Research by Design
MEMBERSHIP INTELLIGENCE

Physician Associates Member Consultation

Royal College of Paediatrics and Child Health

Further Data Analysis

Opinions

November 2024

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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, 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 9th August 2024 and was live until 9th September 2024. The survey received a total of 2,076 complete responses and 209 viable partial responses[1], 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.

[1] 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.

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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.

	Survey Population	Database	Difference
UK Nation			
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%
Member Grade			
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%

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.

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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%.

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 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"*, 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):

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

Unsure	2%	2%	1%	2%
Sig Test				

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.

TABLES AND CHARTS

Within the 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.

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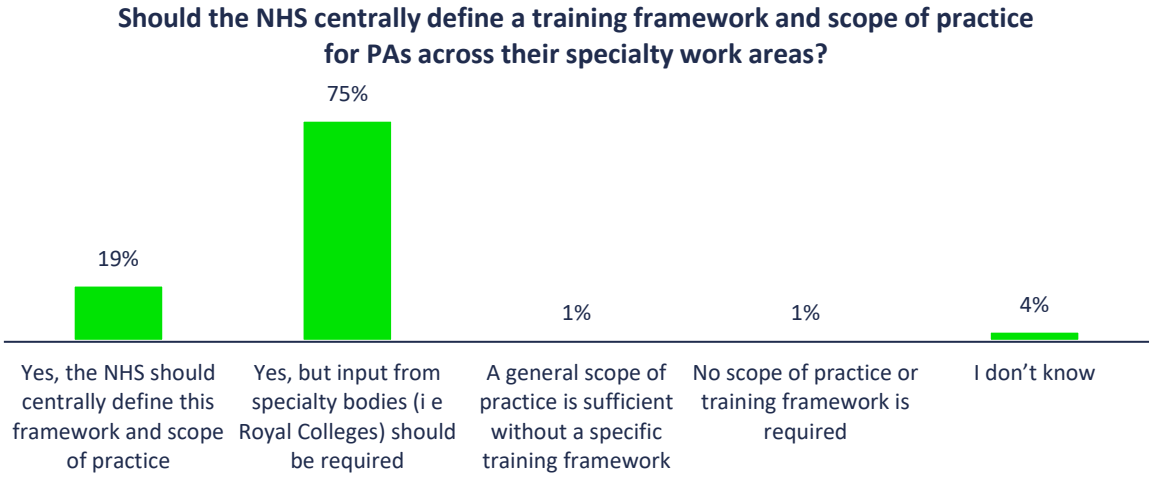
The vast majority (94%) of respondents believe that a training framework and scope of practice for PAs should be defined by the NHS. A significant proportion (75%) believe that input from specialty bodies such as Royal Colleges should be required in defining this.



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)

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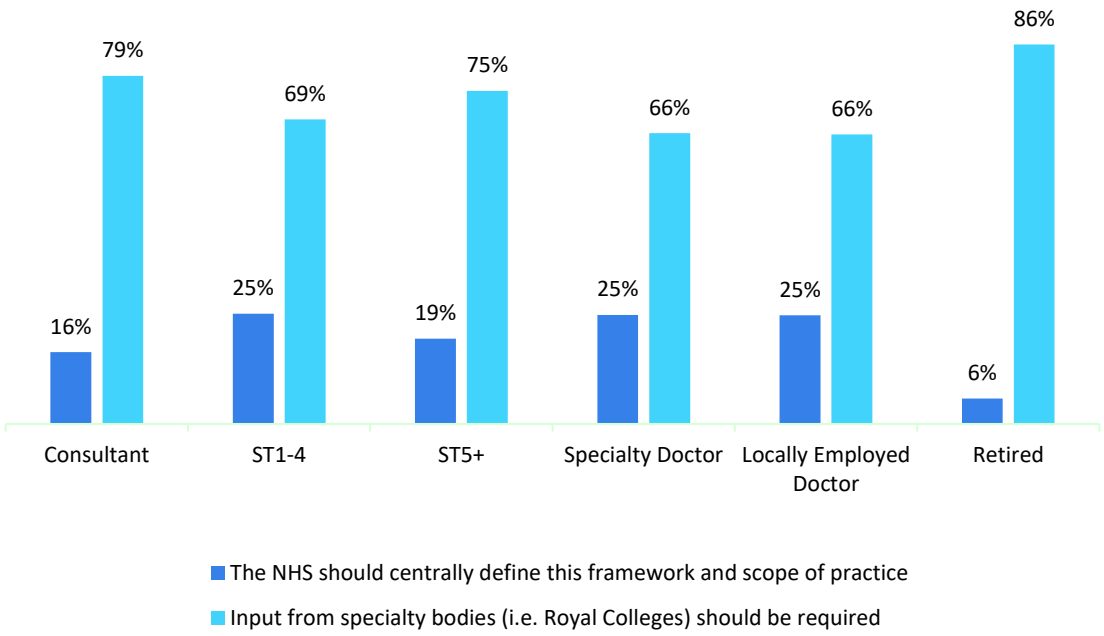
The letters displayed beneath a statistic indicate that this value is statistically significant and is significantly higher compared to the values in columns A, B, C, etc. For further details on significant differences in this report, please refer to the section on Statistical Significance .

Consultants and Retired respondents are among the least likely to believe that the NHS should centrally define this framework and scope of practice, and conversely are among the most likely to believe input from specialty bodies such as Royal Colleges should be required.

Should the NHS centrally define a training framework and scope of practice for PAs across their specialty work areas?



4OE1. Should the NHS centrally define a training framework and scope of practice for PAs across their specialty work areas? Base: Total (2,285); Consultant (1,032); ST1-4 (513); ST5+ (367); Specialty Doctor (85); Locally Employed Doctor (61); Retired (121)

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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.

Low base sizes for some job roles limit the significant subgroup differences that can be drawn from the analysis of these questions. The remainder of this document highlights significant differences for the audiences with the most considerable base sizes (and most notable significant differences).

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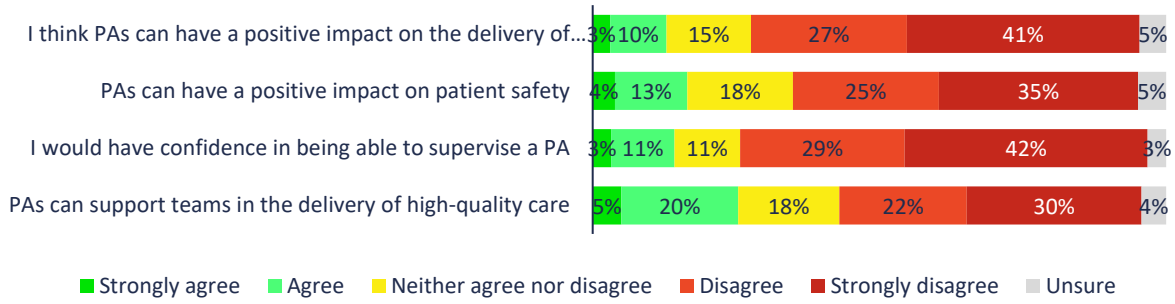
SCENARIO 1: An acute care environment where there is NO specific training framework and scope of practice for PAs in paediatrics



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).

Within Scenario 1…

- A greater proportion of ST1-4 (61%) disagree/strongly disagree that *PAs can support teams in the delivery of high-quality care,* compared with those working in other roles. This proportion is significantly greater than the proportion of Consultant who disagree/disagree strongly with this statement (50%).
- A greater proportion of ST1-4 (83%) and ST5+ (77%) disagree/disagree strongly that *they would have confidence in being able to supervise a PA,* compared with Consultants (66%). Consultants are conversely significantly more likely – 19% – to agree or strongly agree that they would have the confidence to do so, compared to less than 10% of both ST1-4 and ST5+).
- Just over 1 in 5 (21%) Consultants agree that *PAs can have a positive impact on patient safety, again*, significantly more likely to agree than ST1-4 (10%) and ST5+ (12%).
- 17% of Consultants agree that *PAs can have a positive impact on the delivery of training* – significantly more likely than ST1-4 (7%) and ST5+ (10%).
- Those who have worked with PAs in paediatric settings are significantly more likely (1 in 3 – 33%) than those who have worked with PAs in non-paediatric settings (19%) and those who have not worked with PAs at all (21%) to agree that *PAs can support teams in the delivery of high-quality care*.
- Similarly, for all other statements, those who have worked with PAs in a paediatric setting are significantly more likely than those who have not, (and versus those who have worked with PAs in non-paediatric settings), to agree with all statements.
- **Overall, however, within an acute care environment without a specific training framework and scope of practice, all subgroups mentioned above tend to disagree with all statements compared to environments where there is a specific training framework and scope of practice for PAs in paediatrics.**

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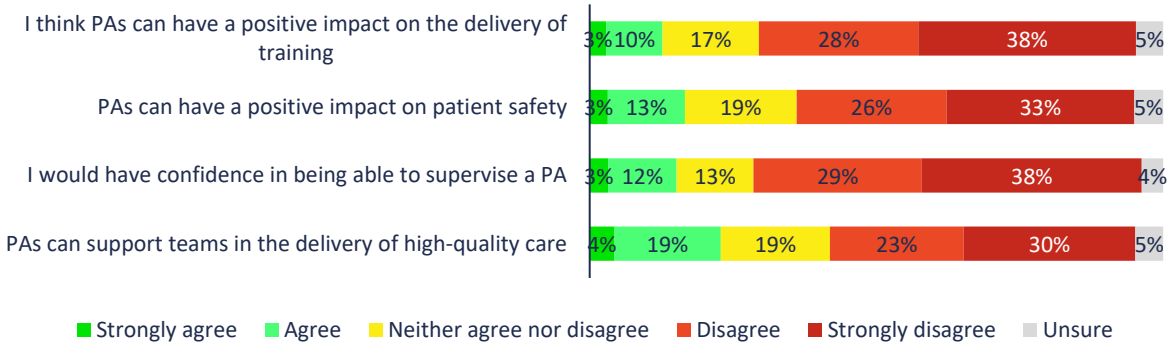
SCENARIO 2: A scheduled care environment where there is NO specific training framework and scope of practice for PAs in paediatrics



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).

Within Scenario 2…

- Just over 1 in 4 (26%) of Consultants agree that *PAs can support teams in the delivery of high-quality care*. This is a significantly higher proportion compared with ST1-4 and ST5+ (less than 20% each).
- Around 1 in 5 (20%) of Consultants agree that they *would have confidence in being able to supervise a PA* and that *PAs can have a positive impact on patient safety*, compared to around 10% of ST1-4 and ST5+.
- In this scenario, Consultants (16%) are marginally more likely than ST5+ (12%) to agree that *PAs can have a positive impact on the delivery or training* (this is not a significant difference). Both groups are significantly more likely to agree with this statement compared to ST1-4 (7%).
- The opinions of Specialty Doctors tend to sit between those of Consultants and those of ST1-4 and ST5+, though no significant differences emerge between Specialty Doctors and other groups.
- In all instances, those who have worked with PAs in paediatric settings are significantly more likely than those who have not, or who have worked with PAs in non-paediatric settings, to agree or strongly agree. This difference is significant for every statement, where agreement sits at around 20% for those who have worked with PAs in paediatric settings, and around 10% for those who have not.
- Overall, this scenario (a scheduled care environment where there is NO specific training framework and scope of practice for PAs in paediatrics) displays similar proportional and significant differences when compared with Scenario 1, with the common denominator being the lack of training framework and scope of practice for PAs.

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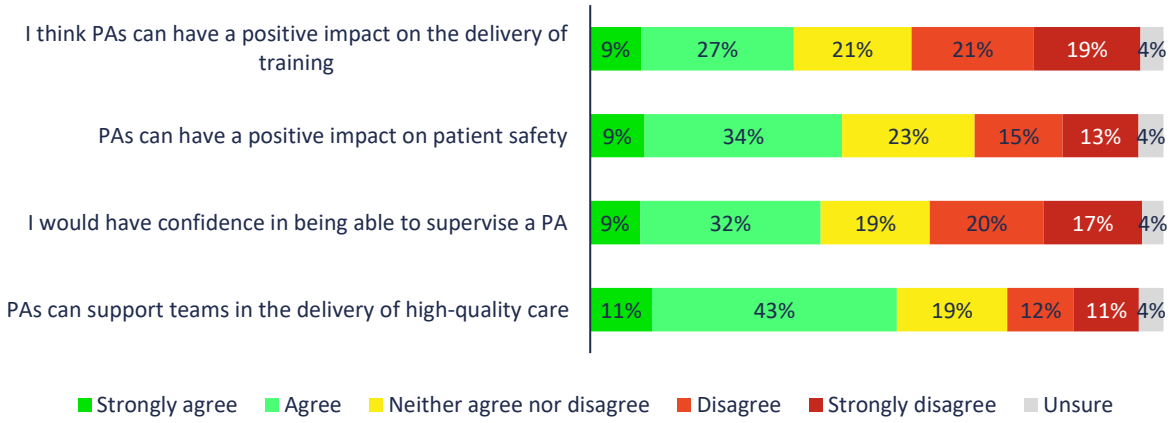
SCENARIO 3: An acute care environment where there IS a specific training framework and scope of practice for PAs in paediatrics



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).

Within Scenario 3…

- The majority of Consultants (59%) agree that *PAs can support teams in the delivery of high-quality* care, significantly more than around half of ST5+ (51%) and still less than half of ST1-4 (44%).
- 50% of Consultants agree that they *would have confidence in being able to supervise a PA* (50%), a significantly higher proportion than ST5+ (37%) and ST1-4 (23%), though agreement with this statement is much higher overall compared to Scenarios 1 and 2. ST5+, while significantly less likely to agree than Consultants, are significantly more likely to agree than ST1-4.
- Similarly, around half of Consultants (51%) agree that PAs can have a positive impact on patient safety, a significantly higher proportion that ST1-4 (32%) and ST5+ (41%).
- Regarding both *PAs' ability to support teams in the delivery of high-quality care*, and *PAs' impact on patient safety,* those who have worked with PAs in a paediatric setting are significantly more likely to agree, compared to those who have not worked with PAs, which is in turn also significantly more likely than those who have worked with PAs in non-paediatric settings, the most negative subgroup.
- Overall, while much more positivity is displayed by all within Scenario 3, Consultants tend to be significantly more positive than ST1-4 about all statements. Similarly, those who have worked with PAs in paediatric settings tend to be significantly more positive than those who have not worked with PAs at all, and indeed more so compared to those who have worked with PAs in non-paediatric settings. Agreement with *PAs having a positive impact on the delivery of training* remains the statement with lowest agreement across subgroups.

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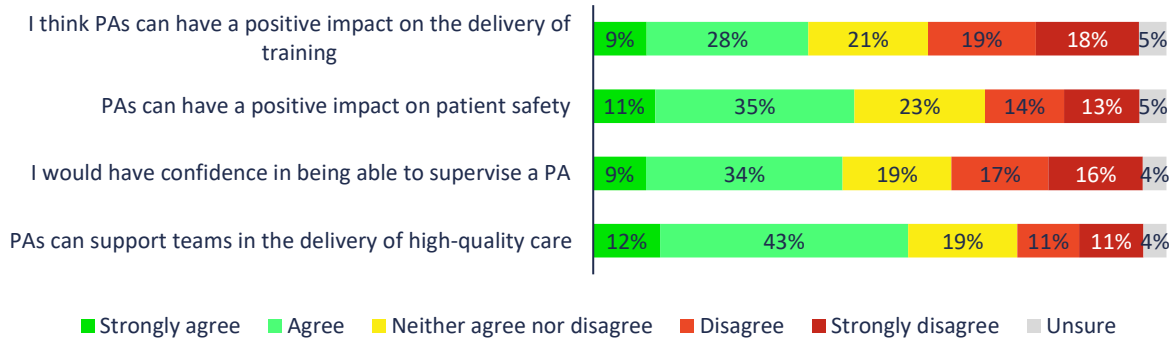
SCENARIO 4: A scheduled care environment where there IS a specific training framework and scope of practice for PAs in paediatrics



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).

Within Scenario 4…

- The majority of Consultants agree that *PAs can support teams in the delivery of high quality care,* and agree that they *would have confidence in being able to supervise a PA,* and agree that *PAs can have a positive impact on patient safety*. This is compared to less than half of ST1-4 in all statements.
- ST5+ also display notably more confidence in and positivity towards PAs in this scenario, being significantly more likely to agree with all statements when compared to ST1-4, except in the case of *PAs' impact on the delivery of training,* for which a similar proportion (a minority – around 28% and 34%) agree that PAs can have a positive impact (this is not a significant difference).
- A similar pattern is displayed when comparing those who have worked with PAs in paediatric settings compared to those who have not worked with PAs at all, and those who have worked with PAs in non-paediatric settings. The most notable differences emerge between those who have worked with PAs in paediatric settings compared to those who have worked with PAs in non-paediatric settings, where in every statement, those who have worked with PAs in paediatric settings are significantly more likely to agree and tend towards positivity when compared to those who have worked with PAs in non-paediatric settings.
- Overall, data and analysis of key subgroups indicates a clear distinction between Scenarios 1 and 2 (no training framework and scope of practice) and Scenarios 3 and 4 (with an existing training framework and scope of practice). Across all scenarios, Consultants and those who have worked with PAs in a paediatric setting tend to be significantly more positive about PAs' roles across the board, though positivity within even these subgroups is in the minority when considering scenarios with no training framework and scope of practice.

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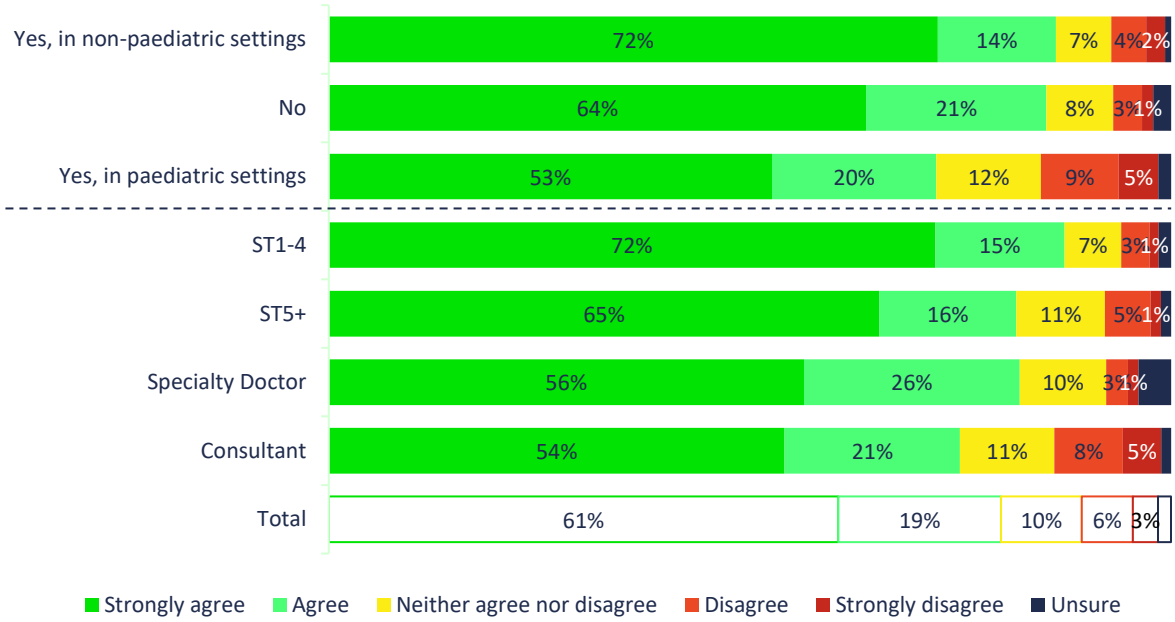
80% of respondents believe that PA recruitment should be halted whilst the NHS develops structures for appropriate deployment of PAs.

"PA recruitment should be halted whilst the NHS develops structures for appropriate deployment of PAs"



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)

There is a notable strength of feeling towards this statement, especially in the case of all trainee doctors, where a significant majority are likely to strongly agree (65% of ST5+, 72% of ST1-4 and 85% of Foundation Doctors[2]). This strength of feeling is shared, although to a lesser extent, by Consultants and Specialty Doctors, just over half of whom (54% and 56% respectively) strongly agree with the statement.

Very similar proportions are shown when comparing those who have worked with PAs in paediatric settings (53% strongly agree) compared to those who have worked with PAs in non-paediatric settings (72% strongly agree) and those who have not worked with PAs (64% strongly agree).

Neutrality is low across the board, with around 1 in 10 selecting *neither agree nor disagree,* and very few (<5% in the majority of subgroups) being unsure.

[2] Caution – low base size for Foundation Doctors (27).