP2 What was the level and background of the PA(s) you work(ed) with? Please select all that apply. [MULTI-SELECT] Base: 2CNP2 asked to respondents working with PAs in non-paediatric settings (I4 = 'No') AND worked with PAs within the last 36 months (I5 = 'I currently work with PAs' OR 'Within the last 12 months' OR '12-36 months ago') (509). 2CP2 asked to respondents working with PAs in a paediatric setting (I4 = 'Yes, in paediatric settings') AND worked with PAs within the last 36 months (I5 = 'I currently work with PAs' OR 'Within the last 12 months' OR '12-36 months ago') (820)

A higher proportion of respondents who have worked with PAs in a non-paediatric setting receive referrals from PAs directly (60%), compared to respondents who have worked with PAs in a paediatric setting (40%). Half of respondents (50%) who have worked with PAs in a paediatric setting do not receive any referrals from PAs, compared to 34% of respondents who have worked with PAs in a non-paediatric setting.

A minority of respondents indicate that PAs refer patients following senior medical instruction.

Respondents who have worked with PAs in a paediatric setting are significantly more likely to receive referrals from PAs in a district general hospital setting (48%), compared to those working in a children's hospital in a larger trust (37%), in a teaching hospital (35%), and a standalone children's hospital (35%).

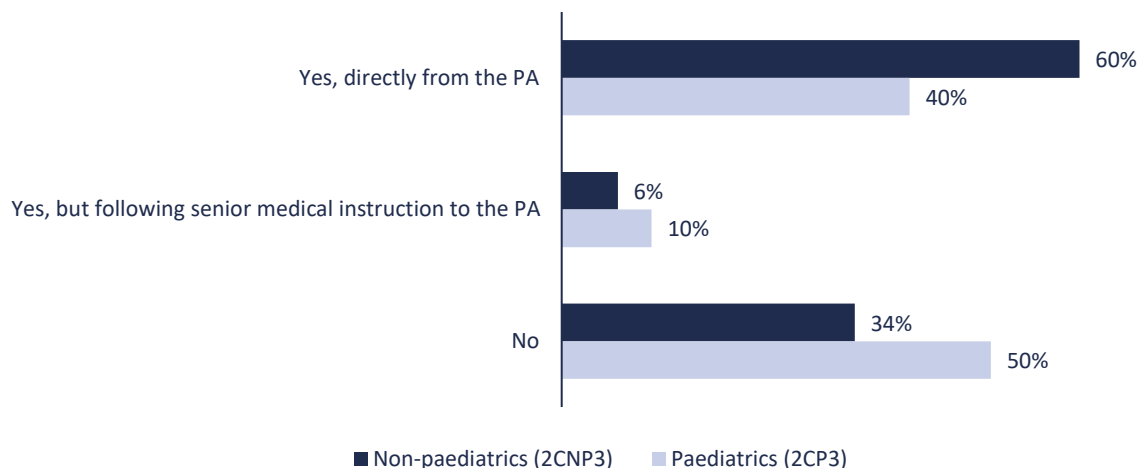




## Research by Design

MEMBERSHIP INTELLIGENCE

### Have you received referrals from PAs?



Have you received referrals from PAs? Base: 2CNP3 asked to those who have worked with PAs in non-paediatric settings (I4 = 'No') AND worked with PAs within the last 36 months (I5 = 'I currently work with PAs' OR 'Within the last 12 months' OR '12-36 months ago') (509). 2CP2 asked to those with experience of PAs in paediatric settings (I4 = 'Yes, in paediatric settings') AND worked with PAs within the last 36 months (I5 = 'I currently work with PAs' OR 'Within the last 12 months' OR '12-36 months ago') (820)

2CNP3. & 2CP3. Do you receive referrals from PAs? "Yes, directly from the PA"	Total	District General Hospital	Teaching Hospital	Standalone Children's Hospital	Children's Hospital in a larger trust
Sample Size (paediatric settings)	820	372	292	85	187
Sample Size (non-paediatric settings)	509	274	185	27*	93
Paediatric settings	40%	48%	35%	35%	37%
Non-paediatric settings	60%	63%	56%	70%	55%

Base: 2CNP3 asked to those who have worked with PAs in non-paediatric settings (I4 = 'No') AND worked with PAs within the last 36 months (I5 = 'I currently work with PAs' OR 'Within the last 12 months' OR '12-36 months ago') (509). 2CP3 asked to those who have worked with PAs in paediatric settings (I4 = 'Yes, in paediatric settings') AND worked with PAs within the last 36 months (I5 = 'I currently work with PAs' OR 'Within the last 12 months' OR '12-36 months ago') (820)

Working with PAs in a non-paediatric settings: District general hospital (274), Teaching hospital (185), Standalone children's hospital (27), Children's hospital in a larger trust (93)



## Research by Design

MEMBERSHIP INTELLIGENCE

Working with PAs in a paediatric settings: District general hospital (372), Teaching hospital (292), Standalone children's hospital (85), Children's Hospital in a larger trust (187) *\*Caution low base*

The quality of referrals provided to those who have worked with PAs in paediatric and non-paediatric settings by PAs is generally regarded as being poor, particularly amongst those who have worked with PAs in non-paediatric settings.

### How would you generally rate the quality of referrals you have received from PAs?



Base: 2CNP3a asked to respondents who work with PAs in a non-paediatric setting who receive referrals (2CNP3 = 'Yes, directly from the PA' OR 'Yes, but following senior medical instruction to the PA') (337). 2CP3a asked to respondents working with PAs in a paediatric setting who receive referrals (2CP3 = 'Yes, directly from the PA' OR 'Yes, but following senior medical instruction to the PA') (414).

While a smaller proportion of respondents who work with PAs in a paediatric setting (compared to respondents who work with PAs in non-paediatric settings) rate the referrals as poor/very poor, amongst this group there is a statistically significant difference between the perceptions of those working in district general hospitals (55% rate referrals as poor/very poor) compared to those working in other settings.



## Research by Design

MEMBERSHIP INTELLIGENCE

2CNP3a. & 2CP3a. How would you generally rate the quality of referrals you have received from PAs? Rated as poor (Poor / very poor)	Total (A)	District General Hospital (B)	Teaching Hospital (C)	Standalone Children's Hospital (D)	Children's Hospital in a Larger Trust (E)
Sample Size (Paediatric)	414	203	137	47*	98
Sample Size (Non-paediatric)	337	194	114	20*	58
Paediatric	47%	55%	44%	34%	35%
		CDE			
Non-paediatric	73%	74%	70%	75%	66%

Base: 2CNP3a asked to respondents who work with PAs in a non-paediatric setting who receive referrals (2CNP3 = 'Yes, directly from the PA' OR 'Yes, but following senior medical instruction to the PA') (337). 2CP3a asked to paediatrics who receive referrals (2CP3 = 'Yes, directly from the PA' OR 'Yes, but following senior medical instruction to the PA') (414). Working with PAs in non-paediatric settings: District general hospital (194), Teaching hospital (114), Standalone children's hospital (20), Children's hospital in a larger trust (98)

Working with PAs in paediatric settings: District general hospital (203), Teaching hospital (137), Standalone children's hospital (47), Children's Hospital in a larger trust (98)

\*Caution low base

Generally, PAs are clearly identified as a PA on the referrals clinicians receive, with those working with PAs in non-paediatric and paediatric settings respectively indicating 75% / 78% 'Yes, always' or 'Yes, sometimes.' The majority select 'yes, sometimes' (non-paediatric settings (60%), paediatric settings (52%)), with significantly fewer selecting 'yes, always' (non-paediatric settings (16%), paediatric settings (26%)).

2CP3b / 2CNP3b. Is / was the referrer clearly identified as a PA on the referrals you have received?	Working with PAs in a paediatric setting (2CP3b)	Working with PAs in a non-paediatric setting (2CNP3b)
Sample size	413	337
Yes, always	26%	16%
Yes, sometimes	52%	60%
No, never	15%	20%
I don't know	8%	5%

Base: CP3b asked to paediatrics who receive referrals (2CP3 = 'Yes, directly from the PA' OR 'Yes, but following senior medical instruction to the PA') (413). 2CNP3b asked to non-paediatrics who receive referrals (2CNP3 = 'Yes, directly from the PA' OR 'Yes, but following senior medical instruction to the PA') (337).



## Research by Design

MEMBERSHIP INTELLIGENCE

Approximately one fifth (20%) of respondents indicate that PAs never clearly identify themselves as PAs on referrals. This trend is more pronounced among respondents working with PAs in a non-paediatric setting (20%) compared to those working with PAs in a paediatric setting (15%).

2CP3b Is / was the referrer clearly identified as a PA on the referrals you have received?	Total
Sample size	413
No, never	15%

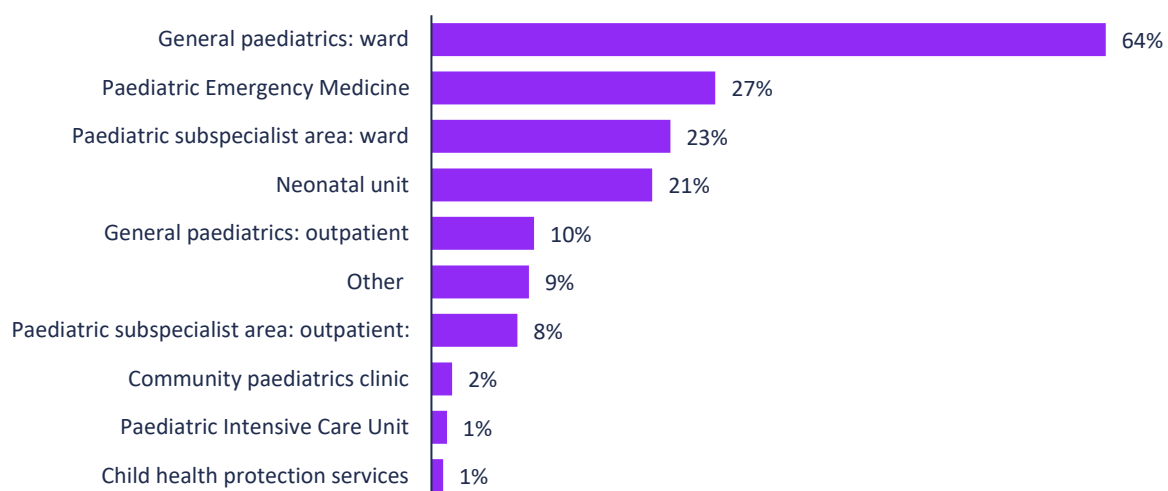
2CNP3b Is / was the referrer clearly identified as a PA on the referrals you have received?	Total
Sample size	337
No, never	20%

Base: 2CP3b asked to those who receive referrals from PAs in a paediatric setting (2CP3 = 'Yes, directly from the PA' OR 'Yes, but following senior medical instruction to the PA') (413). 2CNP3b asked to those working with PAs in a non-paediatric setting who receive referrals (2CNP3 = 'Yes, directly from the PA' OR 'Yes, but following senior medical instruction to the PA') (337)

## 2.4 PAs in Paediatric Settings

The majority of respondents who have worked with PAs in paediatric settings have done so in a general paediatrics (ward) context (64%). Over 20% have also worked with PAs in paediatric emergency medicine, paediatric subspecialist unit on the ward, and in neonatal units.

### Within what paediatric setting(s) have you worked with PAs?



2B1. Within what paediatric setting(s) have you worked with PAs? Please select all that apply. [MULTI-SELECT] Base: Asked to those working with PAs in a paediatric setting (I4 = 'Yes, in paediatric settings') AND worked with PAs within the last 36 months (I5 = 'I currently work with PAs' OR 'Within the last 12 months' OR '12-36 months ago') (820)

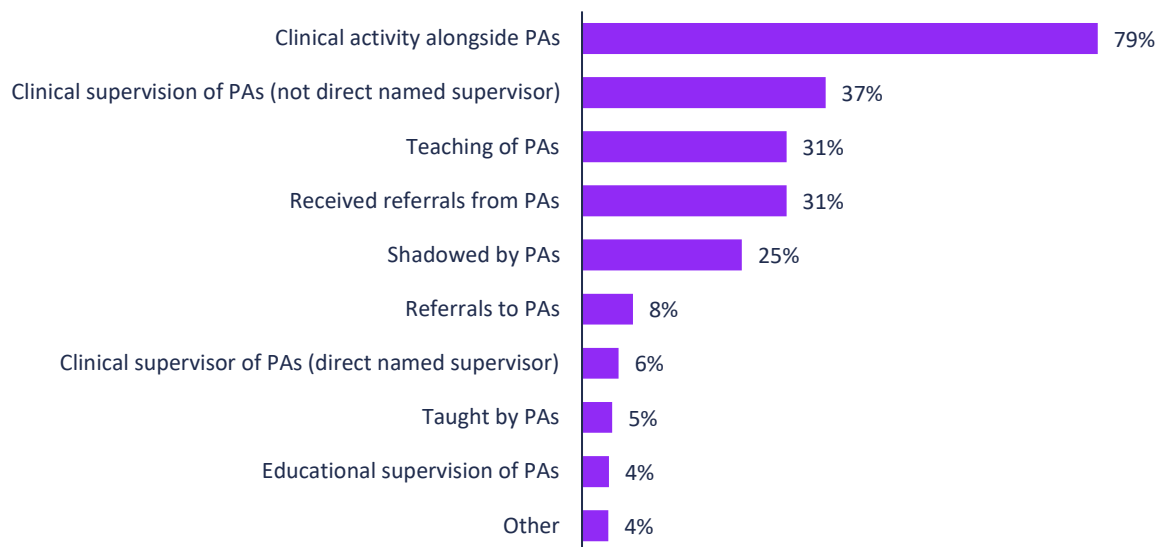


## Research by Design

MEMBERSHIP INTELLIGENCE

The majority (79%) have also worked in the capacity of clinical activity alongside PAs, with over 30% engaging in clinical supervision of PAs, teaching PAs, and receiving referrals from PAs.

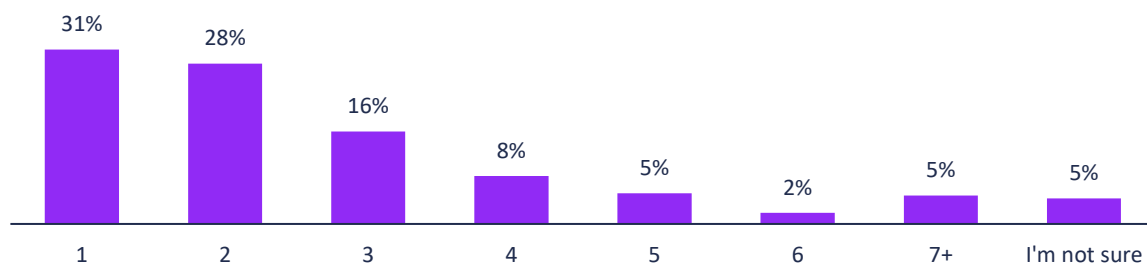
### Thinking about the setting(s) where you have worked with PAs, in what capacity has this been?



2B2. Thinking about the setting(s) where you have worked with PAs, in what capacity has this been? Please select all that apply. [MULTI-SELECT] Base: Asked to those working with PAs in a paediatric setting (I4 = 'Yes, in paediatric settings') AND worked with PAs within the last 36 months (I5 = 'I currently work with PAs' OR 'Within the last 12 months' OR '12-36 months ago') (820)

Most of those who have worked with PAs in a paediatric setting have had 1-3 PAs working in their service. 5% have had 7 or more PAs in their service.

### How many PAs work/worked in your paediatric service?



2B3. How many PAs work/worked in your paediatric service? Base: Asked to paediatrics (I4 = 'Yes, in paediatric settings') AND worked with PAs within the last 36 months (I5 = 'I currently work with PAs' OR 'Within the last 12 months' OR '12-36 months ago') (820)



## Research by Design

MEMBERSHIP INTELLIGENCE

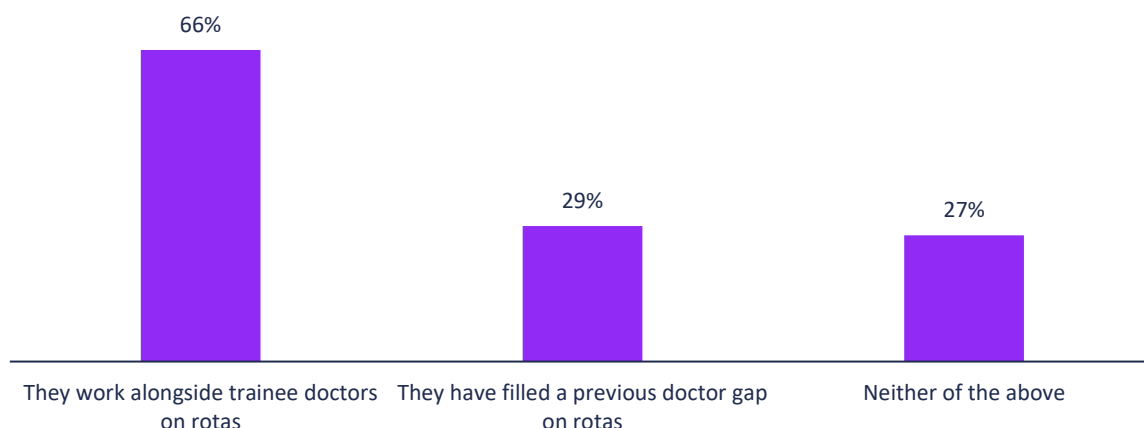
Amongst those currently working with PAs, 37% report that this role has been used in their service for more than 36 months. Those who are no longer working with PAs tend to be unsure how long the role had been used in their paediatric service.

2B4 How long has / had the PA role been used within your paediatric service?	I currently work with PAs (A)	Within the last 12 months (B)	12-36 months ago (C)
Sample size	370	276	174
More than 36 months	37%	15%	18%
	BC		
I'm not sure	20%	38%	41%
		A	A

2B4. How long has / had the PA role been used within your paediatric service? Base: Asked to those working with PAs in a paediatric setting (I4 = 'Yes, in paediatric settings') AND worked with PAs within the last 36 months (I5 = 'I currently work with PAs' OR 'Within the last 12 months' OR '12-36 months ago') (820)

66% of those who have worked with PAs in a paediatric setting report that PAs in their service have worked alongside trainee doctors on rotas. 29% report that PAs in their service have filled previous doctor gaps on rotas.

### Which of the following statements is correct with regards to PAs in your paediatric service?



2B5. Which of the following statements is correct with regards to PAs in your paediatric service? Please select all that apply. [MULTI-SELECT] Base: Asked to those working with PAs in a paediatric setting (I4 = 'Yes, in paediatric settings') AND worked with PAs within the last 36 months (I5 = 'I currently work with PAs' OR 'Within the last 12 months' OR '12-36 months ago') (820)

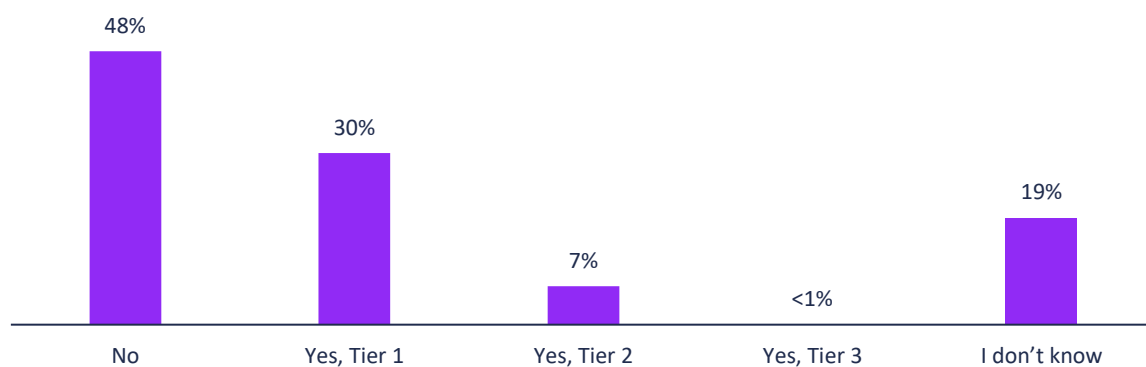


## Research by Design

### MEMBERSHIP INTELLIGENCE

When asked whether the PAs in their services are working on on-call rotas, nearly half (48%) report that they are not. 30% report that PAs are working on Tier 1 rotas, 7% on Tier 2 and very few (<0.5%) on Tier 3.

#### Are the PAs in your service working on on-call rotas?



2B6. Are the PAs in your service working on on-call rotas? Please select all that apply. [MULTI-SELECT] Base: Asked to those working with PAs in a paediatric setting (I4 = 'Yes, in paediatric settings') AND worked with PAs within the last 36 months (I5 = 'I currently work with PAs' OR 'Within the last 12 months' OR '12-36 months ago') (820)

There is a significant difference in the proportion of respondents who select 'no' to whether the PAs in their service work on on-call rotas dependent on workplace setting. A significantly higher proportion of those working in a district general hospital (54%) select 'no', compared to those working in teaching hospitals (43%), and children's hospitals in a larger trust (39%).

2B6. Are / were the PAs in your service working on on-call rotas?	Total (A)	District General Hospital (B)	Teaching Hospitals (C)	Children's Hospital in a Larger Trust (D)
Sample size	820	372	292	187
No	48%	54%	43%	39%
		CD		

2B6. Are the PAs in your service working on on-call rotas? Base: Asked to those working with PAs in a paediatric setting (I4 = 'Yes, in paediatric settings') AND worked with PAs within the last 36 months (I5 = 'I currently work with PAs' OR 'Within the last 12 months' OR '12-36 months ago') (820)

PAs complete a wide variety of tasks within paediatric services. Over 50% of those who have worked with PAs in the past 36 months report that PAs are / were doing one or more of the following: examination of patients, clerking and patient records, arranging investigations, medical assessments, procedures, administrative / organisational / liaison tasks, reviewing and interpreting investigation

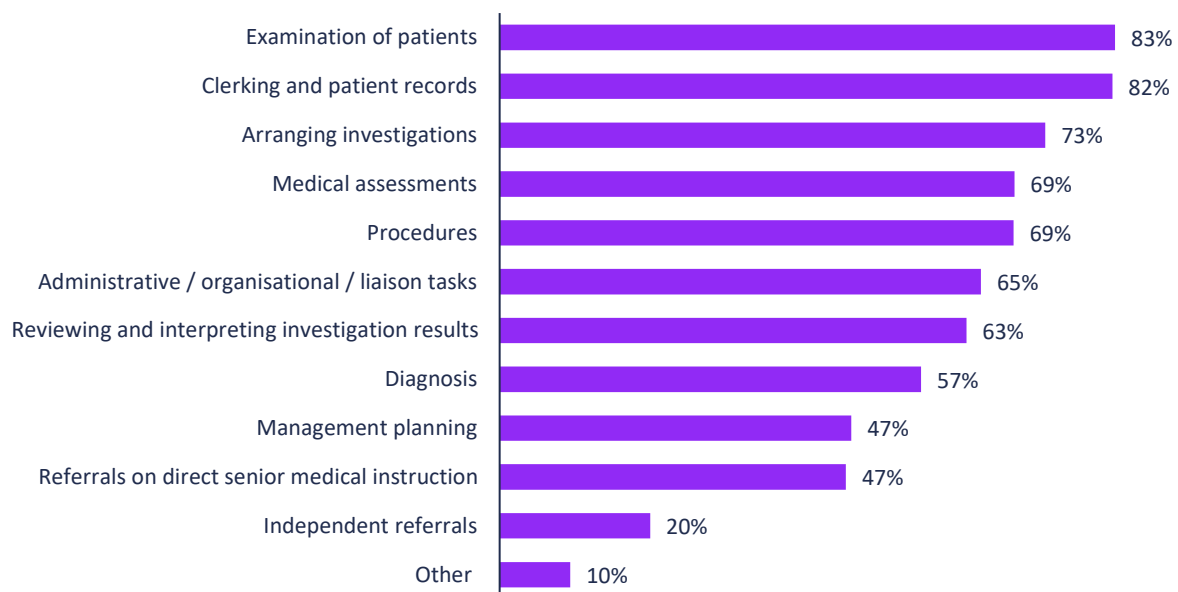


## Research by Design

MEMBERSHIP INTELLIGENCE

results, and diagnosis. On average, respondents report that PAs within their service are doing work within 6.85 of the areas below.

### What are PAs doing in your paediatric service?



2B7. What are PAs doing in your paediatric service? Please select all that apply. [MULTI-SELECT] Base: Asked to those working with PAs in a paediatric setting (I4 = 'Yes, in paediatric settings') AND worked with PAs within the last 36 months (I5 = 'I currently work with PAs' OR 'Within the last 12 months' OR '12-36 months ago') (820)

Further analysis reveals that there is a significant difference between respondents who work in a standalone children's hospital selecting 'administrative / organisational / liaison tasks' (79%) compared to those working in children's hospitals in a larger trust (67%), teaching hospitals (64%) and district general hospitals (63%).

2B7. What are PAs doing in your paediatric service?	Total	District General Hospital (B)	Teaching Hospital (C)	Standalone Children's Hospital (D)	Children's Hospital in a larger trust (E)
Sample size	820	372	292	85	187
Administrative / organisational / liaison tasks	65%	63%	64%	79%	67%
				BCE	





## Research by Design

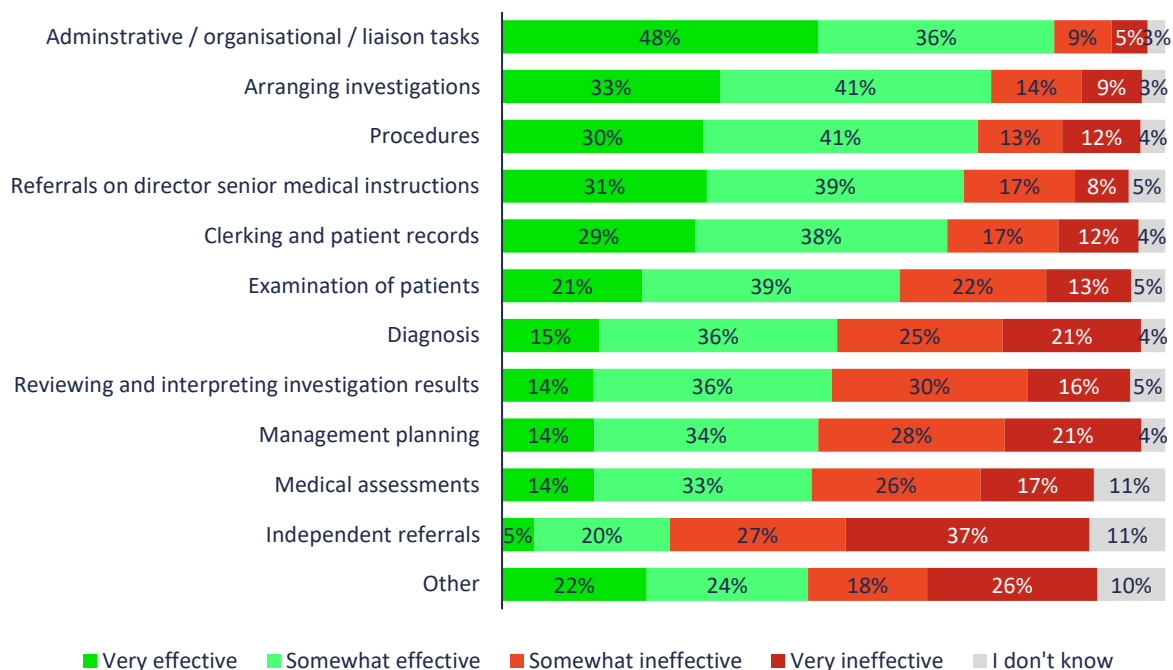
MEMBERSHIP INTELLIGENCE

2B7. What are PAs doing in your paediatric service? Base: Asked to paediatrics (I4 = 'Yes, in paediatric settings') AND worked with PAs within the last 36 months (I5 = 'I currently work with PAs' OR 'Within the last 12 months' OR '12-36 months ago') (820)

*Details on the specific tasks Physician Associates are completing within these groups can be found in the Appendix.*

The perceived effectiveness of tasks performed by PAs varies greatly depending on the task. The majority (83%) of respondents who have worked with PAs doing administrative / organisational tasks believe these tasks have been performed effectively. Far fewer (around half) believe that PAs' delivery of management planning, medical assessments and reviewing and interpreting investigation results is effective. In particular, those with experience of independent referrals from PAs tend not to believe that PAs are performing this task effectively, with just 25% believing PAs' delivery of this task is effective in supporting high quality care

### Thinking generally across your experience of working with PAs, to what extent is the PAs' delivery of this task effective in supporting high quality care?



2B8. Thinking generally across your experience of working with PAs, to what extent is the PAs' delivery of this task effective in supporting high quality care? Base: Asked to all selected at 2B7 (166 – 679)



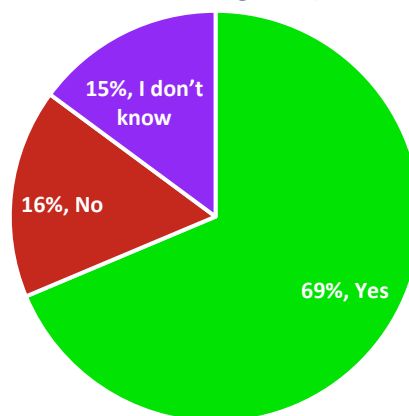
## Research by Design

MEMBERSHIP INTELLIGENCE

Across the board, those who are **currently** working with PAs in paediatric settings are significantly more likely to select that PAs' delivery of these tasks is effective.

Within these tasks, 69% of this group report that PAs are seeing undifferentiated patients.

### Within these tasks, do PAs see undifferentiated patients (patients with no current diagnosis)?



2B9. Within these tasks, do PAs see undifferentiated patients (patients with no current diagnosis)? Base: Asked to those working with PAs in a paediatric setting (I4 = 'Yes, in paediatric settings') AND worked with PAs within the last 36 months (I5 = 'I currently work with PAs' OR 'Within the last 12 months' OR '12-36 months ago') (820)

There is a significant difference in the proportion of respondents who select 'yes' when asked whether PAs see undifferentiated patients amongst those in England (67%) compared to the the rest of the UK (77%)<sup>3</sup>.

2B9. Within these tasks, do / did PAs see undifferentiated patients (patients with no current diagnosis)?	Total (A)	England (B)	Rest of the UK (C)
Sample size	820	711	109
Yes	69%	67%	77%
Sig test			B

Over 50% of respondents report that either ST1-4 or ST5+ are required to sign off prescriptions / ionising radiation for PAs within their service. In other cases, this is a consultant (47%) or a specialty doctor (45%). 21% are not aware ("I don't know") who is required to sign off prescriptions / ionising radiation for PAs.

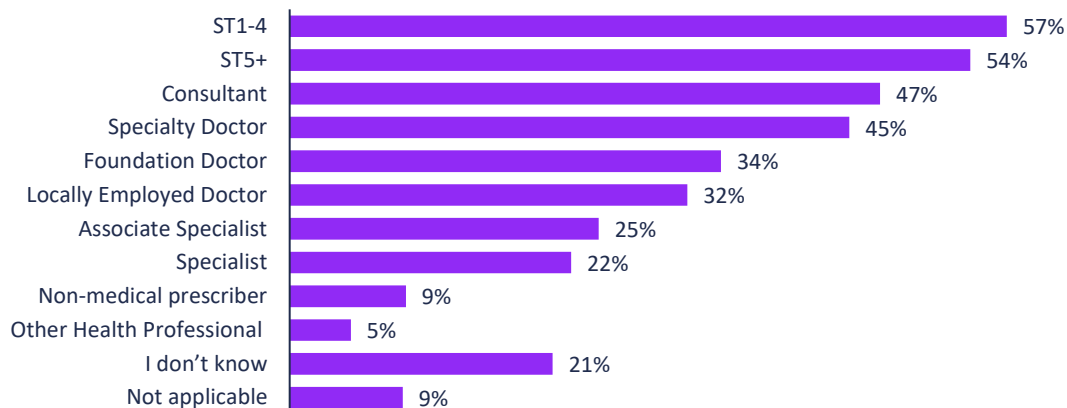
<sup>3</sup> Low base sizes prevent further breakdown of the 'Rest of UK' group into the individual devolved nations.



## Research by Design

MEMBERSHIP INTELLIGENCE

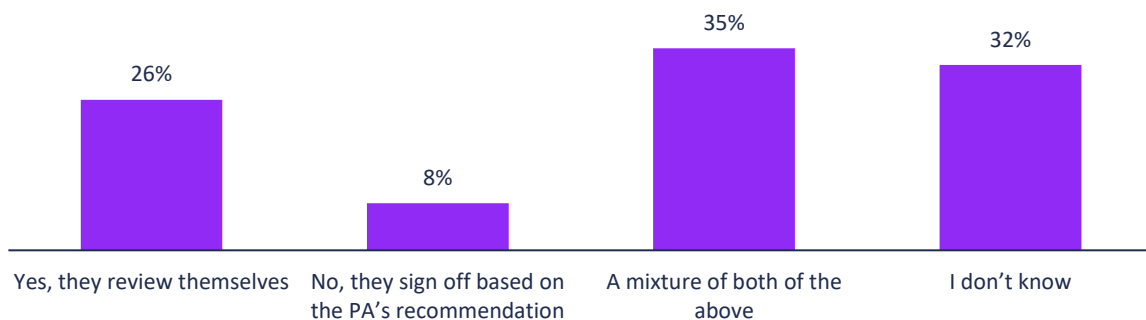
### Who is required to sign off prescriptions/ionising radiation for PAs in your service?



2B10. Who is required to sign off prescriptions/ionising radiation for PAs in your service? Please select all that apply. [MULTI-SELECT] Base: Asked to those working with PAs in a paediatric setting (I4 = 'Yes, in paediatric settings') AND worked with PAs within the last 36 months (I5 = 'I currently work with PAs' OR 'Within the last 12 months' OR '12-36 months ago') (820)

26% report that those responsible for signing off prescriptions / ionising radiations for PAs review patients' details themselves before signing off, while only 8% report that they sign off based on the PA's recommendation. 35% report that there tends to be a mixture of both, depending on the situation. B11. Do those responsible for signing of prescriptions/ionising radiations for PAs review patients' details before signing off? Base:

### Do those responsible for signing off prescriptions / ionising radiations for PAs review patients' details before signing off?



Asked to those working with PAs in a paediatric setting (I4 = 'Yes, in paediatric settings') AND worked with PAs within the last 36 months (I5 = 'I currently work with PAs' OR 'Within the last 12 months' OR '12-36 months ago') (820)



## Research by Design

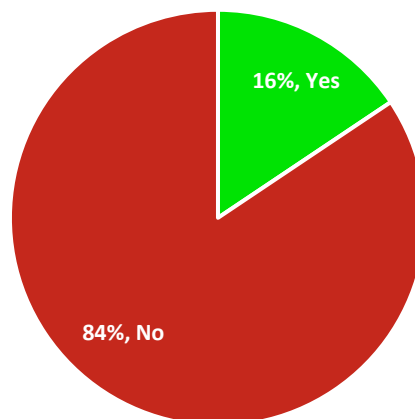
MEMBERSHIP INTELLIGENCE

### 2.5 Patient Safety Concerns within Paediatric Settings

#### 2.5.1 Patient safety concerns raised while involved in the care of a patient

While the majority of respondents (84%) report that they have not been involved in patient care where safety concerns regarding PAs have been raised, a small proportion have encountered this. These concerns are more likely to arise among clinicians who work with PAs more frequently.

**Have you been involved in the care of a patient where safety issues regarding PAs (in a paediatric setting) have been raised?**



2CP4. Have you been involved in the care of a patient where safety issues regarding PAs (in a paediatric setting) have been raised? Base: Asked to those working with PAs in a paediatric setting (I4 = 'Yes, in paediatric settings') AND worked with PAs within the last 36 months (I5 = 'I currently work with PAs' OR 'Within the last 12 months' OR '12-36 months ago') (820)

2CP4. Have you been involved in the care of a patient where safety issues regarding PAs (in a paediatric setting) have been raised?	Total (A)	Daily (B)	Weekly (C)	Monthly (D)	Every few months (E)	Less frequently than every few months (F)
Sample size	820	334	281	96	47*	62
Yes	16%	19%	16%	13%	2%	10%
		E	E			

2CP4. Have you been involved in the care of a patient where safety issues regarding PAs (in a paediatric setting) have been raised? Base: Asked to those working with PAs in a paediatric setting (I4 = 'Yes, in paediatric settings') AND worked with PAs within the last 36 months (I5 = 'I currently work with PAs' OR 'Within the last 12 months' OR '12-36 months ago') (820). Daily (334), Weekly (281), Monthly (96), Every few months (47), Less frequently than every few months (62).

\*Caution low base



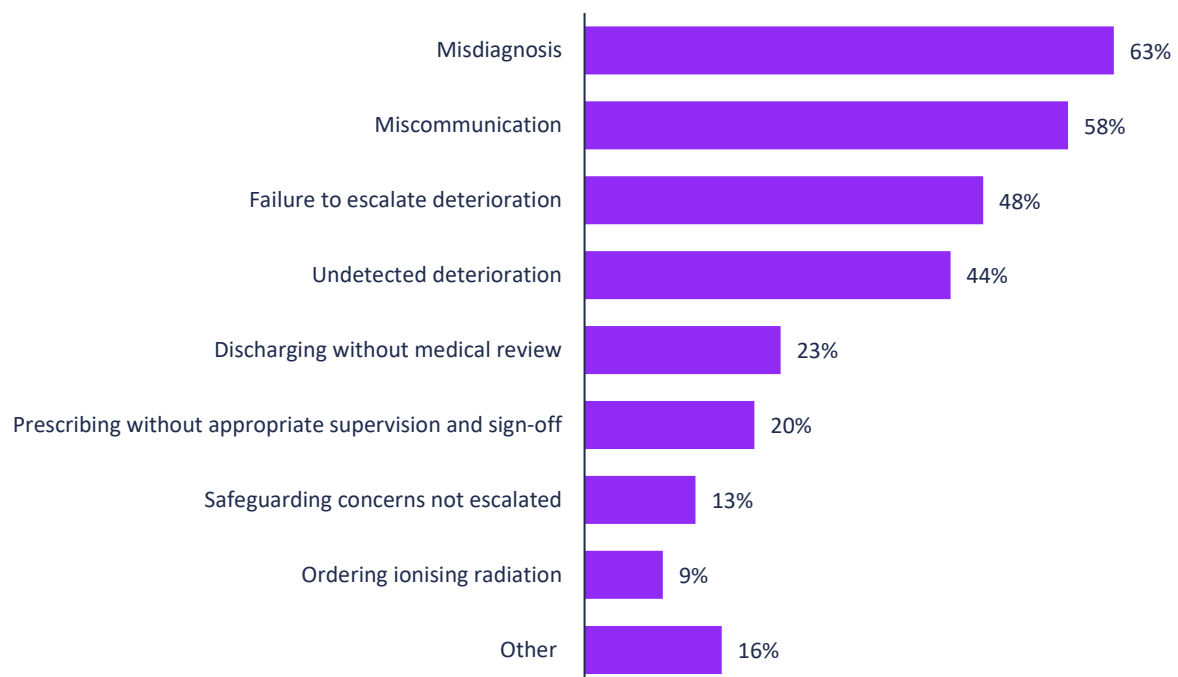
## Research by Design

MEMBERSHIP INTELLIGENCE

Among those who have experienced safety concerns (16% of the total sample), the most frequently cited issues include misdiagnosis (63%) and miscommunication (58%). Just under half (48%) report failure to escalate deterioration and undetected deterioration (44%). Additionally, 23% report discharging without medical review and 20% report concerns around PAs prescribing without appropriate supervision or sign-off.

16% select 'other' with free text responses highlighting a broad theme of concern for patient safety in relation to the performance and supervision of PAs in clinical settings. This includes misdiagnoses, misinterpretation of test results and procedural errors.

### In which area(s) did safety issues arise?



2CP4a. In which area(s) did safety issues arise? Please select all that apply. [MULTI-SELECT] Base: Asked to those who experienced safety issues with PAs (2CP4 = 'Yes') (128)

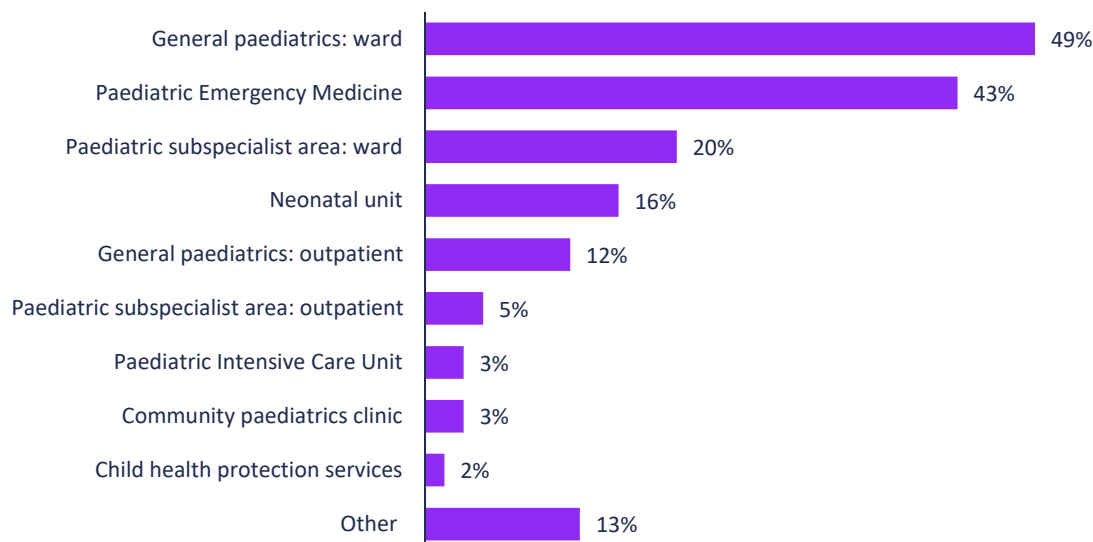
Safety concerns most commonly arise in general paediatric wards (49%) and paediatric emergency medicine settings (43%).



## Research by Design

MEMBERSHIP INTELLIGENCE

### In which paediatric setting(s) did these safety issues arise?



2CP4b. In which paediatric setting(s) did these safety issues arise? Please select all that apply. [MULTI-SELECT] Base: Asked to those who experienced safety issues with PAs (2CP4 = 'Yes') (128)

### 2.5.2 Patient safety concerns raised at Health Board/Trust level

The majority of respondents (92%) are not aware of any patient safety concerns that have been raised in their health board / trust regarding PAs (in paediatric settings). However, a small proportion are aware of one/some (8%). Similar to direct reports, incidents where concerns have been raised within the health board/trust involve issues with supervision during prescribing, particularly in general paediatrics and emergency paediatric settings.

Among those who have experienced safety concerns, the most frequently cited issues include:

- Misdiagnosis (57%)
- Miscommunication (44%). Likewise, others report failure to escalate deterioration (43%) and undetected deterioration (38%).

Additionally, among those that are aware of patient safety concerns within their health board / trust regarding PAs (8% of those with experience of PAs in a paediatric setting), misdiagnosis and miscommunication are also the top areas in which these safety issues have arisen. When asked about the areas in which these safety concerns have arisen, a number of respondents (24% of those who were shown this question - 8% of those with experience of PAs in a paediatric setting) also selected 'other'.

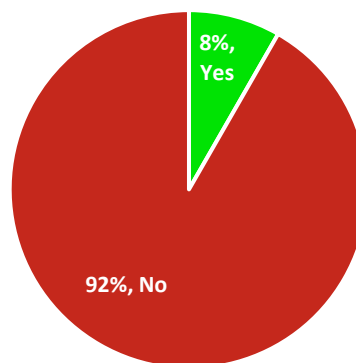


## Research by Design

MEMBERSHIP INTELLIGENCE

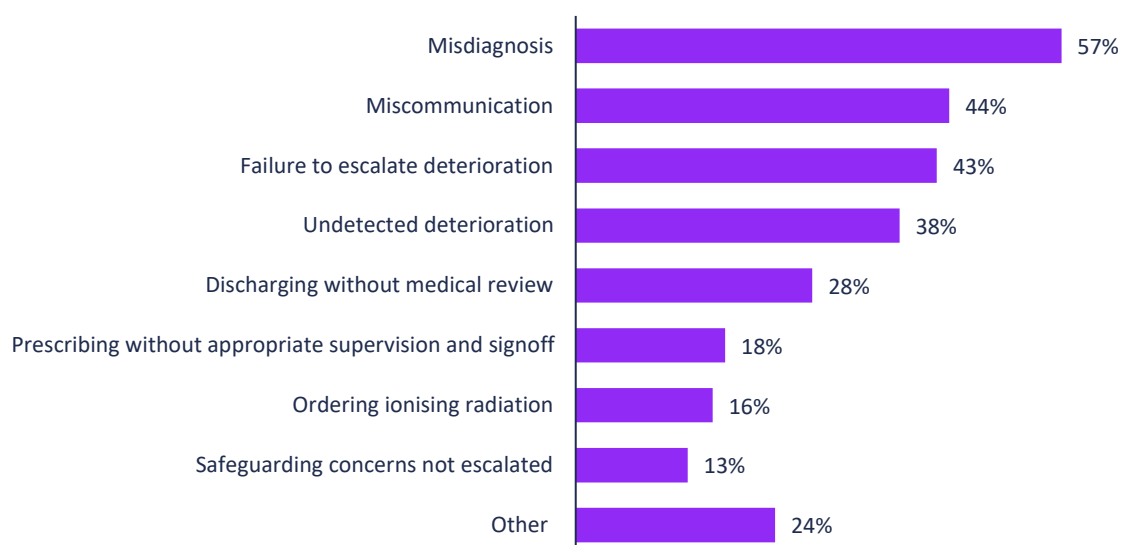
Themes emerging from 'Other' include concerns of PAs working beyond their level of competence and without sufficient supervision.

### Are you aware of patient safety concerns that have been raised in your Health Board / Trust regarding PAs (in a paediatric setting)?



2CP5. Are you aware of patient safety concerns that have been raised in your Health Board / Trust regarding PAs (in a paediatric setting)? Base: Asked to those working with PAs in a paediatric setting (I4 = 'Yes, in paediatric settings') AND worked with PAs within the last 36 months (I5 = 'I currently work with PAs' OR 'Within the last 12 months' OR '12-36 months ago') (820)

### In which area(s) did safety issues arise?



2CP5a. In which area(s) did safety issues arise? Please select all that apply. [MULTI-SELECT] Base: Asked to those who are aware of safety issues with PAs being raised (2CP5 = 1) (68)

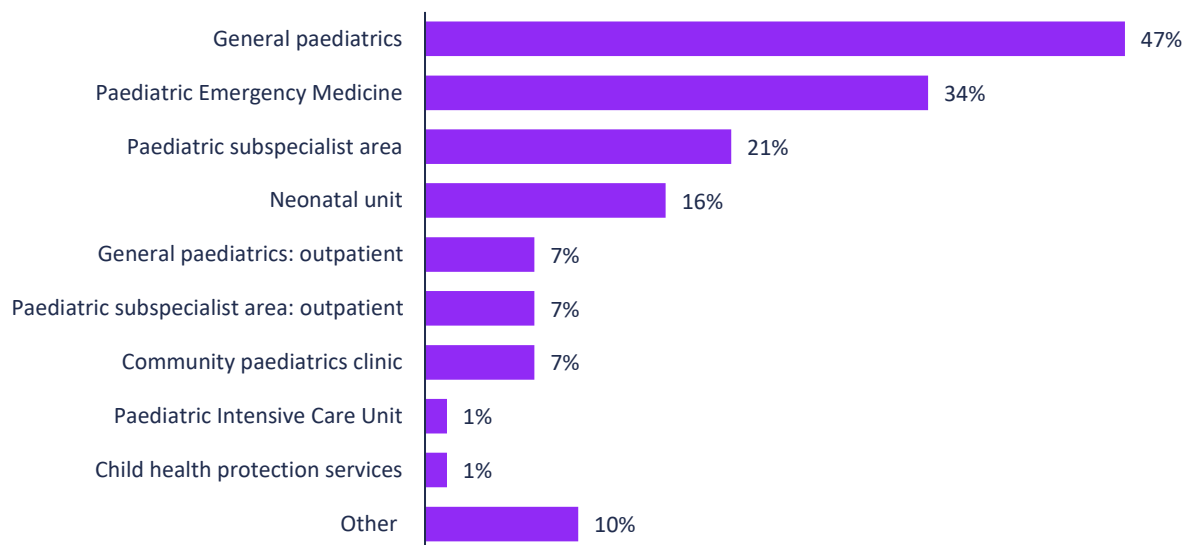


## Research by Design

### MEMBERSHIP INTELLIGENCE

In these cases, safety concerns most commonly arise in general paediatric wards (47%) and paediatric emergency medicine settings (34%).

#### In which paediatric setting did these safety issues arise?



2CP5b. In which paediatric setting did these safety issues arise? Please select all that apply. [MULTI-SELECT] Base: Asked to those who are aware of safety issues with PAs being raised (2CP5 = 1) (68)

There are no significant differences in the incidence of patient safety issues arising when comparing the settings within which respondents have worked with PAs. Those working with PAs in general paediatrics: ward are most likely to have been aware of safety issues within the general paediatrics ward.

Case studies reflect widespread concerns about PAs practicing in paediatric settings without sufficient supervision. Concerns vary from experience of poor-quality referrals to examples of misdiagnosis. Safety concerns often refer to PAs managing undifferentiated patients, with many respondents suggesting that this is unsafe given PAs' experience and level of training.

## 2.6 Training and Supervision

### 2.5.1 Training and supervising PAs

There is considerable uncertainty about the supervision and training of PAs in paediatric settings. Many respondents are unsure whether PAs have a designated clinical, educational, or named supervisor, as well as whether clinicians have adequate time to supervise. These findings align with similar research





## Research by Design

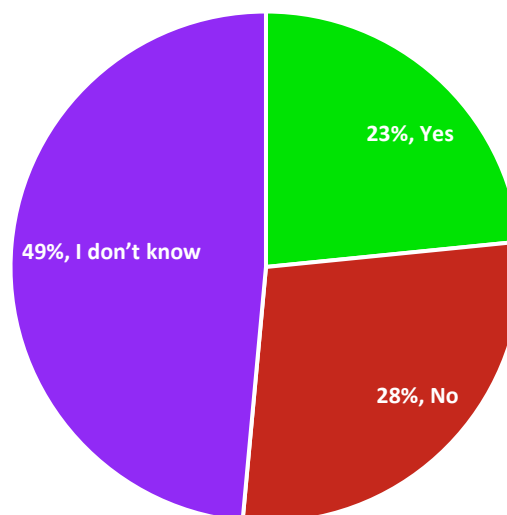
MEMBERSHIP INTELLIGENCE

conducted by the Royal College of Physicians<sup>4</sup>, which found that only 22% of clinical and educational supervision is dedicated to supervising PAs. The lack of clarity in both the responsibility for PA supervision and the time clinicians allocate to supervision suggests that the role of clinicians in supporting PAs in paediatrics remains poorly defined.

Moreover, nearly two-thirds (64%) of respondents are uncertain of whether induction processes are in place for PAs entering paediatric roles, with only one quarter (25%) confirming such procedures are formally in place. A similar pattern emerges regarding the evaluation of PAs' skills and knowledge, with most respondents unsure whether adequate systems are in place to assess and monitor PAs' competencies in day-to-day tasks. See chart and further detail on induction and evaluation further down in this section.

Respondents are uncertain about whether PAs in their team have named clinical supervisors on shift. 49% of respondents indicated 'I don't know', while 23% said 'Yes' and 28% 'No'.

### Do the PAs in your team have a named clinical supervisor on shift?



3TS1. Do the PAs in your team have a named clinical supervisor on shift? Base: Asked to those working with PAs in a paediatric setting (I4 = 'Yes, in paediatric settings') AND worked with PAs within the last 36 months (I5 = 'I currently work with PAs' OR 'Within the last 12 months' OR '12-36 months ago') (820)

<sup>4</sup> Royal College of Physicians. "Snapshot of UK consultant physicians 2023". <https://www.rcp.ac.uk/improving-care/resources/snapshot-of-uk-consultant-physicians-2023/>. Published July 2023. Accessed October 2024.



## Research by Design

MEMBERSHIP INTELLIGENCE

When asked if PAs in their team have a named clinical supervisor on shift, respondents working in general paediatrics (ward) are significantly more likely to select 'I don't know' (50%) compared to those working in general paediatrics (outpatient) (38%).

3TS1. Do/did the PAs in your team have a named clinical supervisor on shift?	Total	General paediatrics: ward (A)	General paediatrics: outpatient (B)
Sample size	820	525	80
Yes	23%	20%	30%
			A
No	28%	30%	33%
I don't know	49%	50%	38%
		B	

3TS1. Do the PAs in your team have a named clinical supervisor on shift? Base: Asked to those working with PAs in a paediatric setting (I4 = 'Yes, in paediatric settings') AND worked with PAs within the last 36 months (I5 = 'I currently work with PAs' OR 'Within the last 12 months' OR '12-36 months ago') (820)

Consultants are statistically more likely to be aware of the presence of a named clinical supervisor for PAs on shift (41%) compared to ST1-4 (12%) and ST5+ (11%).

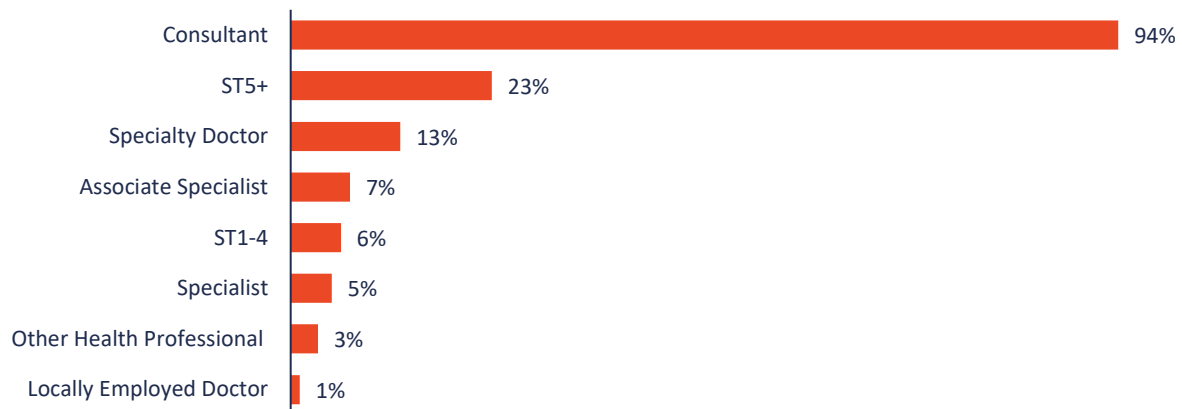
The majority of respondents indicate that consultants (94%) are typically the named clinical supervisor on shift.



## Research by Design

MEMBERSHIP INTELLIGENCE

### Which of the following is/are typically the named clinical supervisor on shift?



3TS1a. Which of the following is / was typically the named clinical supervisor on shift? Please select all that apply. [MULTI-SELECT] Base: Asked to those who have a named supervision on shift (3TS1 = 'Yes') (192)

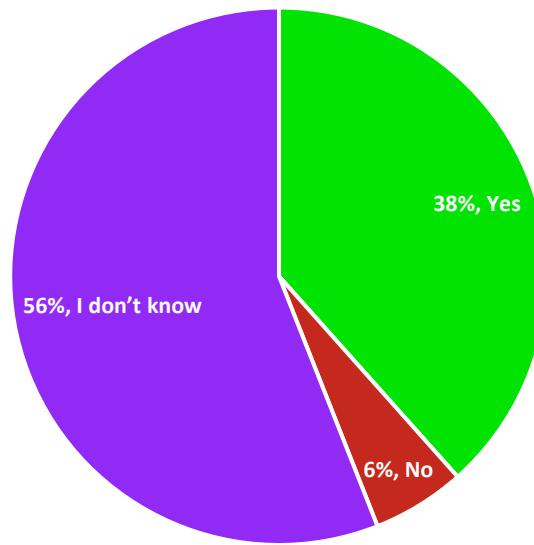
Similarly, a large number of respondents are unaware of whether PAs in their team have a named educational supervisor, with more than half (56%) selecting 'I don't know'. However, a greater proportion of respondents indicate that they are aware that PAs have a named education supervisor (38% selecting 'yes') than a named clinical supervisor on their shift (23% selecting 'yes').



## Research by Design

MEMBERSHIP INTELLIGENCE

### Do / did the PAs in your team have a named educational supervisor?



3TS2. Do / did the PAs in your team have a named educational supervisor? Base: Asked to those working with PAs in a paediatric setting (I4 = 'Yes, in paediatric settings') AND worked with PAs within the last 36 months (I5 = 'I currently work with PAs' OR 'Within the last 12 months' OR '12-36 months ago') (820)

Additionally, respondents working in general paediatrics (ward) are significantly more likely to select 'I don't know' (56%) compared to those working in general paediatrics (outpatient) (45%). There is also a significant difference in respondents selecting 'I don't know' in the devolved nations (65%) compared to respondents in England (55%).

3TS2. Do/did the PAs in your team have a named educational supervisor?	Total	General paediatrics: ward (A)	General paediatrics: outpatient (B)
Sample size	820	525	80
Yes	38%	38%	50%
			A
No	6%	6%	5%
I don't know	56%	56%	45%
		B	



## Research by Design

MEMBERSHIP INTELLIGENCE

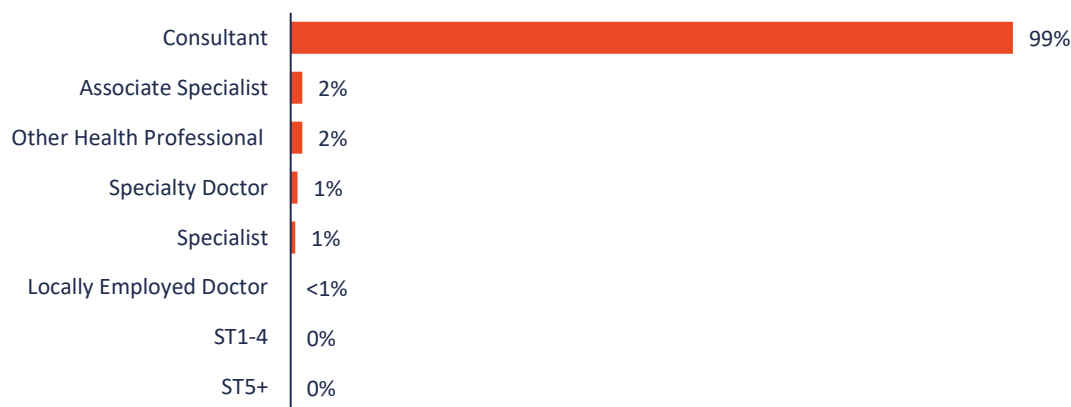
3TS2. Do / did the PAs in your team have a named educational supervisor? Base: Asked to those working with PAs in a paediatric setting (I4 = 'Yes, in paediatric settings') AND worked with PAs within the last 36 months (I5 = 'I currently work with PAs' OR 'Within the last 12 months' OR '12-36 months ago') (820)

3TS2. Do / did the PAs in your team have a named educational supervisor?	Total (A)	England (B)	Rest of the UK (C)
Sample size	820	711	109
I don't know	56%	55%	65%
			B

3TS2. Do / did the PAs in your team have a named educational supervisor? Base: Asked to those working with PAs in a paediatric setting (I4 = 'Yes, in paediatric settings') AND worked with PAs within the last 36 months (I5 = 'I currently work with PAs' OR 'Within the last 12 months' OR '12-36 months ago') (820)

The vast majority of the time, consultants are the named education supervisor for PAs (99%).

### Which of the following is/are typically the named educational supervisor?



3TS2a. Which of the following is/are typically the named educational supervisor? Please select all that apply. [MULTI-SELECT]  
Base: Asked to those who have a named educational supervisor on their team (3TS2 = 'Yes') (315)

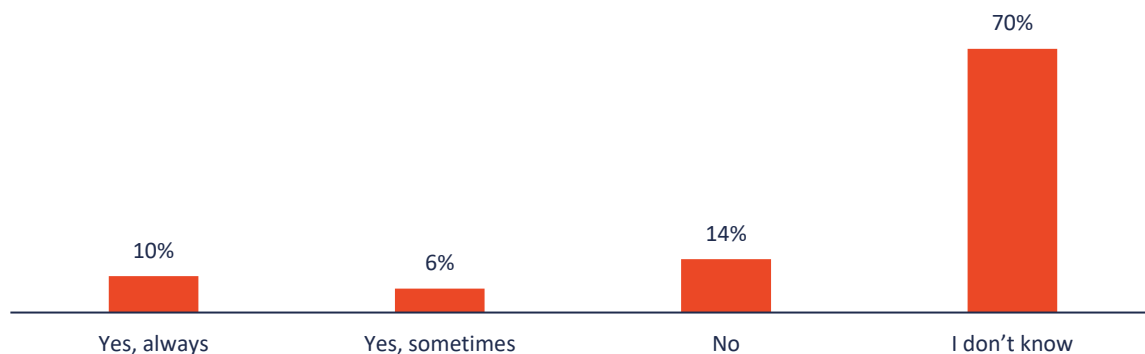
Many respondents are uncertain whether clinicians who provide educational supervision to PAs have enough time to do so. 70% selected 'I don't know'. Those who do hold a viewpoint have polarised opinions, 16% indicating 'Yes' (either 'Yes, always' or 'Yes, sometimes') and 14% selecting 'No'.



## Research by Design

MEMBERSHIP INTELLIGENCE

### Do / did clinicians undertaking educational supervision of PAs have time in their job plan for this?



3TS2b. Do/did clinicians undertaking educational supervision of PAs have time in their job plan for this? Base: Asked to those working with PAs in a paediatric setting (I4 = 'Yes, in paediatric settings') AND worked with PAs within the last 36 months (I5 = 'I currently work with PAs' OR 'Within the last 12 months' OR '12-36 months ago') (820)

Respondents who are consultants have most clarity on whether clinicians have time for educational supervision of PAs. Significantly fewer consultants (48%) select 'I don't know' on this, compared to ST1-4s, ST5+ and Speciality Doctors (80%, 85%, 91% respectively).

3TS2b. Do/did clinicians undertaking educational supervision of PAs have time in their job plan for this?	Total	Consultant (A)	ST1-4 (B)	ST5+ (C)	Specialty Doctor (D)
Sample size	820	290	250	190	34
Yes, always	10%	21%	3%	4%	3%
		BCD			
Yes, sometimes	6%	11%	3%	3%	3%
		BC			
No	14%	20%	14%	8%	3%
		BCD			
I don't know	70%	48%	80%	85%	91%
			A	A	A

3TS2b. Do / did clinicians undertaking educational supervision of PAs have time in their job plan for this? Base: Asked to those working with PAs in a paediatric setting (I4 = 'Yes, in paediatric settings') AND worked with PAs within the last 36 months (I5 = 'I currently work with PAs' OR 'Within the last 12 months' OR '12-36 months ago') (820) Consultant (290).

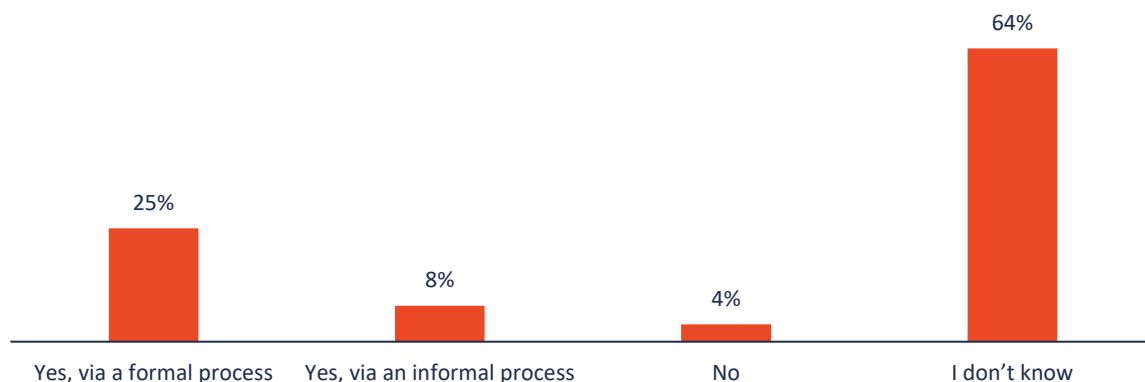


## Research by Design

MEMBERSHIP INTELLIGENCE

There is also a high level of uncertainty as to whether PAs new to paediatrics have induction periods, with 64% selecting 'I don't know', while 25% highlight that there is a formal process and 8% indicate that an informal process is undertaken. 4% believe no processes exist for induction periods.

### Are / were there processes in place for induction periods for PAs new to paediatrics?



3TS3. Are / were there processes in place for induction periods for PAs new to paediatrics? Base: Asked to those working with PAs in a paediatric setting (I4 = 'Yes, in paediatric settings') AND worked with PAs within the last 36 months (I5 = 'I currently work with PAs' OR 'Within the last 12 months' OR '12-36 months ago') (820)

Respondents working in a general paediatrics ward (66%) or paediatric emergency medicine (68%) are significantly more likely to be unaware if there are processes in place for induction periods, compared to those who work in outpatients for general paediatrics (56%), paediatric subspecialist outpatient ward (52%) and neonatal units (58%).

3TS3. Are / were there processes in place for induction periods for PAs new to paediatrics?	Total (A)	General paediatrics: ward (B)	General paediatrics: outpatient (C)	Paediatric subspecialist area: outpatient (D)	Neonatal unit (E)	Paediatric Emergency Medicine (F)
Sample size	820	525	80	67	172	221
I don't know	64%	66%	56%	52%	58%	68%
		CDE				CDE

Base: Asked to those working with PAs in a paediatric setting (I4 = 'Yes, in paediatric settings') AND worked with PAs within the last 36 months (I5 = 'I currently work with PAs' OR 'Within the last 12 months' OR '12-36 months ago') (820)

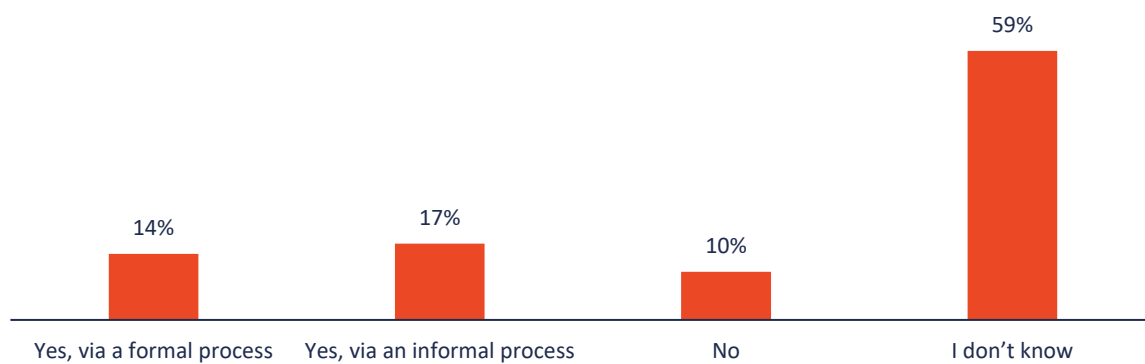


## Research by Design

MEMBERSHIP INTELLIGENCE

Respondents also indicate that they are largely unaware (59% 'I don't know') of processes in place to ensure PAs have the skills and knowledge for the tasks carried out. 31% of respondents say they are aware of processes in place.

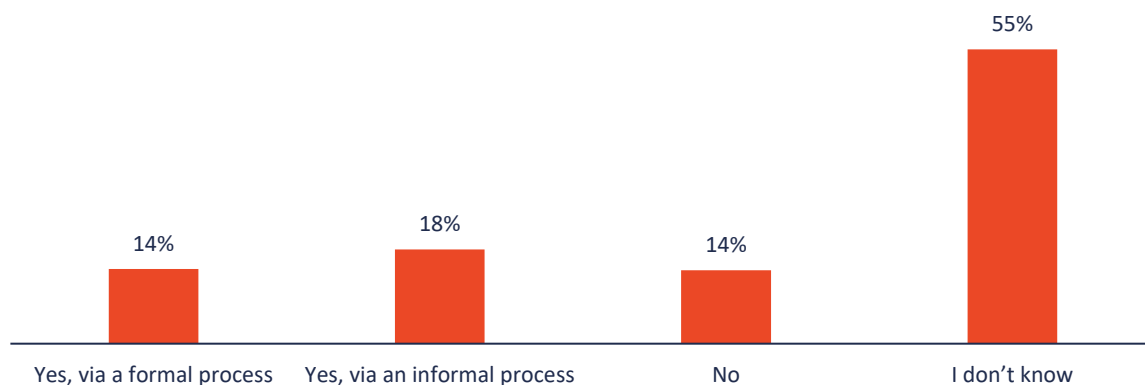
### Are / were there processes in place to ensure PAs have the skills and knowledge for the tasks carried out?



3TS4. Are/were there processes in place to ensure PAs have the skills and knowledge for the tasks carried out? Base: Asked to those working with PAs in a paediatric setting (I4 = 'Yes, in paediatric settings') AND worked with PAs within the last 36 months (I5 = 'I currently work with PAs' OR 'Within the last 12 months' OR '12-36 months ago') (820)

The majority of respondents indicate that they are unsure whether PAs' skills and knowledge for tasks carried out are monitored or assessed (55% 'I don't know'). 31% of respondents indicate they are aware of assessment/monitoring to some degree, however, the degree of formality here is split.

### Are / were PAs' skills and knowledge for tasks carried out monitored/assessed?



3TS5. Are / were PAs' skills and knowledge for tasks carried out monitored/assessed? Base: Asked to those working with PAs in a paediatric setting (I4 = 'Yes, in paediatric settings') AND worked with PAs within the last 36 months (I5 = 'I currently work with PAs' OR 'Within the last 12 months' OR '12-36 months ago') (820)



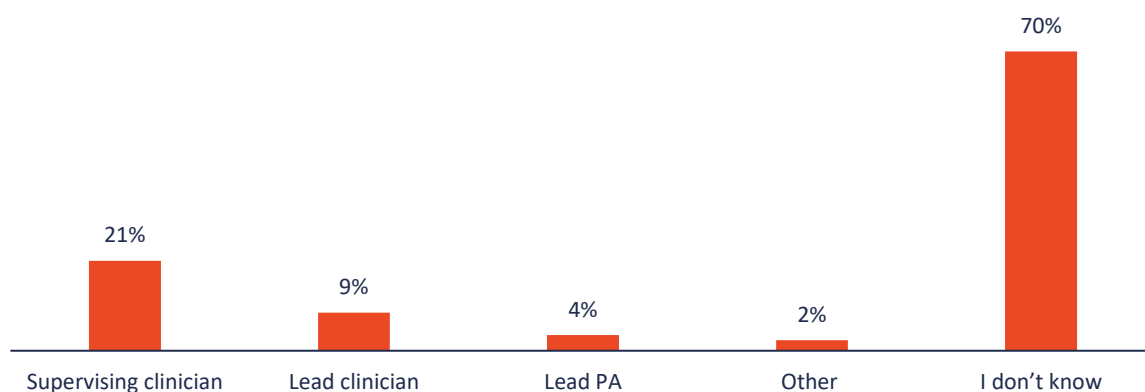


## Research by Design

MEMBERSHIP INTELLIGENCE

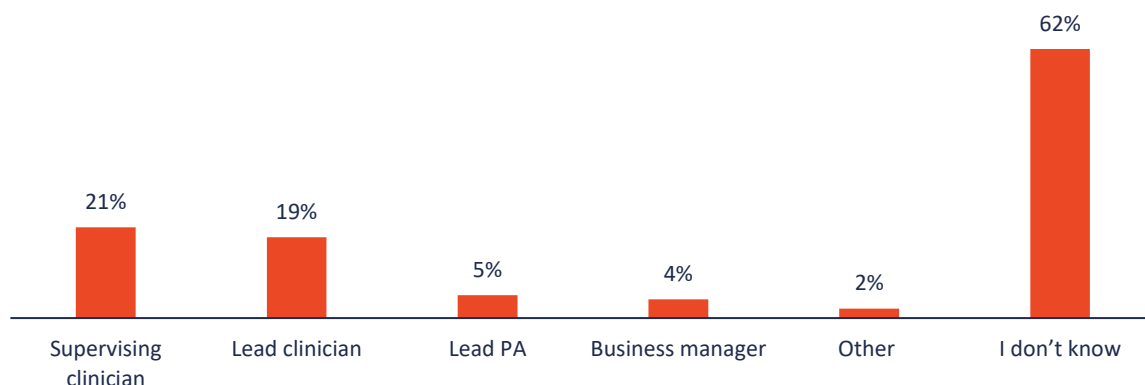
A large majority (70%) are unsure of who **appraises** PAs, around a fifth (21%) select supervising clinician and 9% a lead clinician. Additionally, the majority of respondents are unsure who **manages** PAs (62%). 21% of respondents believe a supervising clinician would manage PAs, and 19% believe this is a lead clinician.

### Who appraises PAs?



3TS6. Who appraises PAs? Please select all that apply. [MULTI-SELECT] Base: Asked to those working with PAs in a paediatric setting (I4 = 'Yes, in paediatric settings') AND worked with PAs within the last 36 months (I5 = 'I currently work with PAs' OR 'Within the last 12 months' OR '12-36 months ago') (820)

### Who manages PAs?



3TS7. Who manages PAs? Please select all that apply. [MULTI-SELECT] Base: Asked to those working with PAs in a paediatric setting (I4 = 'Yes, in paediatric settings') AND worked with PAs within the last 36 months (I5 = 'I currently work with PAs' OR 'Within the last 12 months' OR '12-36 months ago') (820)



## Research by Design

MEMBERSHIP INTELLIGENCE

### 2.5.2 PA presence impact on Trainees

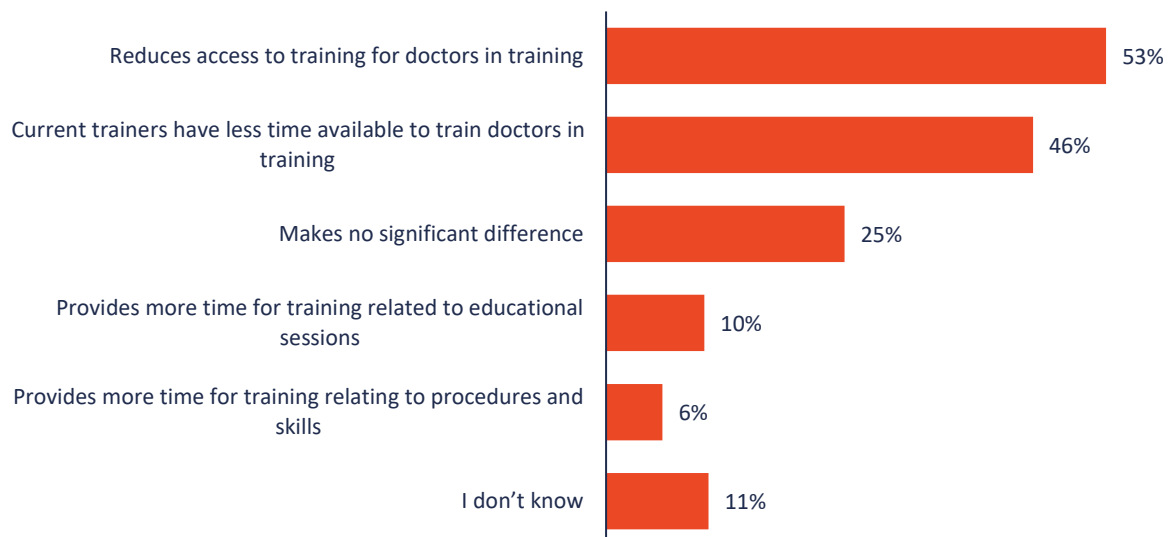
Trainees (ST1-4s, ST5+ and Foundation Doctors) were asked the impact (if any) that the presence of PAs in their department has on access to training and on access to clinics.

Respondents highlight that the impact that PAs make on training in their department is generally negative, with 53% selecting the presence of PAs 'reduces access to training for doctors in training' while 46% select 'current trainers have less time available to train doctors in training'.

Approximately one third (36%) of respondents indicate that the presence of PAs either doesn't make any different to access to training (25%, 'makes no significant difference') or are unsure (11%, 'I don't know').

A small proportion of respondents indicated that the presence of PAs has a positive impact on access to training; 'provides more time for training related to educational sessions' (10%), 'provides more time for training relating to procedures and skills' (6%).

#### What impact, if any, does the presence of PAs in your department have on access to training?



3TS8a. What impact, if any, does the presence of PAs in your department have on access to training? Please select all that apply. [MULTI-SELECT] Base: Asked to those working with PAs in a paediatric setting (I4 = 'Yes, in paediatric settings') AND worked with PAs within the last 36 months (I5 = 'I currently work with PAs' OR 'Within the last 12 months' OR '12-36 months ago') AND IF Trainees, ST1-4, ST5+ OR Foundation Doctor (448)

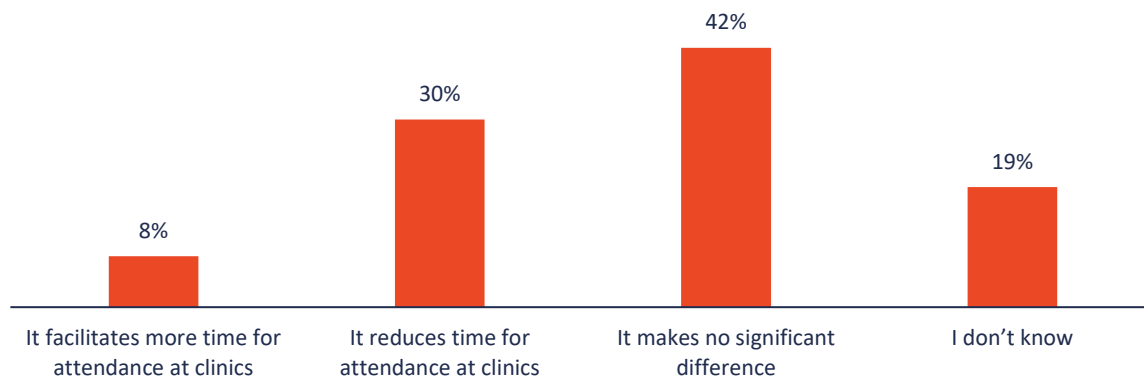


## Research by Design

MEMBERSHIP INTELLIGENCE

Respondents have differing opinions on the impact that PAs in their department have on time for attendance at clinics. Some think that the presence of PAs has little impact on the time for attendance at clinics (42%, 'It makes no significant difference'), while 30% of respondents indicate that the presence of PAs reduces the time for attendance at clinics. Few indicate that the presence of PAs facilitates more time for attendance at clinics (8%).

### What impact, if any, does the presence of PAs in your department have on time for attendance at clinics?



3TS8b. What impact, if any, does the presence of PAs in your department have on time for attendance at clinics? Base: Asked to those working with PAs in a paediatric setting (I4 = 'Yes, in paediatric settings') AND worked with PAs within the last 36 months (I5 = 'I currently work with PAs' OR 'Within the last 12 months' OR '12-36 months ago') AND IF Trainees, ST1-4, ST5+ OR Foundation Doctor (448)

In several case studies, respondents express a concern that, in some instances, PAs are limiting training opportunities for paediatric trainee doctors.

Due to the level of supervision that some clinicians feel that PAs should have, this often leads to an increased workload and perceived inability to adequately supervise PAs. Respondents explain that this often results in reduced training opportunities for other clinical staff, as well as ultimately reducing the efficacy of care delivered to patients.

## 2.6 Overall Opinions and Experience

At the time of publication, medical associate professionals (MAPs) are not yet regulated across the UK. The General Medical Council is due to begin regulation of PAs from December 2024. The GMC's position is that PAs' scope of practice should be for employers and Medical Royal Colleges to define.<sup>5</sup>

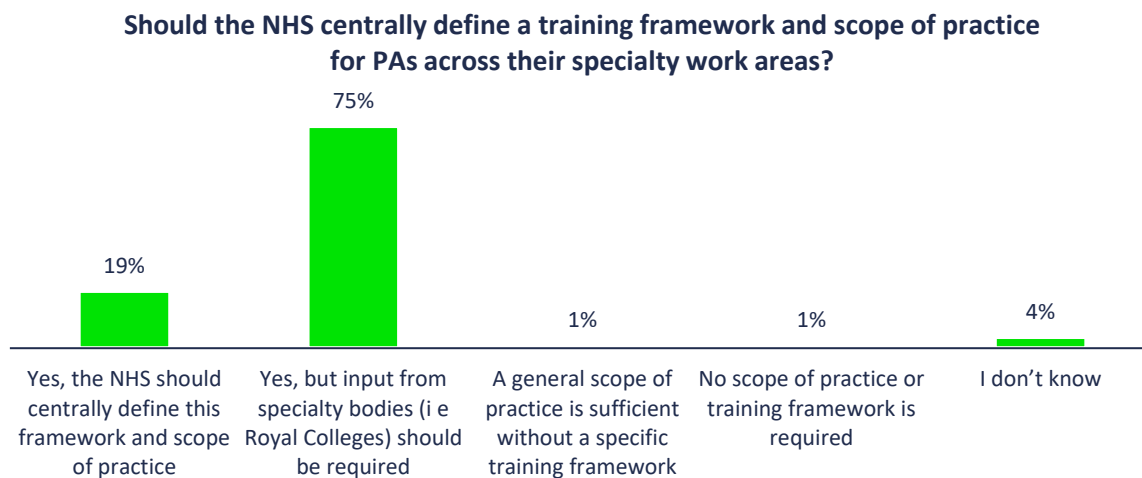
<sup>5</sup> General Medical Council. "More information on PAs and AAs". <https://www.gmc-uk.org/news/news-archive/more-information-on-pas-and-aas>. Published October 2023. Accessed September 2024.



## Research by Design

MEMBERSHIP INTELLIGENCE

The vast majority (94%) of respondents believe that a training framework and scope of practice for PAs should be defined by the NHS. A significant proportion (75%) believe that input from specialty bodies such as Royal Colleges should be required in defining this.



4OE1. Should the NHS centrally define a training framework and scope of practice for PAs across their specialty work areas?  
Base: Total (2,285)

Those who have experience working with PAs (in both paediatric and non-paediatric settings) are significantly more likely than those without such experience to say the NHS should centrally define this framework and scope of practice. Despite this statistically significant difference, respondents across the board are considerably more likely to believe input from specialty bodies should be required.

4OE1 Should the NHS centrally define a training framework and scope of practice for PAs across their specialty work areas?	Worked with PAs in paediatric settings (O)	Worked with PAs in non-paediatric settings (P)	Have not previously worked with PAs (Q)
Sample size	1,002	619	863
Yes, the NHS should centrally define this framework and scope of practice	23%	21%	13%
	Q	Q	
Yes, but input from specialty bodies (i.e. Royal Colleges) should be required	70%	74%	81%
		O	OP

4OE1. Should the NHS centrally define a training framework and scope of practice for PAs across their specialty work areas?  
Base: Total (2,285)



## Research by Design

MEMBERSHIP INTELLIGENCE

During the member consultation on PAs, respondents were presented with four scenarios and asked a series of questions to assess their strength of feeling on the appropriateness of PAs within those scenarios.

The scenarios presented were:

- SCENARIO 1: An acute care environment where there is NO specific training framework and scope of practice for PAs in paediatrics.
- SCENARIO 2: A scheduled care environment where there is NO specific training framework and scope of practice for PAs in paediatrics.
- SCENARIO 3: An acute care environment where there IS a specific training framework and scope of practice for PAs in paediatrics.
- SCENARIO 4: A scheduled care environment where there IS a specific training framework and scope of practice for PAs in paediatrics.

Within each scenario, tested in isolation, respondents were asked to what extent they agreed or disagreed with the following four statements:

- “PAs can support teams in the delivery of high-quality care”
- “I would have confidence in being able to supervise a PA”
- “PAs can have a positive impact on patient safety”
- “PAs can have a positive impact on the delivery of training”

Scenario 1 (an acute care environment without a specific training framework and scope of practice) garnered the most negativity. Respondents are most likely to strongly disagree with all statements in Scenario 1, compared with the other scenarios. Following closely behind this is Scenario 2 (a scheduled care environment without a specific training framework and scope of practice), producing similar proportions of disagreement.

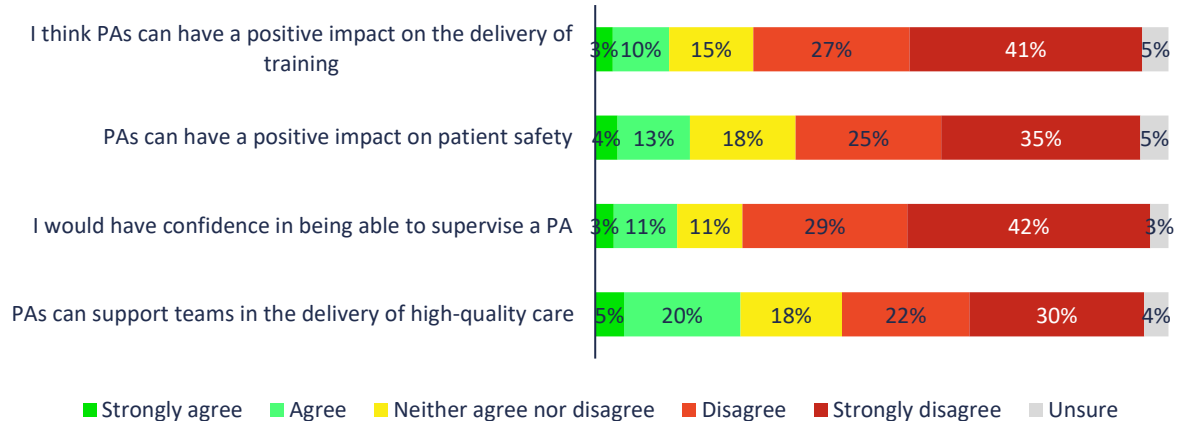
Scenarios 3 and 4 suggest a much less negative feeling overall amongst respondents (with similar proportions of agreement/disagreement seen across both Scenarios) particularly when it comes to the delivery of high-quality care, patient safety, and supervision of PAs.



## Research by Design

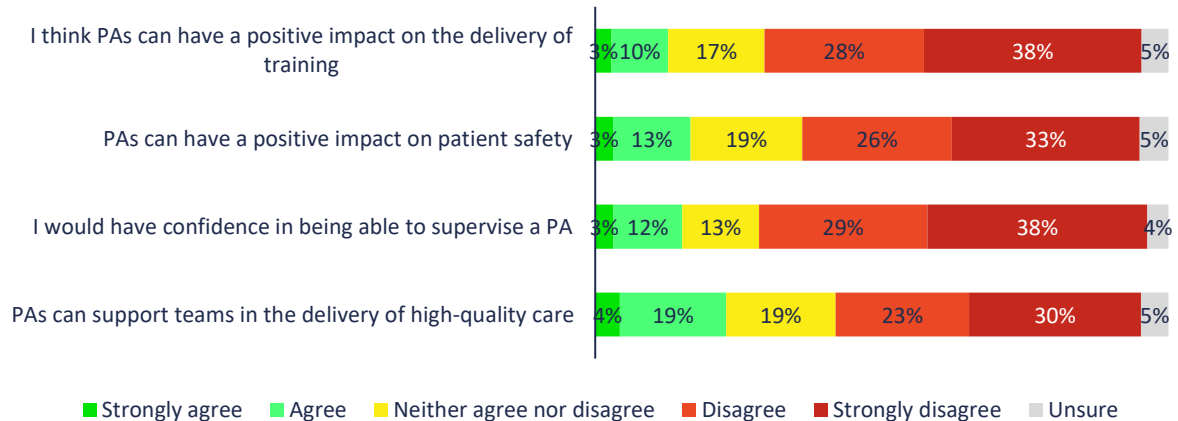
MEMBERSHIP INTELLIGENCE

### SCENARIO 1: An acute care environment where there is NO specific training framework and scope of practice for PAs in paediatrics



Base: PAs can support teams in the delivery of high-quality care (2,200). I would have confidence in being able to supervise a PA (2,194). PAs can have a positive impact on patient safety (2,200). I think PAs can have a positive impact on the delivery of training (2,199).

### SCENARIO 2: A scheduled care environment where there is NO specific training framework and scope of practice for PAs in paediatrics



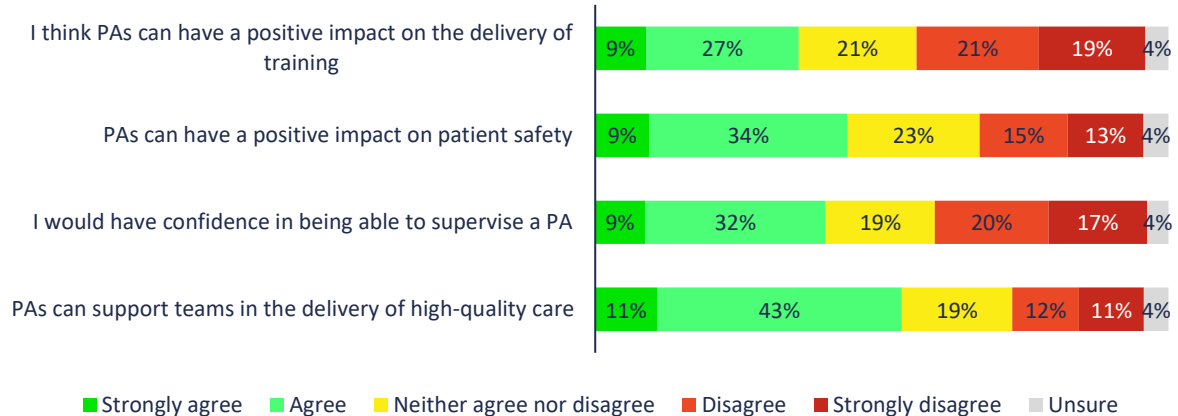
Base: PAs can support teams in the delivery of high-quality care (2,131). I would have confidence in being able to supervise a PA (2,128). PAs can have a positive impact on patient safety (2,130). I think PAs can have a positive impact on the delivery of training (2,130).



## Research by Design

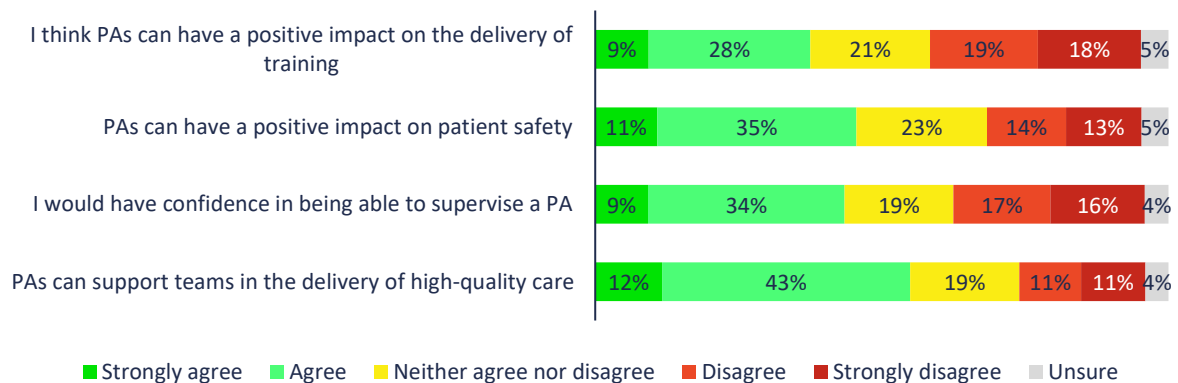
MEMBERSHIP INTELLIGENCE

### SCENARIO 3: An acute care environment where there IS a specific training framework and scope of practice for PAs in paediatrics



Base: PAs can support teams in the delivery of high-quality care (2,099). I would have confidence in being able to supervise a PA (2,096). PAs can have a positive impact on patient safety (2,098). I think PAs can have a positive impact on the delivery of training (2,099).

### SCENARIO 4: A scheduled care environment where there IS a specific training framework and scope of practice for PAs in paediatrics



Base: PAs can support teams in the delivery of high-quality care (2,083). I would have confidence in being able to supervise a PA (2,082). PAs can have a positive impact on patient safety (2,081). I think PAs can have a positive impact on the delivery of training (2,082).

Overall, these findings make clear that:

- In scenarios in which there is no specific training framework and scope of practice for PAs in paediatrics:



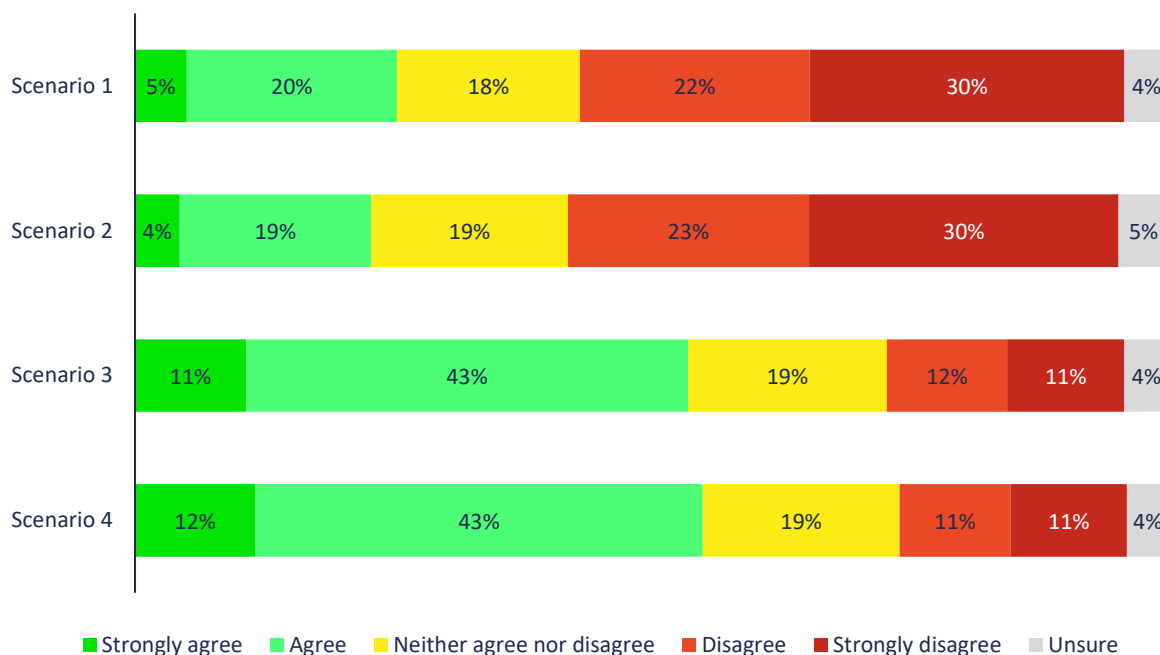
## Research by Design

### MEMBERSHIP INTELLIGENCE

- Respondents tend to disagree that PAs can have a positive impact on delivery of training and patient safety
- The majority would not have confidence being able to supervise a PA
- Around half disagree that PAs can support teams in the delivery of high-quality care.
- Positivity towards PAs is notably higher in scenarios in which PAs are working within a specific training framework and scope of practice.

Within scenarios where there is a specific training framework and scope of practice in place, the most agreement is shown to the statement “PAs can support teams in the delivery of high-quality care”.

#### PAs can support teams in the delivery of high-quality care



Base: PAs can support teams in the delivery of high-quality care: Scenario 1 (2,200). Scenario 2 (2,131). Scenario 3 (2,099). Scenario 4 (2,083).

This positivity is driven primarily by those with recent experience working with PAs in paediatric settings, who are statistically significantly more likely to agree that PAs can support teams in the delivery of high-quality care compared to those who do not recent experience. In fact, even within scenarios that do not involve a specific framework and scope of practice, those with recent experience of PAs in a paediatric setting are significantly more likely to agree with the statement above.





## Research by Design

MEMBERSHIP INTELLIGENCE

PA's can support teams in the delivery of high-quality care	I currently work with PAs (A)	Within the last 12 months (B)	12- 36 months (C)	Over 36 months ago (D)	No previous experience with PAs*
<b>Scenario 1: PAs can support teams in the delivery of high-quality care</b>					
Sample size	409	436	277	264	813
Agree (Strongly agree / agree)	40%	21%	25%	25%	21%
	BCD				
<b>Scenario 2: PAs can support teams in the delivery of high-quality care</b>					
Sample size	406	424	273	251	776
Agree (Strongly agree / agree)	37%	19%	19%	22%	19%
	BCD				
<b>Scenario 3: PAs can support teams in the delivery of high-quality care</b>					
Sample size	402	418	272	240	766
Agree (Strongly agree / agree)	65%	45%	51%	58%	52%
	BC				
<b>Scenario 4: PAs can support teams in the delivery of high-quality care</b>					
Sample size	398	418	269	237	760
Agree (Strongly agree / agree)	63%	47%	49%	62%	55%
	BC				

Base: PAs can support teams in the delivery of high-quality care: Scenario 1 (2,200), Scenario 2 (2,131), Scenario 3 (2,099), Scenario 4 (2,083). \*Significant differences for those with no previous experience working with PAs not tested in the table above.

### “PA recruitment should be halted whilst the NHS develops structures for appropriate deployment of PAs”



■ Strongly agree 
 ■ Agree 
 ■ Neither agree nor disagree 
 ■ Disagree 
 ■ Strongly disagree 
 ■ Unsure

40E3 To what extent do you agree or disagree with the following statement: “PA recruitment should be halted whilst the NHS develops structures for appropriate deployment of PAs” Base: Total (2,076)

80% of respondents believe that PA recruitment should be halted whilst the NHS develops structures for appropriate deployment of PAs.



## Research by Design

### MEMBERSHIP INTELLIGENCE

While fewer than 10% disagree with this statement, those respondents who currently work with PAs are more than twice as likely to disagree. A similar proportion of those who work with PAs on a daily basis are likely to disagree that their recruitment should be halted.

4OE3. To what extent do you agree or disagree with the following statement: "PA recruitment should be halted whilst the NHS develops structures for appropriate deployment of PAs"	Total (A)	I currently work with PAs (B)	Within the last 12 months (C)	12- 36 months (D)	Over 36 months ago (E)	No previous experience with PAs*
Sample size	2076	398	416	269	235	757
Disagree (Disagree/ strongly disagree)	9%	19%	7%	9%	9%	5%
	BCD					

4OE3 To what extent do you agree or disagree with the following statement: "PA recruitment should be halted whilst the NHS develops structures for appropriate deployment of PAs" Base: Total (2,076). \*Significant differences for those with no previous experience working with PAs not tested in the table above.

4OE3. To what extent do you agree or disagree with the following statement: "PA recruitment should be halted whilst the NHS develops structures for appropriate deployment of PAs"	Total (A)	Daily (B)	Weekly (C)	Monthly (D)	Every few months (E)	Less frequently than every few months (F)
Sample size	2076	400	359	147	85	92
Disagree (Disagree / strongly disagree)	9%	17%	10%	7%	9%	8%
		CDF				

4OE3 To what extent do you agree or disagree with the following statement: "PA recruitment should be halted whilst the NHS develops structures for appropriate deployment of PAs" Base: Total (2,076)

In case studies, a number of respondents emphasise that the current role and scope of practice for PAs is poorly defined, leading to confusion regarding responsibilities and task delegation. Many feel uneasy about the lack of clarity regarding the expectations and limits of responsibility for PAs and would like to see a clear framework in place to outline the scope of the PA role.

Additionally, many believe that a poorly defined scope of practice creates challenges in understanding the necessary training and supervision for PAs. Despite these concerns, some case studies have highlighted that PAs could successfully support practices if their role is adequately defined and PAs have clear scope of responsibility for certain clinical decisions, rather than deferring to more senior clinicians.

Furthermore, several case studies have highlight dissatisfaction with the name 'Physician Associate', with some respondents believing that the inclusion of the term 'physician' within this title can potentially be misleading to patients.

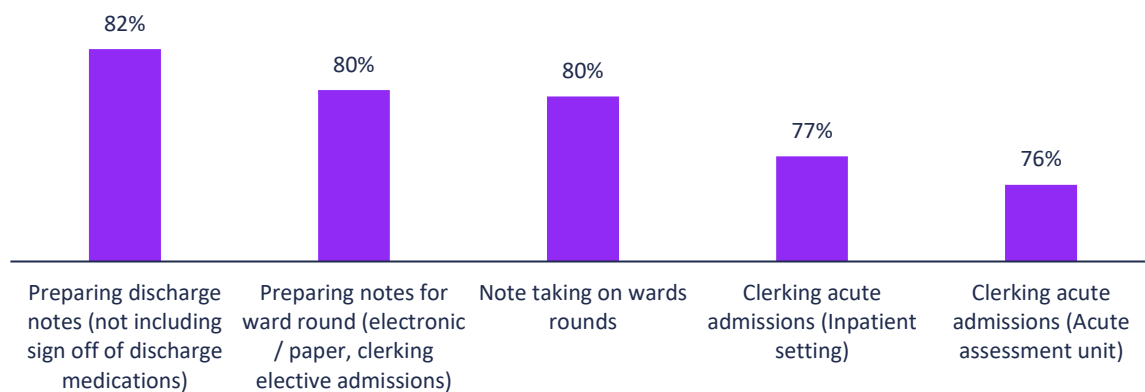


## Research by Design

MEMBERSHIP INTELLIGENCE

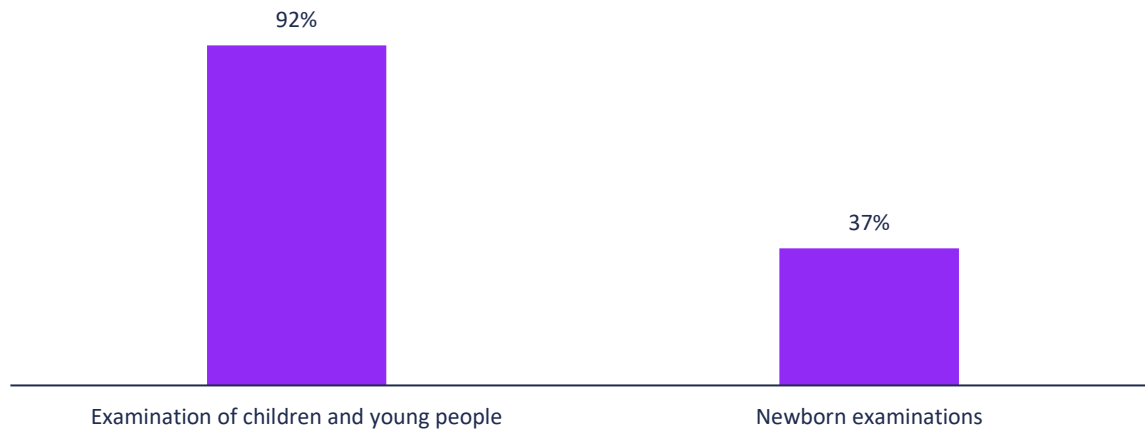
### 3. Appendix

#### Clerking and patient records



Base: Asked to those who select 'Clerking and patient records' at 2B7 (676)

#### Examination of patients



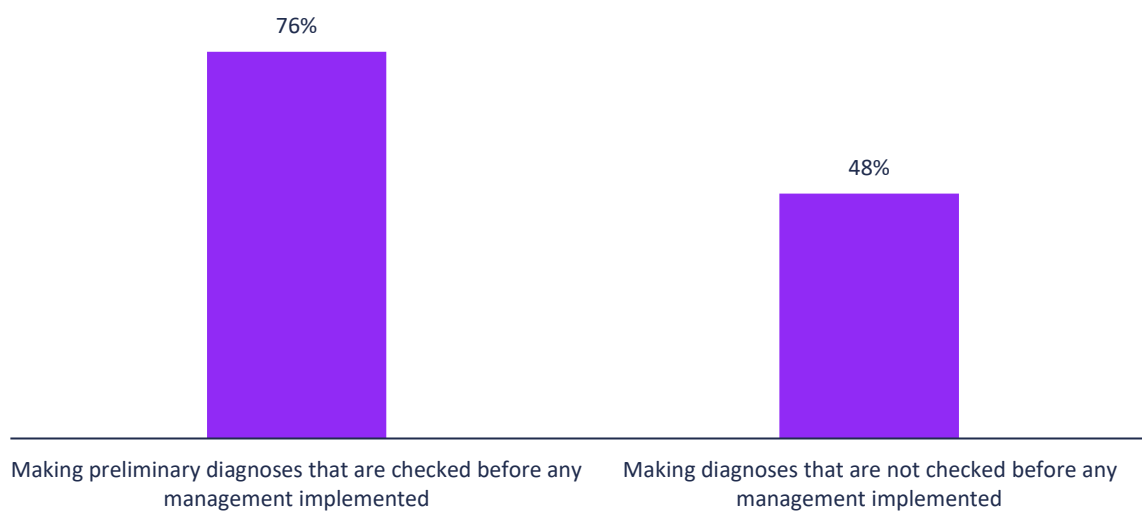
Base: Asked to those who select 'Examination of patients' at 2B7 (679)



## Research by Design

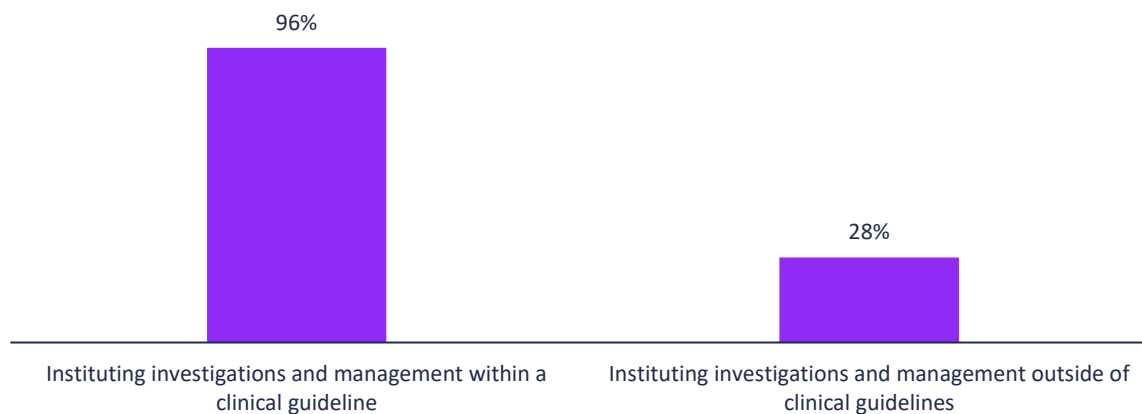
MEMBERSHIP INTELLIGENCE

### Diagnosis



Base: Asked to those who select 'Diagnosis' at 2B7 (465)

### Management planning



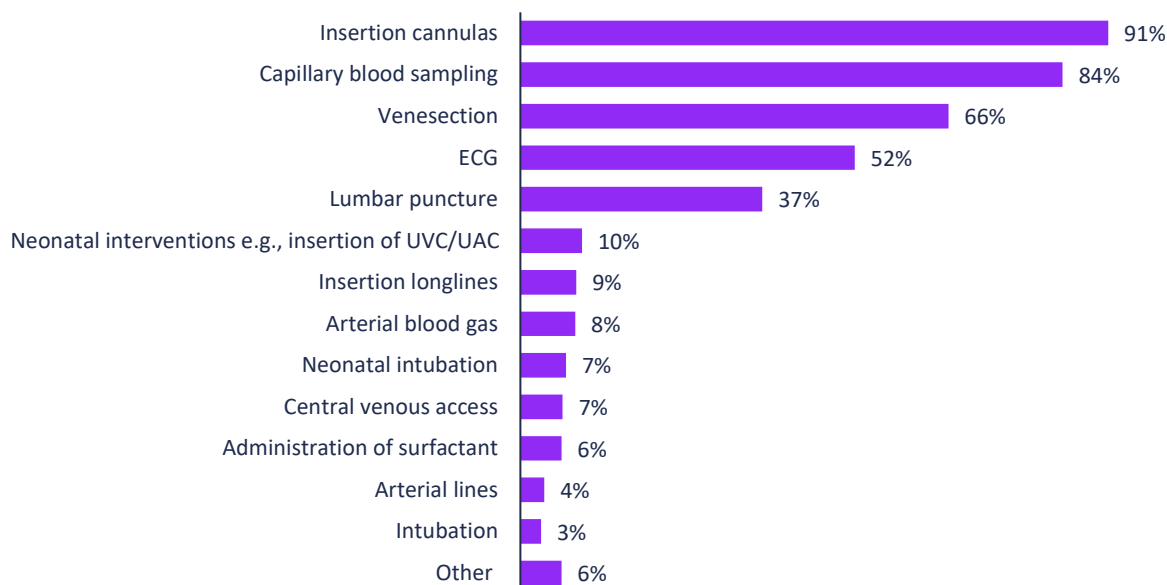
Base: Asked to those who select 'Diagnosis' at 2B7 (388)



## Research by Design

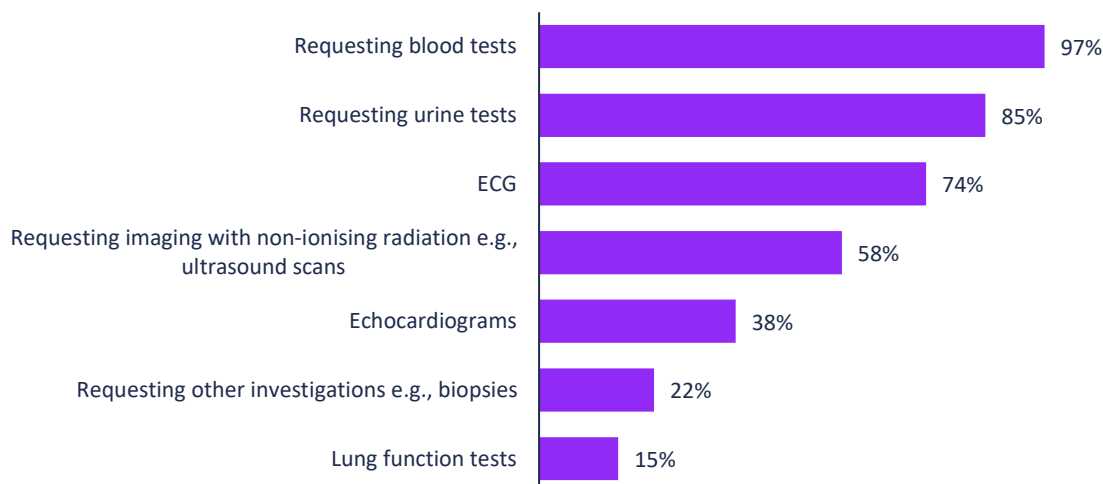
MEMBERSHIP INTELLIGENCE

### Procedures



Base: Asked to those who select 'Procedures' at 2B7 (567)

### Arranging investigations



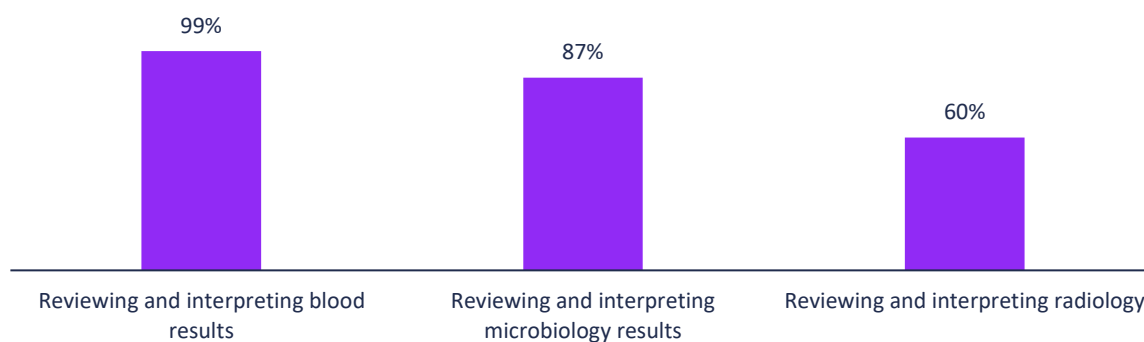
Base: Asked to those who select 'Arranging investigations' at 2B7 (602)



## Research by Design

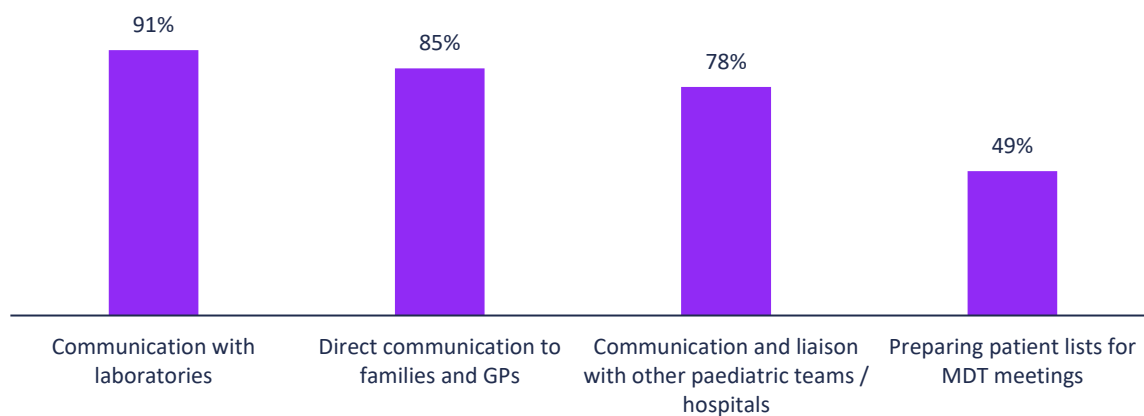
MEMBERSHIP INTELLIGENCE

### Reviewing and interpreting investigation results



Base: Asked to those who select 'Reviewing and interpreting investigation results' at 2B7 (515)

### Administrative / organisational / liaison tasks



Base: Asked to those who select 'Administrative / organisational / liaison tasks' at 2B7 (531)



## Research by Design

MEMBERSHIP INTELLIGENCE

### Independent referrals



Base: Asked to those who select 'Independent referrals' at 2B7 (166)

### Referrals on direct senior medical instruction



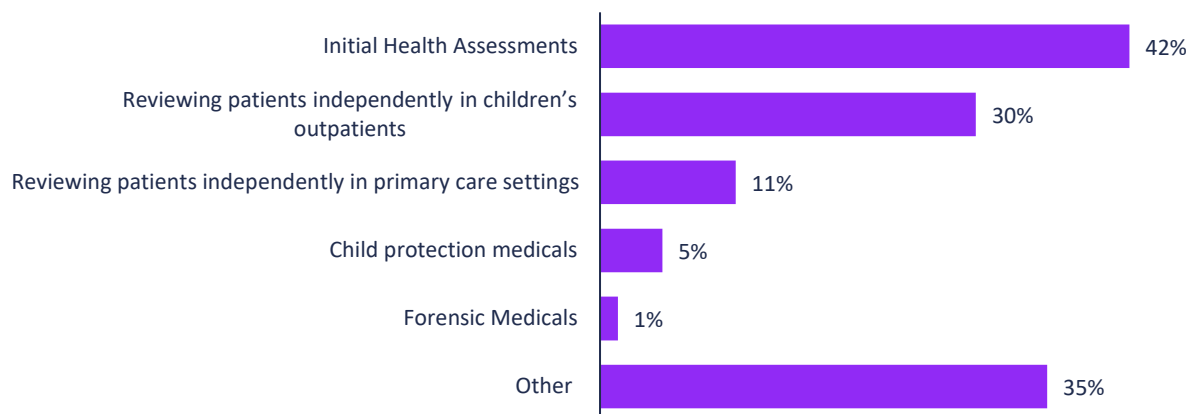
Base: Asked to those who select 'Referrals on direct senior medical instruction' at 2B7 (382)



## Research by Design

MEMBERSHIP INTELLIGENCE

### Medical assessments



Base: Asked to those who select 'Medical assessments' at 287 (568)

