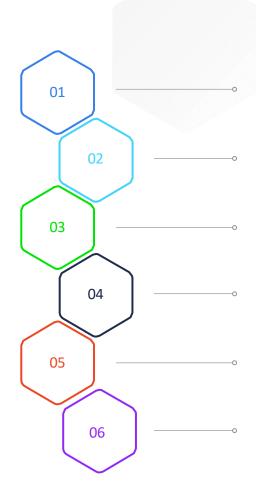
## Physicians Associate Survey Chartbook for all questions







Methodology

Section 1: About You

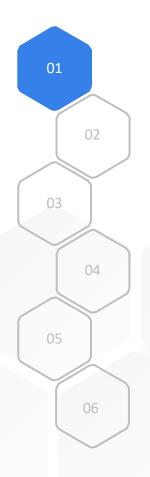
Section 2: Working with PAs

Section 3: How should PAs Work?

Comparing Sections 2 and 3

Section 4: Benefits and Risks





### Methodology

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#### Methodology

The Royal College of General Practitioners (RCGP) designed the content of the survey used in the research which was aimed at understanding the views from members on the role of Physician Associates (PAs) in general practice settings, including their scope of practice and supervision arrangements. The questions related to the UK NHS (HSC in Northern Ireland) context.

RbD scripted and hosted the survey, ensuring that individual responses remained strictly anonymous, adhering to the Market Research Society Code of Conduct.

The survey was open to all RCGP members training as a GP in the UK and all those who are currently, or have previously, practised as a GP in the UK. The survey was designed to capture the experiences of those who currently work with PAs, those who have previously worked with PAs; as well as the perceptions of those who haven't. A direct email was sent to all members on the RCGP database who were listed as either based in the UK, or who had trained in the UK but were currently based abroad. Members of the RCGP were each supplied with a unique link, meaning participants could only complete the survey once.

The survey launched on the 22nd of April 2023 and was live until 13th of May 2024. The survey received a total of 5,112 complete responses, comprising a 10% response rate. For some questions, the total number of responses is shown as 5,111. The difference is due to the survey closing for a short time period to run some quality checks, which caused a few questions to not show to for a handful of respondents who were taking the survey at the time. After the survey closed, all responses from participants were checked for duplicates and speeders/flatliners to ensure the integrity and quality of the data.

Descriptive data is presented here, with some statistics where relevant differences occur. The data has not been modified or combined, although it is presented in major groupings where relevant e.g., GP trainees and qualified GPs, and those who have worked with PAs versus those who have not.

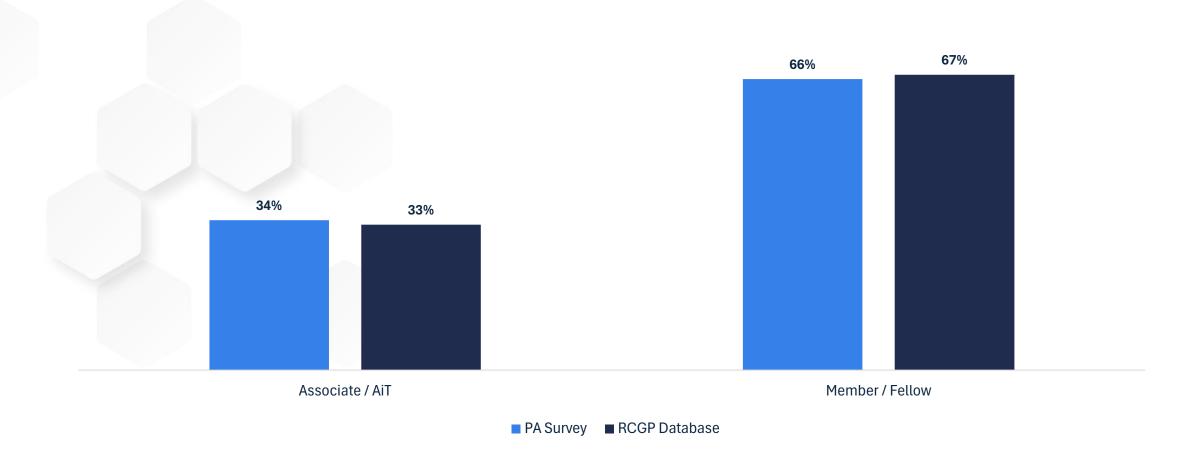
The data were left unweighted as the role breakdown of the sample closely aligned with the RCGP database.





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#### Comparing the survey sample to the RCGP population / database.







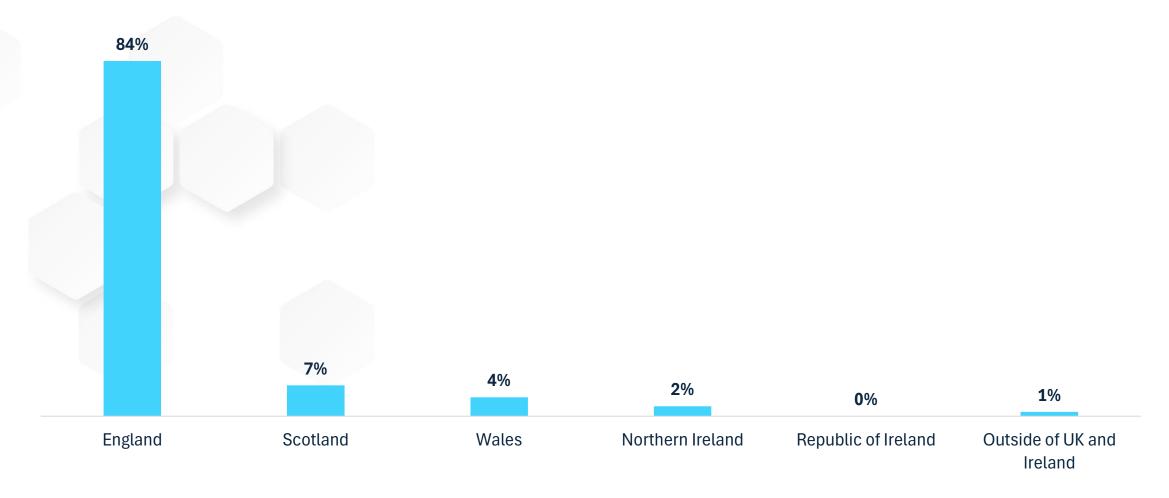


NB. Questions in this section were asked to all respondents.



### Section 1: About You

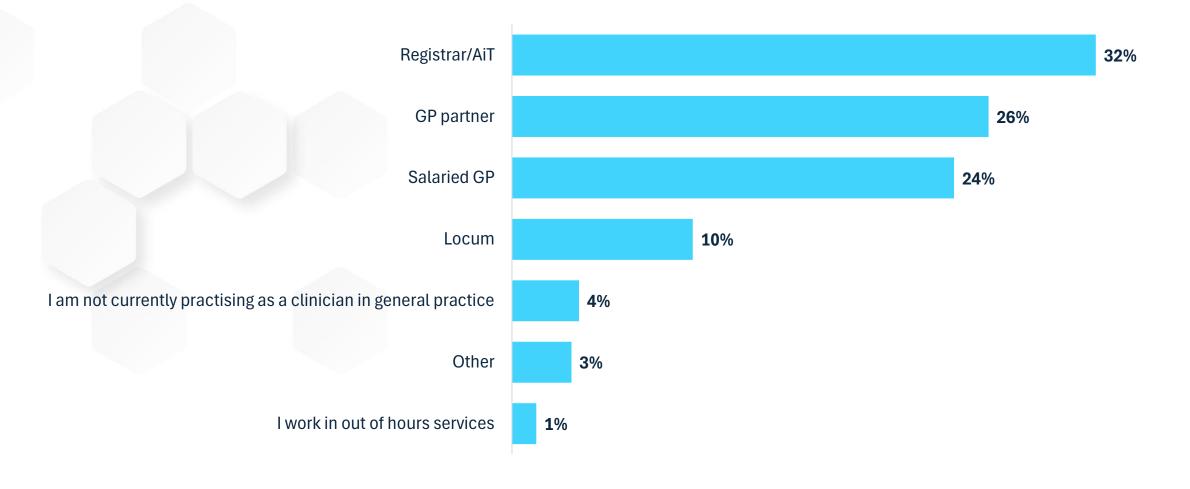
#### Q1a. Where do you currently work?





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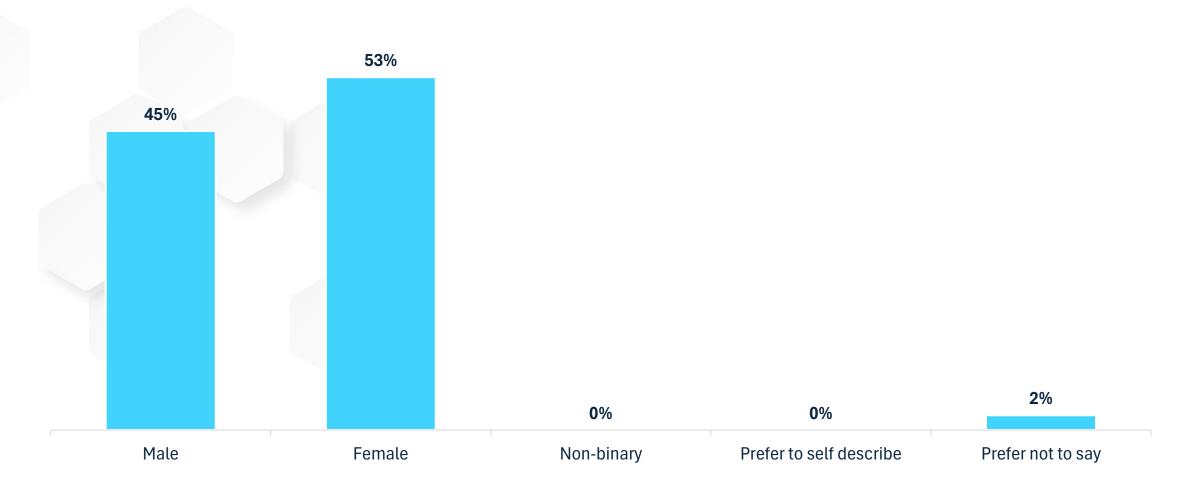
#### Q1b. How would you describe your current role?







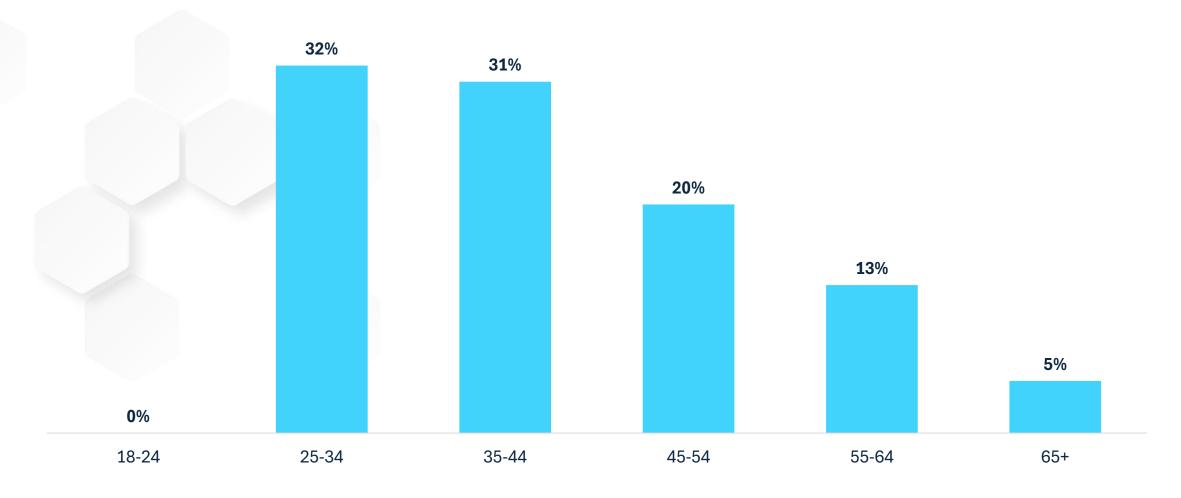
#### Q2. Which of the following describes how you think of yourself?





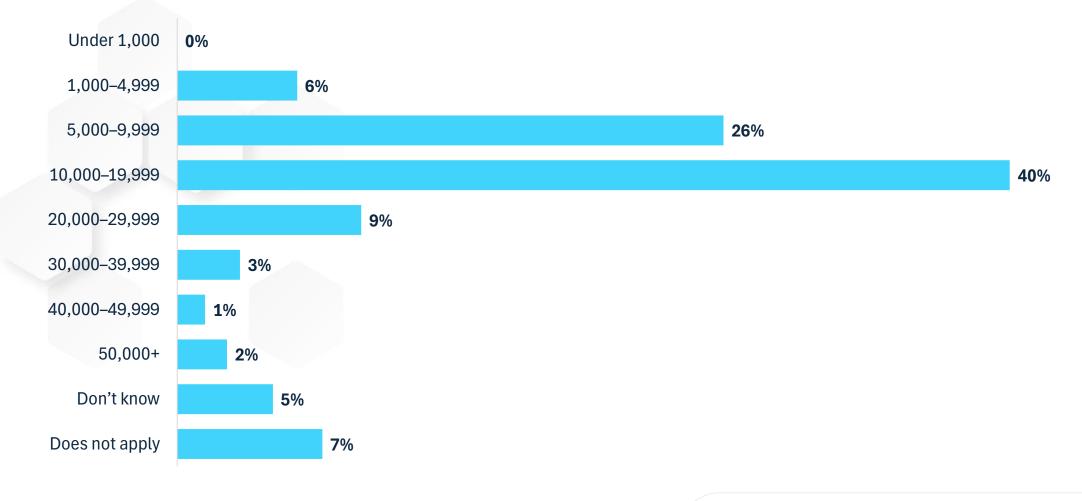


#### Q3. What is your age?

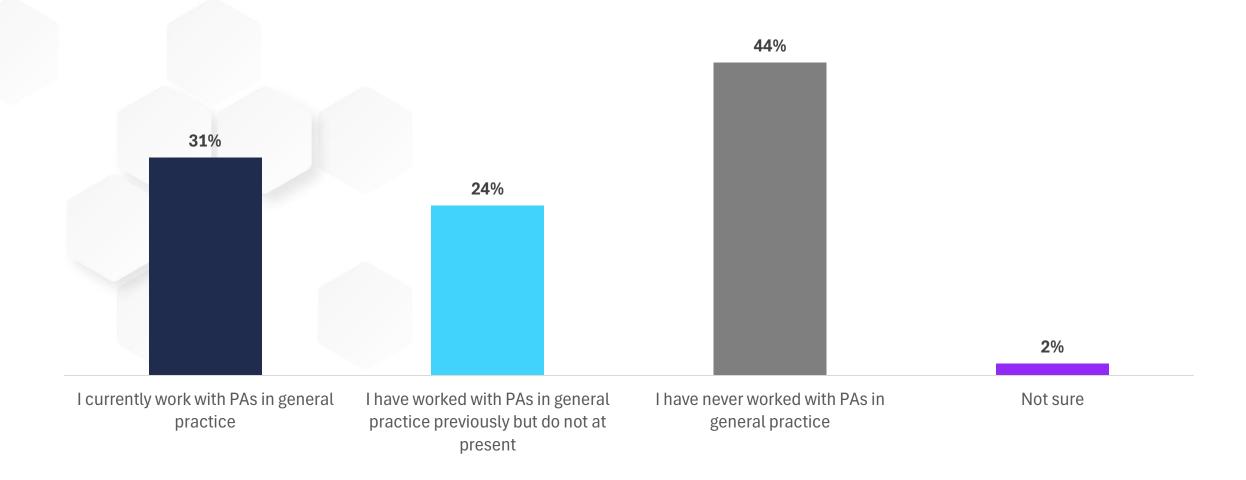




#### Q4. Approx how many patients does your practice serve?



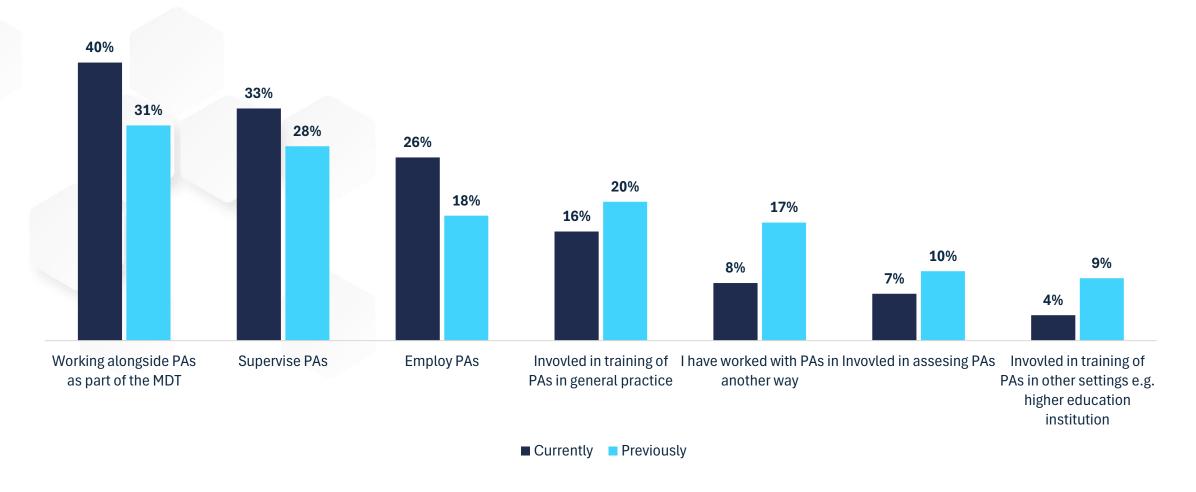








#### Q6. In what capacity [do you currently / previously work with PAs]?









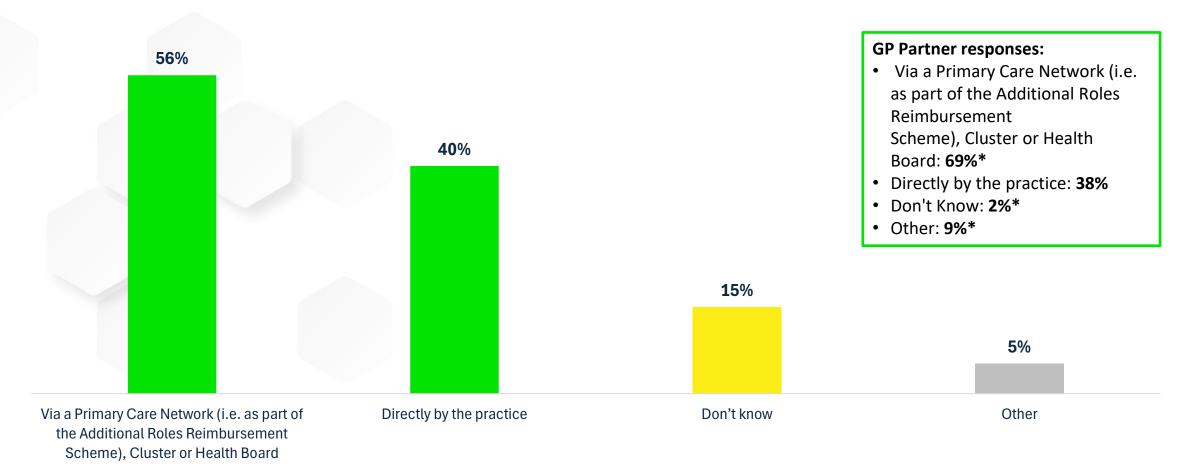
NB. Questions in this section were only asked to those who **currently or have previously worked with PAs**.

GP Partner responses varied in comparison to responses of other GP roles and have therefore been highlighted in this section.



# Section 2: Your Experience of Working with PAs

#### Q7. How are/were the PAs you work with employed?

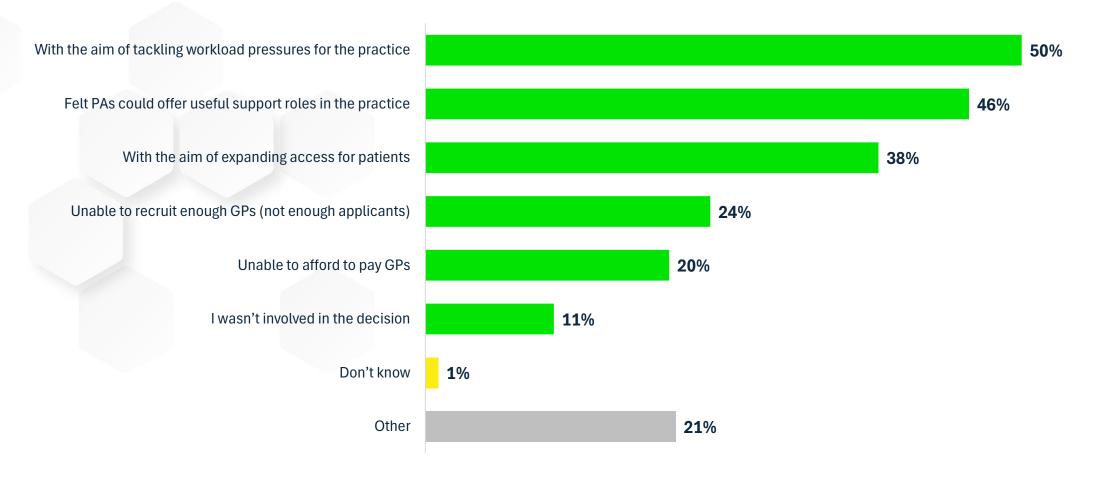






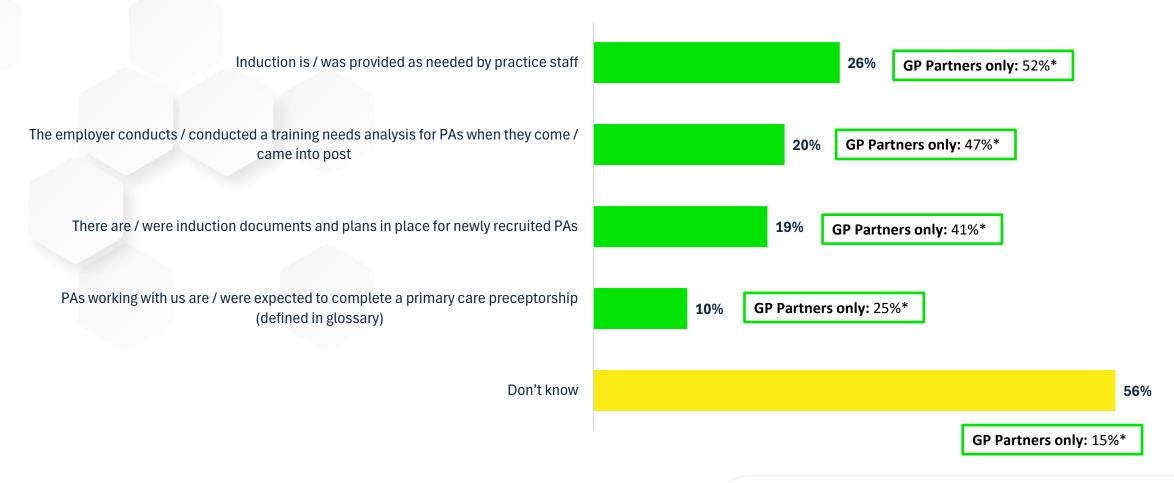
#### Q8. Why did you first decide to start employing / working with PAs?

Base: Asked to those who currently or have previously worked with PAs and who are GP partners (724 respondents)





#### Q9. What induction arrangements do / did you have in place for new PAs working at your practice or within your network / cluster / health board?

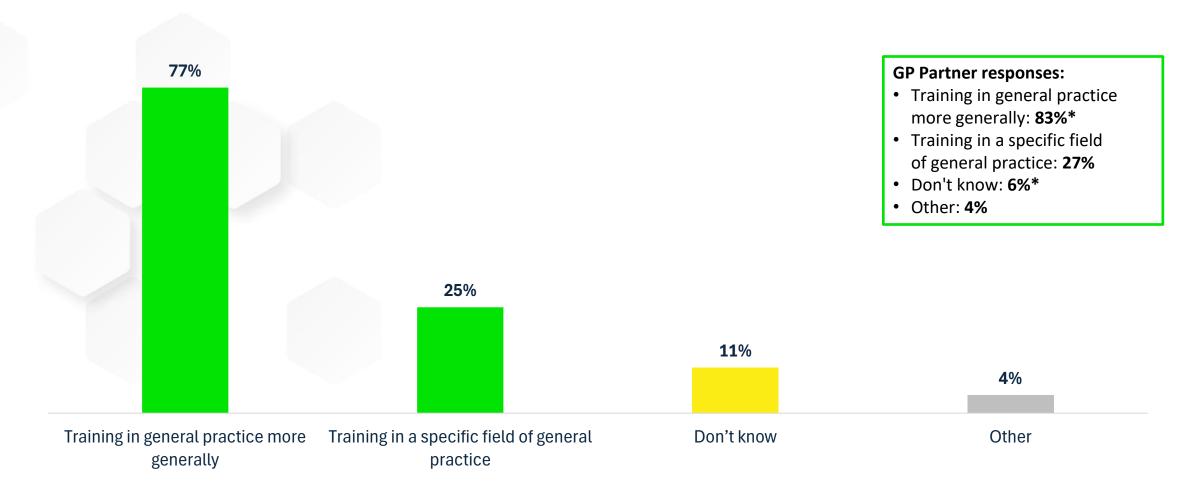








#### Q10. What did the preceptorship completed by the PAs in your practice consist of?

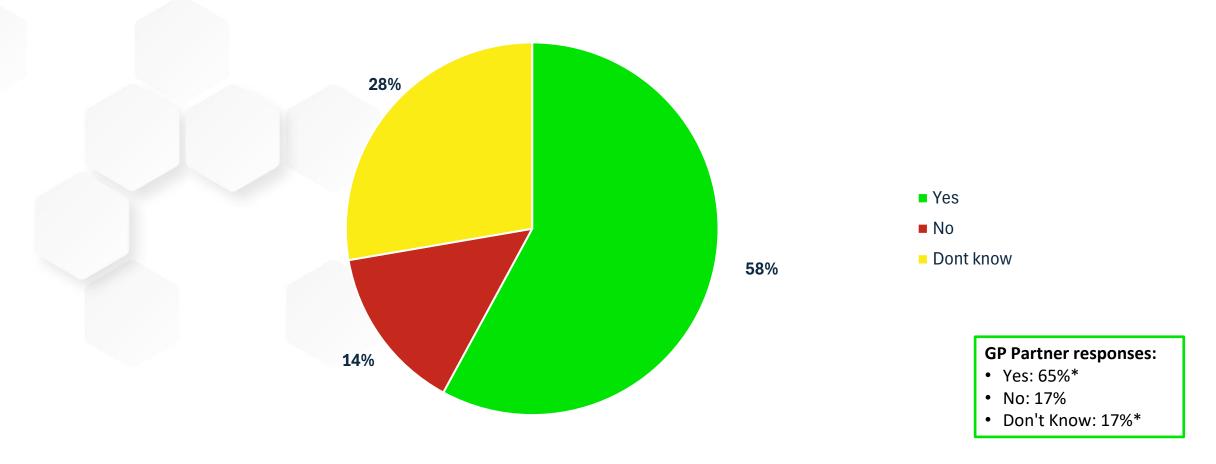


Q10. What did the preceptorship completed by the PAs in your practice consist of? Base: All those who selected 'PAs working with us are / were expected to complete a primary care preceptorship (defined in glossary)' at Q9 (278 respondents). \* The difference between these responses from GP Partners and those from other roles is statistically significant. Please note, respondents were able to select multiple options.





preceptorships?



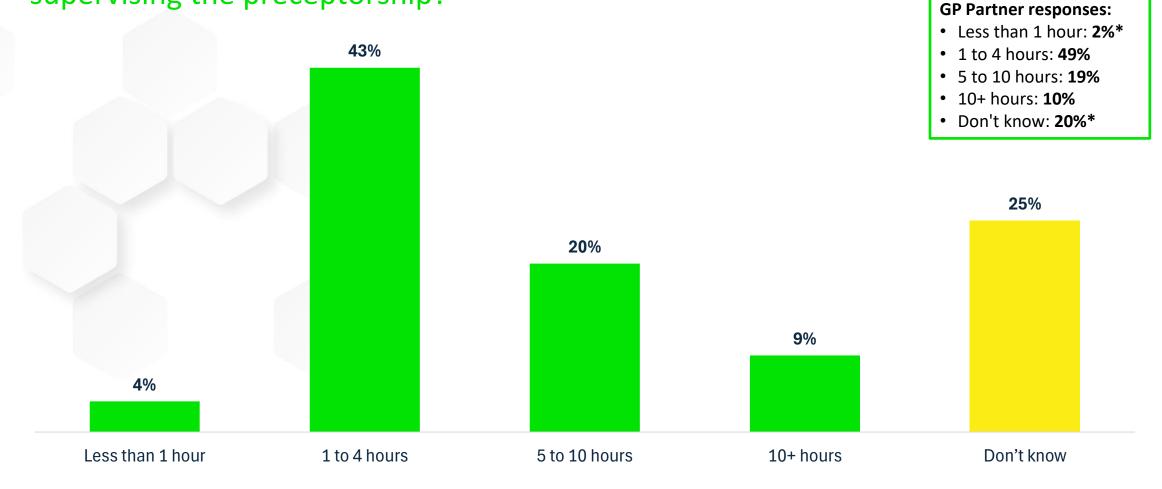
Q11. Is / was funding available for PAs working at your practice to take preceptorships? Base: All those who selected 'PAs working with us are / were expected to complete a primary care preceptorship (defined in glossary)' at Q9 (278 respondents).\* The difference between these responses from GP Partners and those from other roles is statistically significant.





#### Q12. Approximately, how much time per week was required from the clinicians

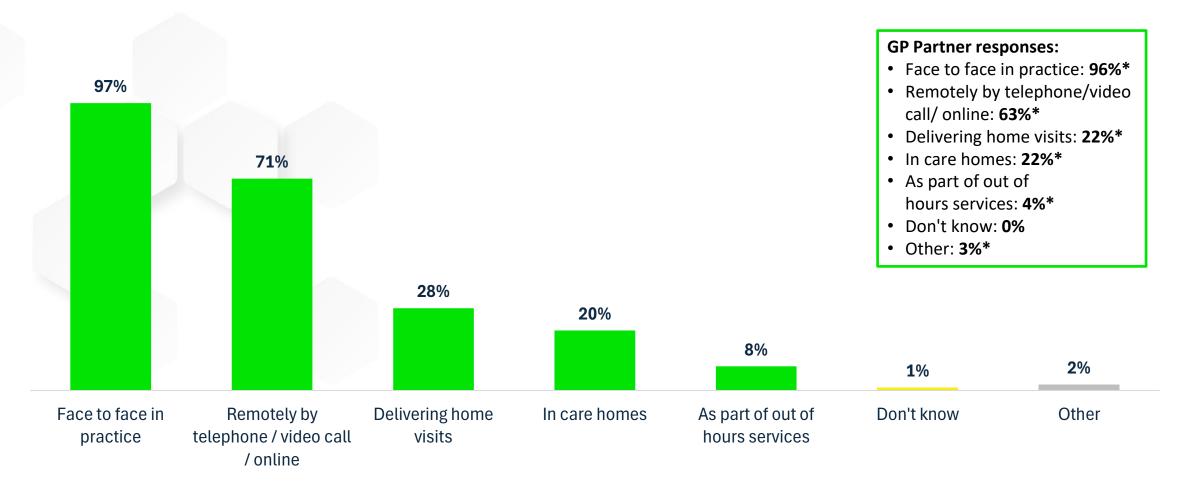
supervising the preceptorship?





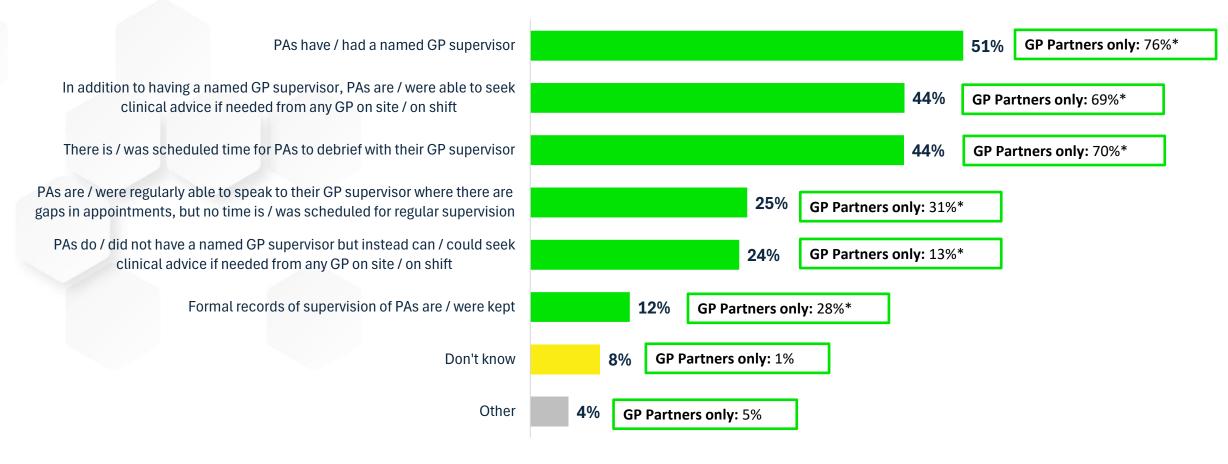


#### Q13. In what setting do / did PAs in your practice see patients?





#### Q14. What clinical supervision and / or clinical advice arrangements do / did you have in place for PAs in your practice?



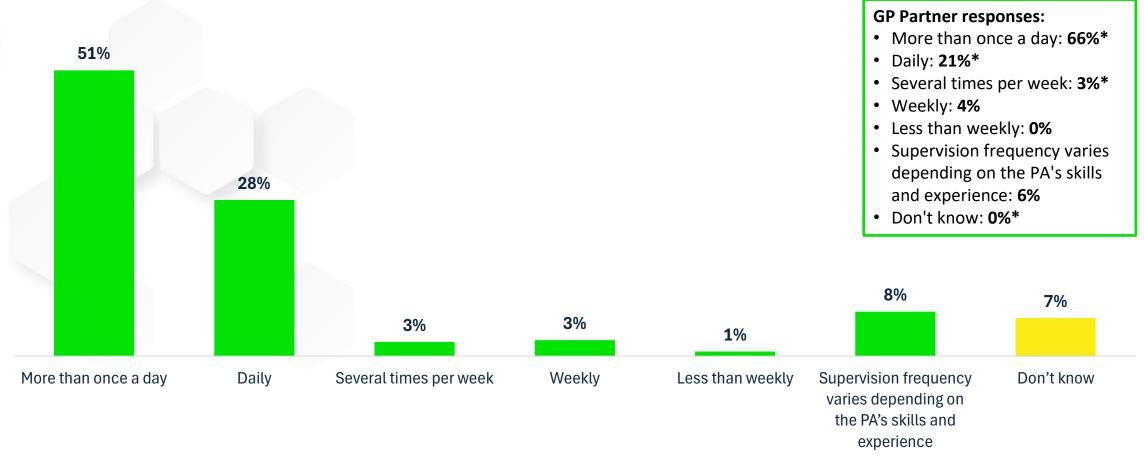






#### Q14b. How often is / was this time scheduled for PAs to debrief with their GP

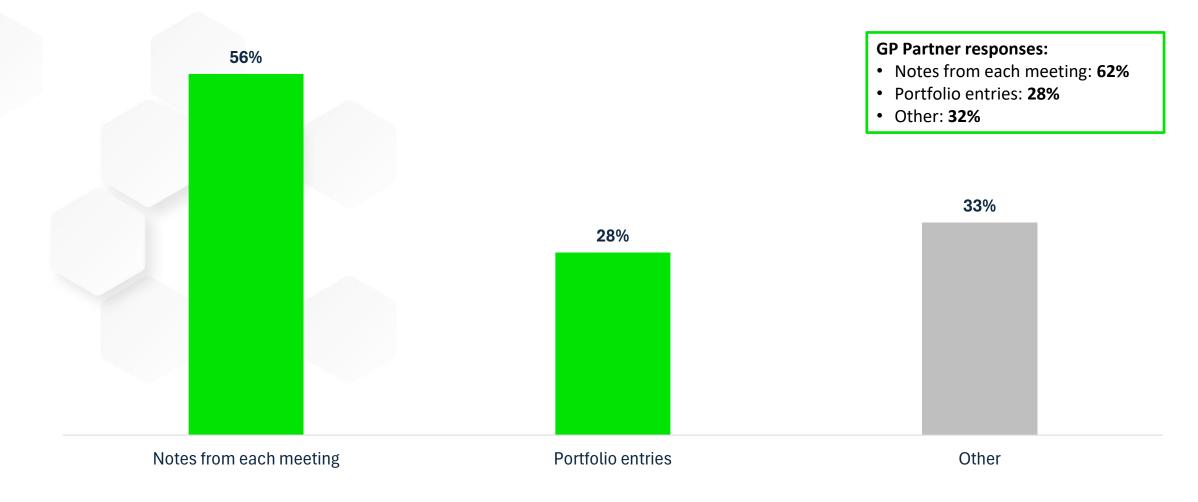
supervisor?







#### Q14c. What do the formal records of supervision of PAs consist of?





#### Q15. What type of patient triage system do / did you have in place at your practice with regard to PAs?

Patients are / were triaged (either in person, remotely or via an online consultation form) by a non-clinical member of staff, e.g. a receptionist **GP Partners only:** 49%\* following set protocols, prior to being seen by a PA **GP Partners only: 21%\*** PAs can / could see un-triaged patients 36% Patients are / were triaged (either in person, remotely or via an online 29% **GP Partners only:** 38%\* consultation form) by a GP prior to being seen by a PA Patients are / were triaged (either in person, remotely or via an online consultation form) by another member of the clinical team, e.g. a nurse, prior **13**% **GP Partners only: 12%\*** to being seen by a PA PAs can / could see un-triaged patients only where they have a sufficient level **12**% **GP Partners only:** 20%\* of experience (as judged by the practice partners) Don't know **GP Partners only: 1%\*** Other 4% **GP Partners only:** 5%\*





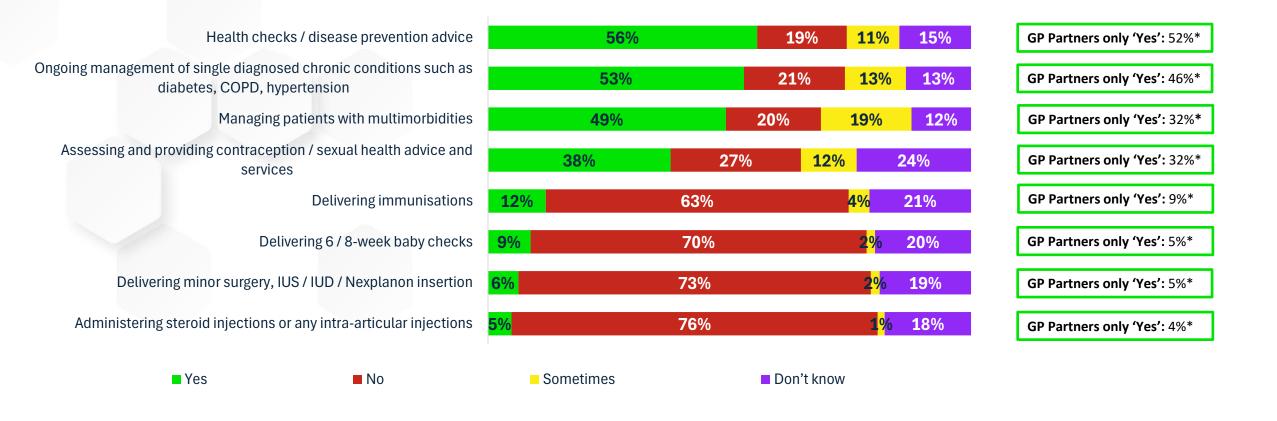
#### Q16. Which types of presentations (if any) do / did PAs in your practice see?

First point of contact presentations for suspected minor or common conditions (e.g. otitis media, UTI, 3%7% 6% 84% **GP Partners only 'Yes':** 88%\* sore throat etc) with clear clinical pathways and escalation processes First point of contact presentations for potentially serious conditions (e.g. abdominal pain, headache) 60% 12% 19% 10% **GP Partners only 'Yes':** 48%\* (i.e. not for minor or common conditions with clear clinical pathways and escalation processes) **15% 15**% **54**% **15**% **GP Partners only 'Yes':** 50%\* Assessing, diagnosing and managing paediatric (<16) presentations **50**% 19% 16% **16%** Assessing, diagnosing and managing mental health presentations **GP Partners only 'Yes':** 38%\* 46% **17%** 20% **17**% Patients who are re-presenting (i.e. have already seen a PA for the same problem without resolution) **GP Partners only 'Yes': 27%\*** Assessing, diagnosing and managing gynaecology presentations (beyond contraception / sexual **45**% 21% **14**% 19% **GP Partners only 'Yes':** 35%\* health) Follow-ups of patients first seen and diagnosed by a GP resulting in a GP request for a PA follow up **41**% 20% 14% 25% **GP Partners only 'Yes':** 43% 8% 23% 40% 29% Assessing, diagnosing and managing obstetrics presentations **GP Partners only 'Yes':** 11%\* Yes Don't know No Sometimes



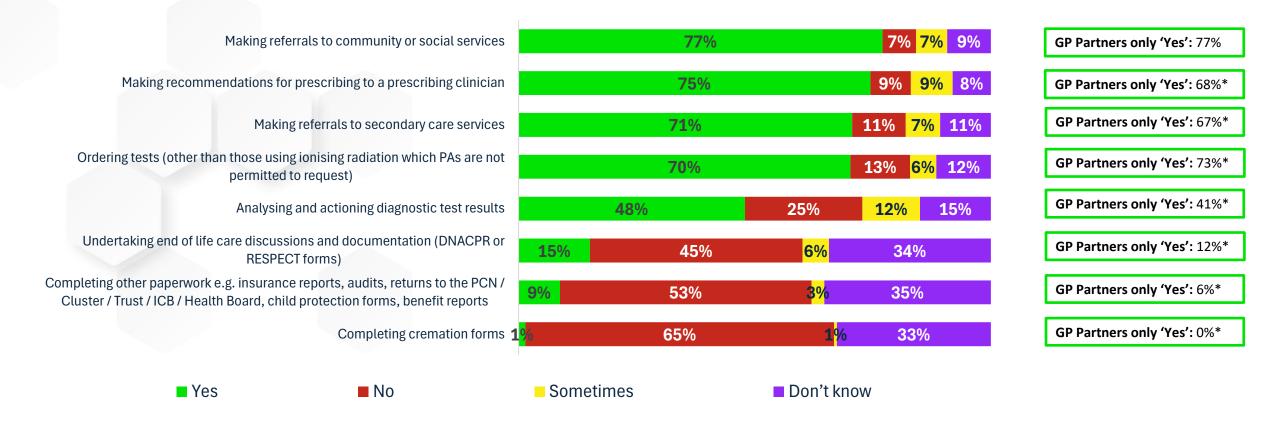


#### Q17. Which clinical activities (if any) do / did PAs in your practice undertake?



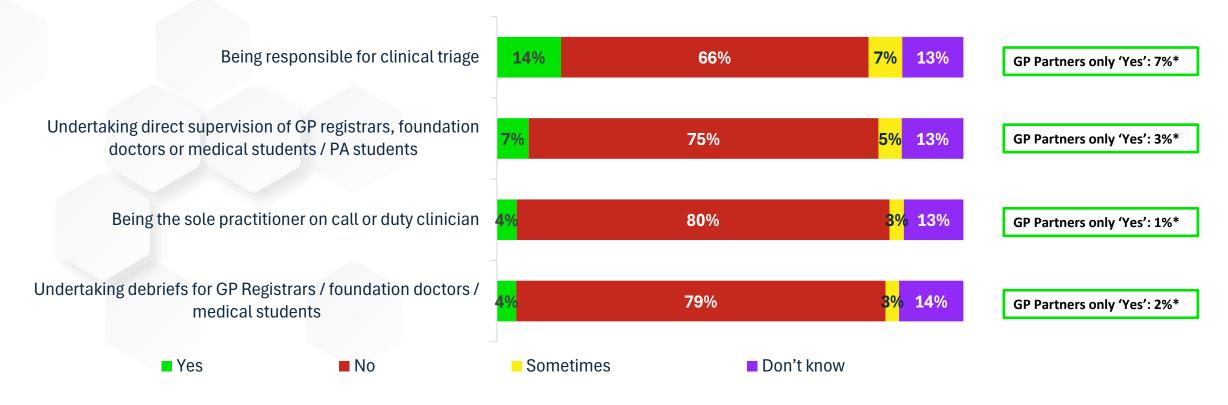








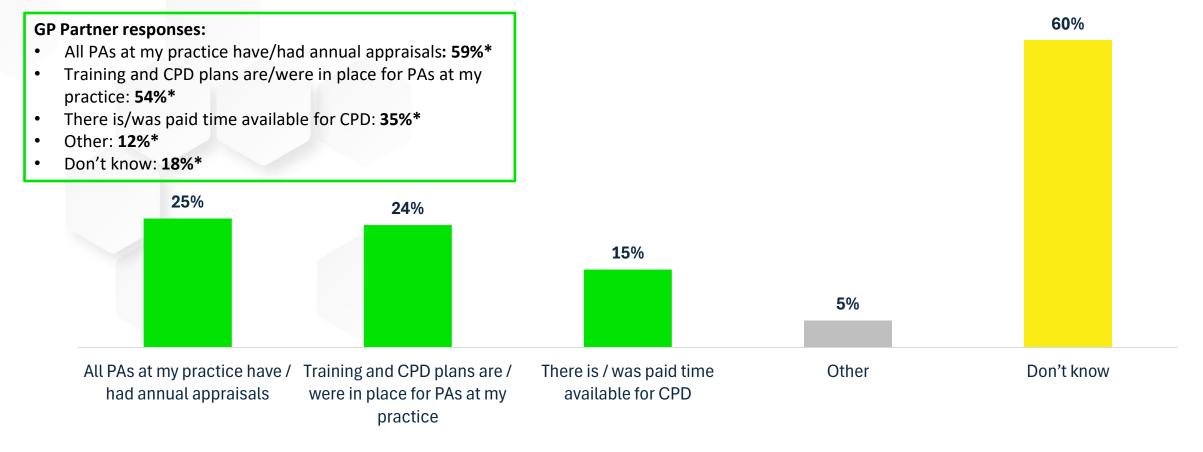
## Q19. Which practice management and / or supervision activities (if any) do / did PAs in your practice provide?







#### Q21. What training and CPD arrangements do / did you have in place for PAs in your practice?







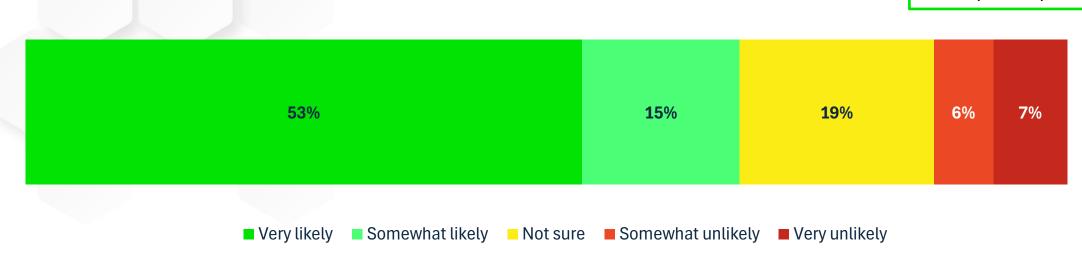
## Q22a. How likely do you think it is that PAs will continue to be employed at your practice in a year's time?

#### **GP Partner responses:**

- Very likely: 52%
- Somewhat likely: 13%
- Not sure: 14%\*
- Somewhat unlikely:

9%\*

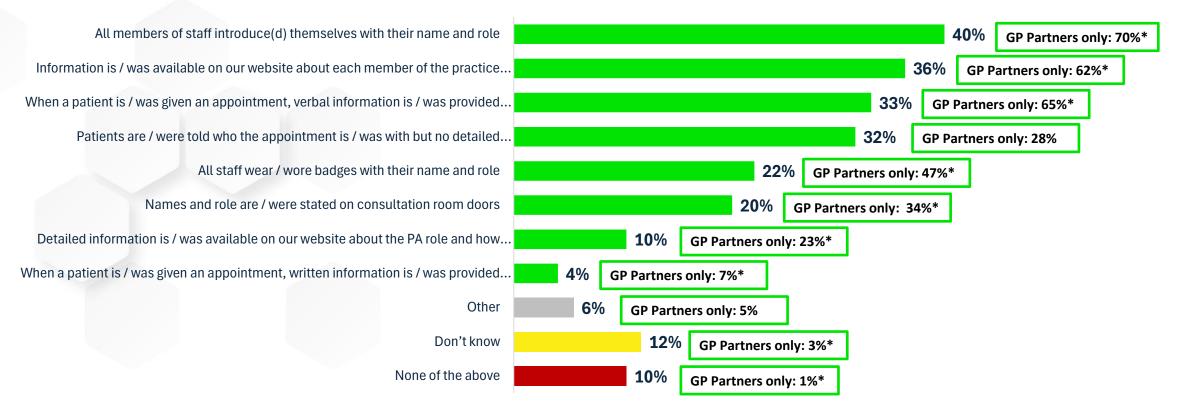
Very unlikely: 12%\*





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## Q23. What information is / was made available to patients about PAs working in your practice?







NB. Questions in this section were asked to all respondents.



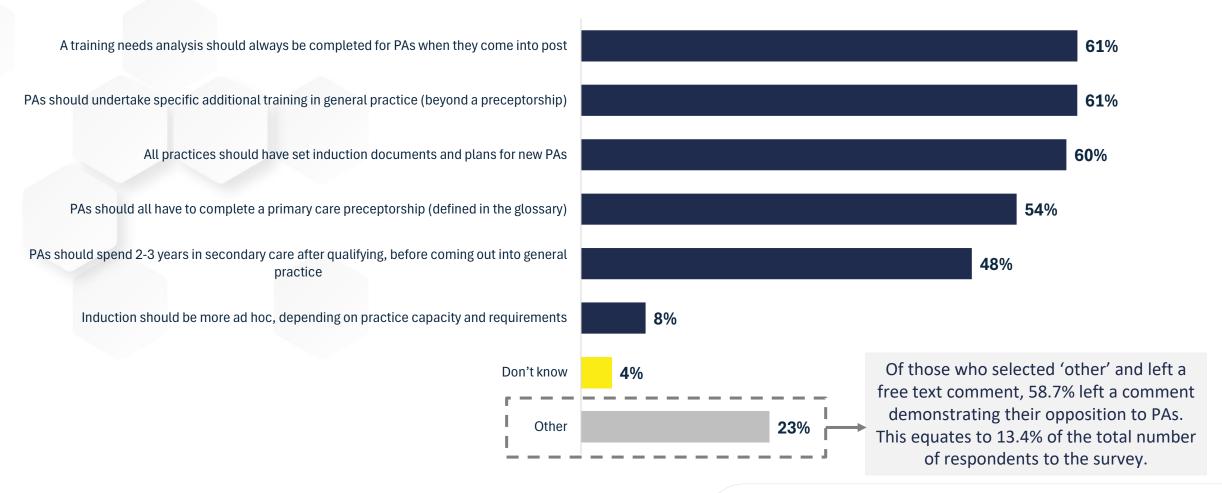
Throughout this section, overall responses to each question are displayed, followed by a breakdown by role, and then by experience with PAs.







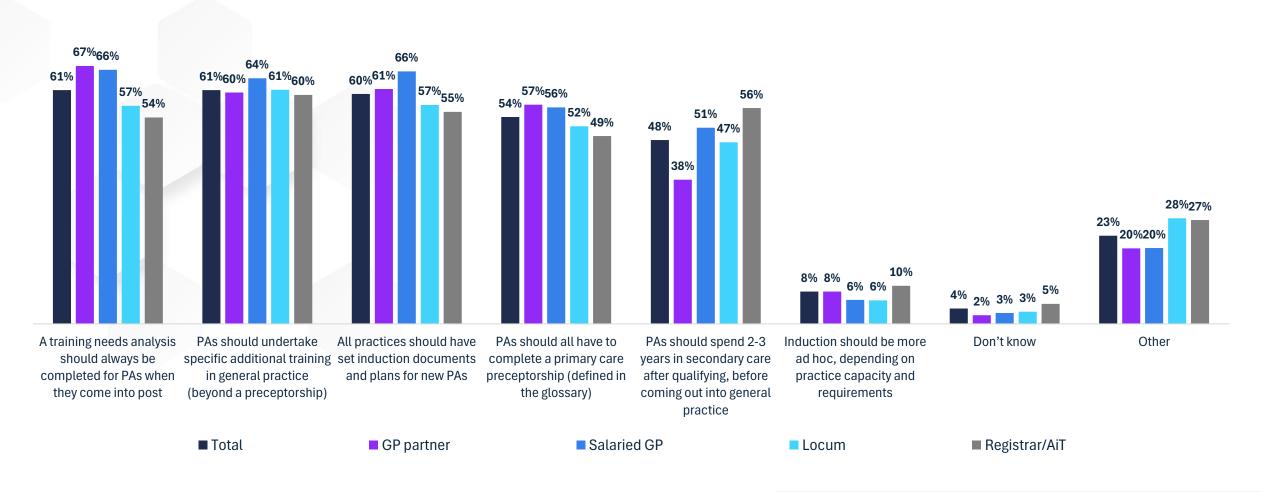
#### Q24. What induction arrangements do you think should be in place for PAs in general practice?







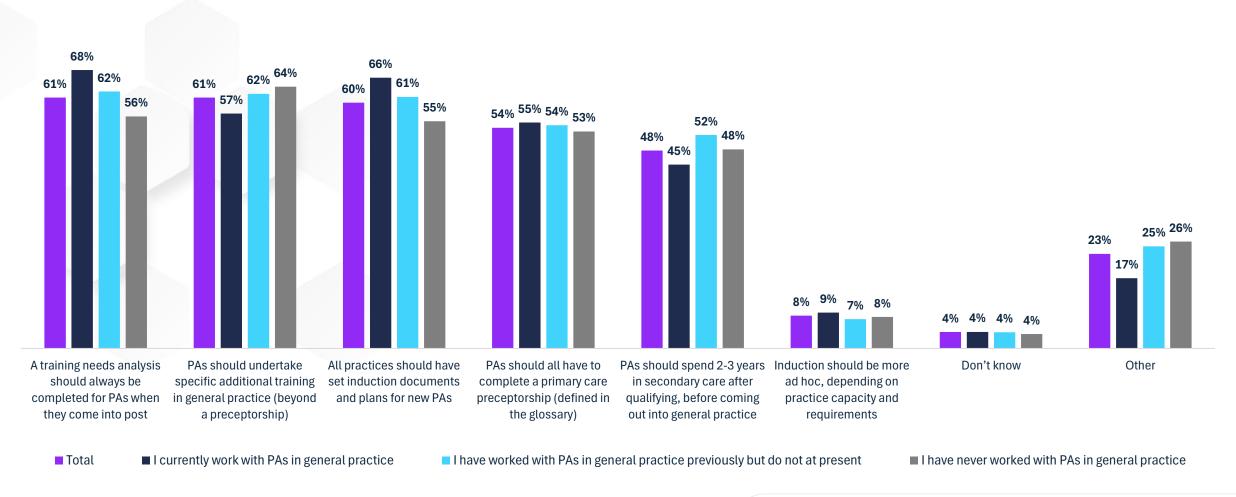
#### Q24. What induction arrangements do you think should be in place for PAs in general practice?







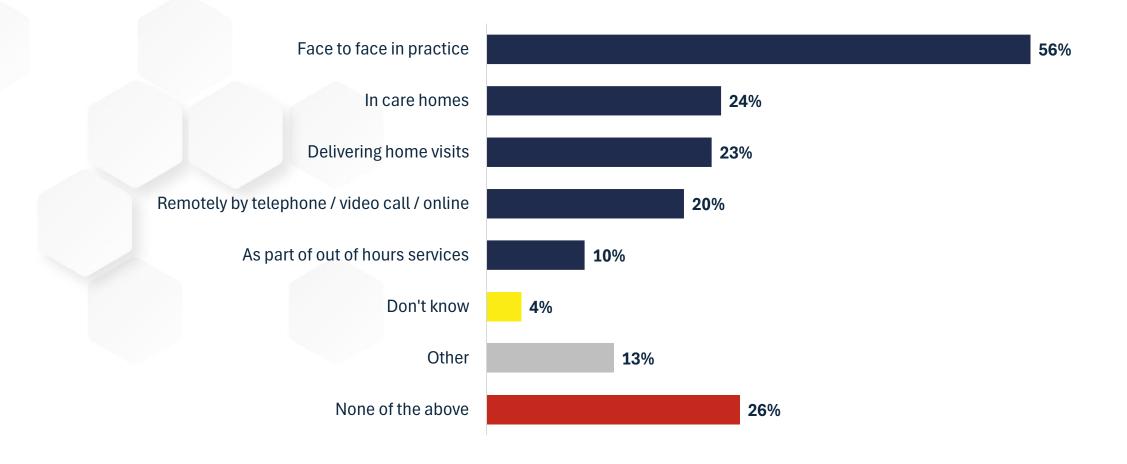
#### Q24. What induction arrangements do you think should be in place for PAs in general practice?





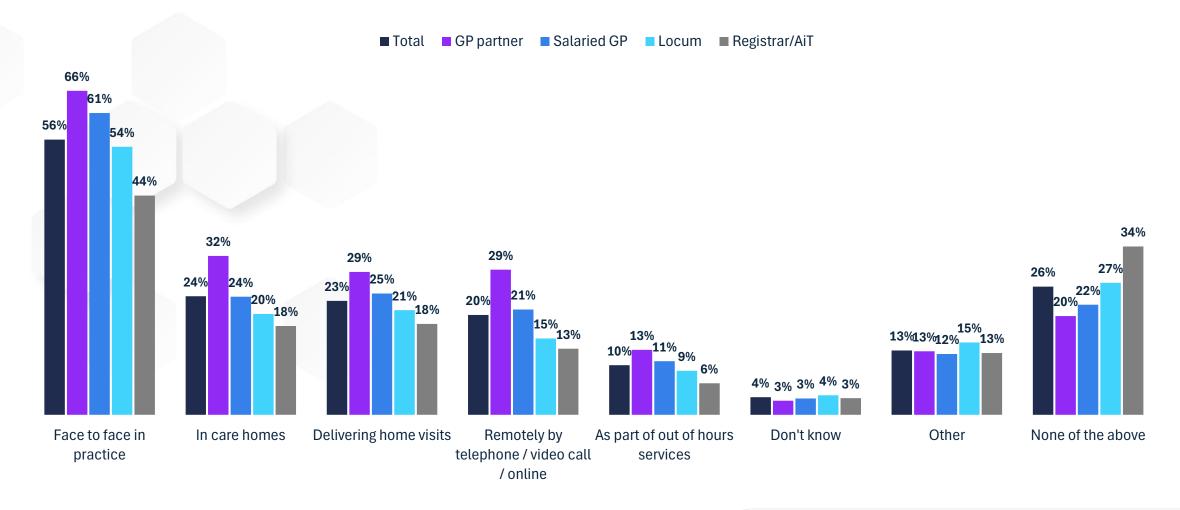


#### Q25. In what settings do you think PAs should see patients in general practice?





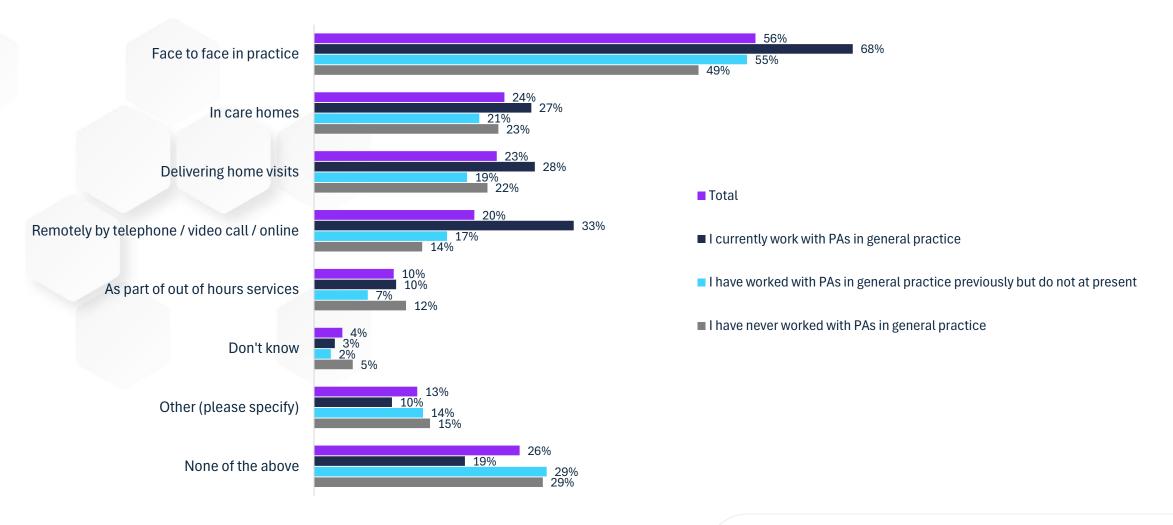
### Q25. In what settings do you think PAs should see patients in general practice?





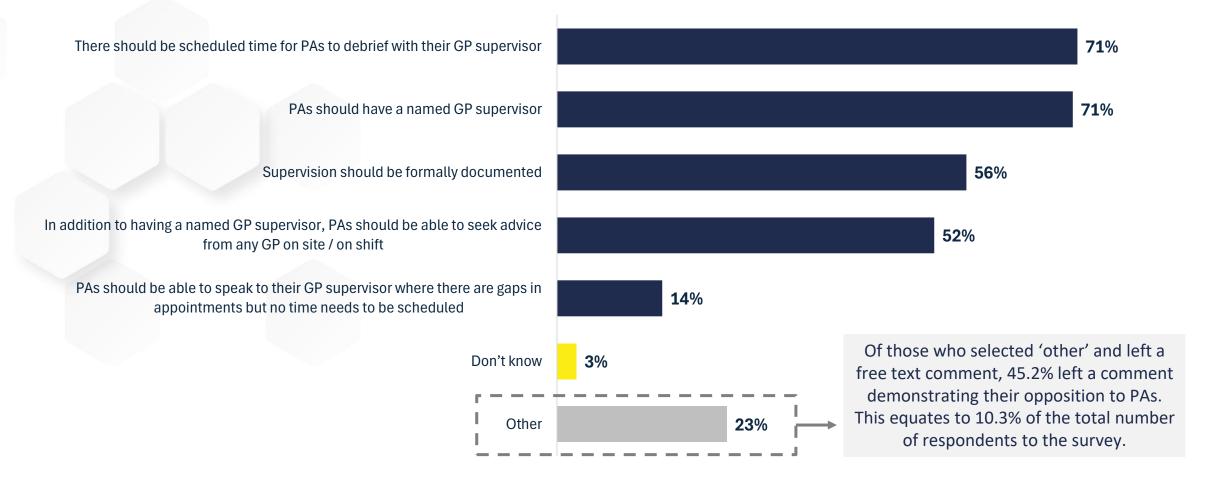


### Q25. In what settings do you think PAs should see patients in general practice?



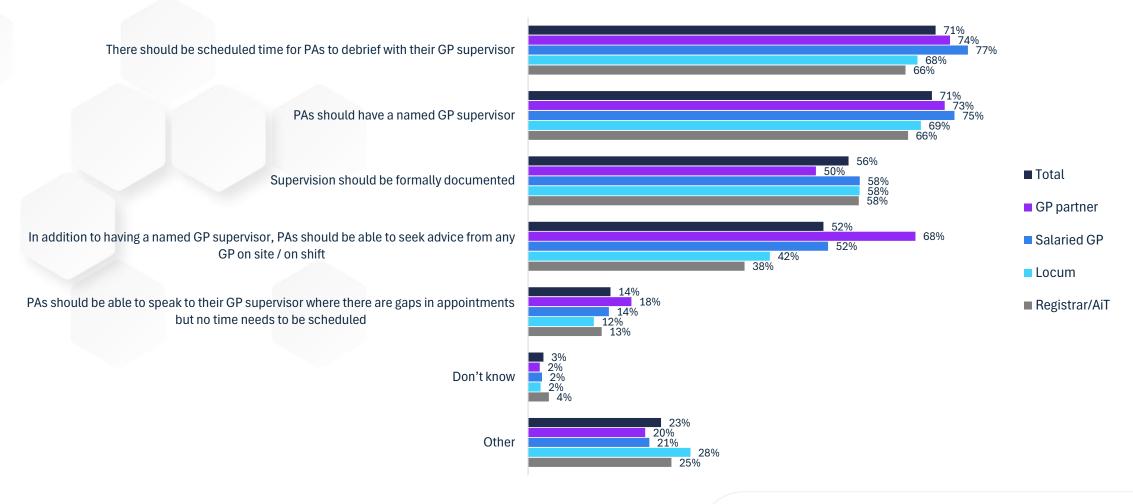








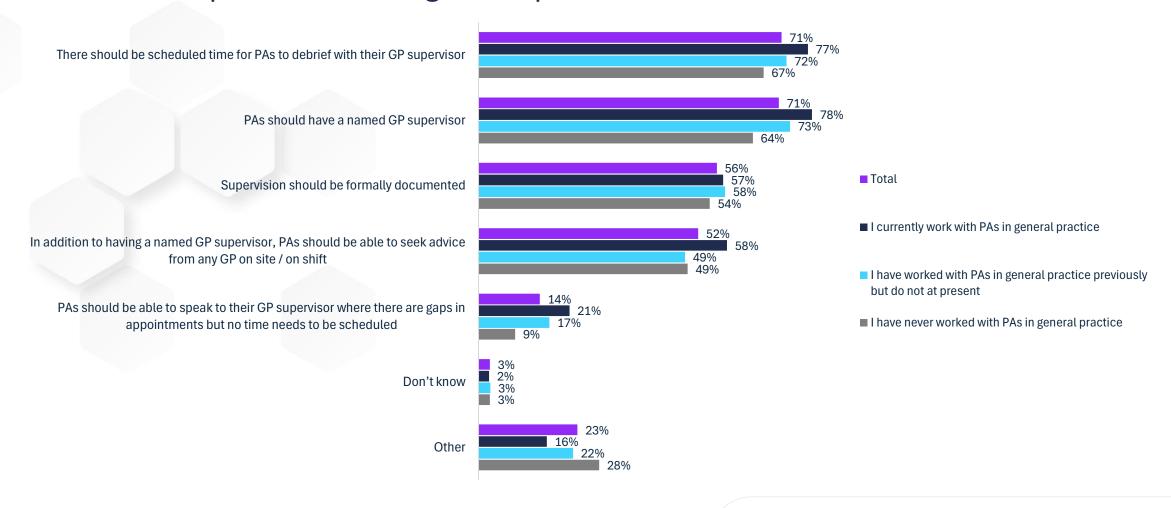
# Q26. What clinical supervision and clinical advice arrangements do you think should be in place for PAs in general practice?







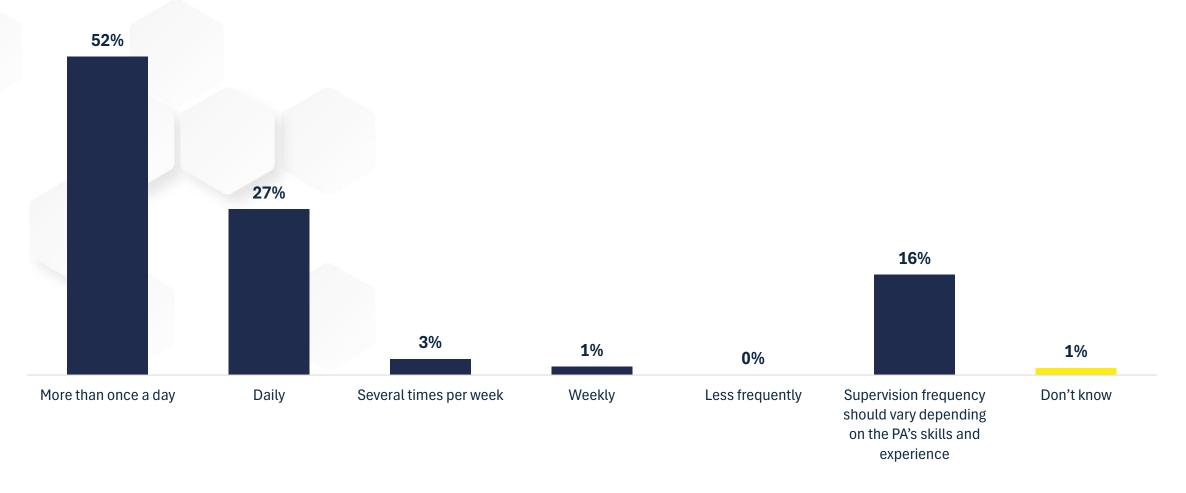
## Q26. What clinical supervision and clinical advice arrangements do you think should be in place for PAs in general practice?







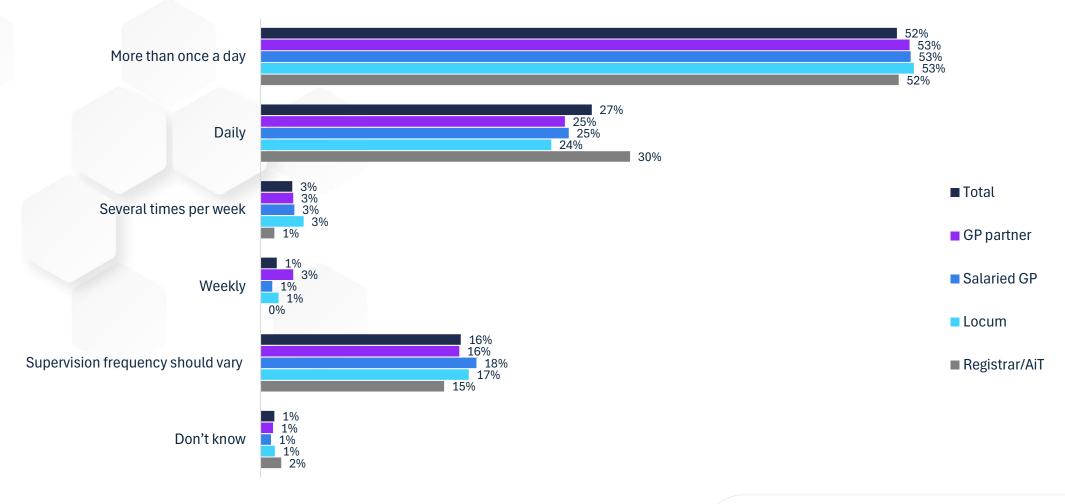
# Q26b. How often should time be scheduled for PAs to debrief with their GP supervisor?





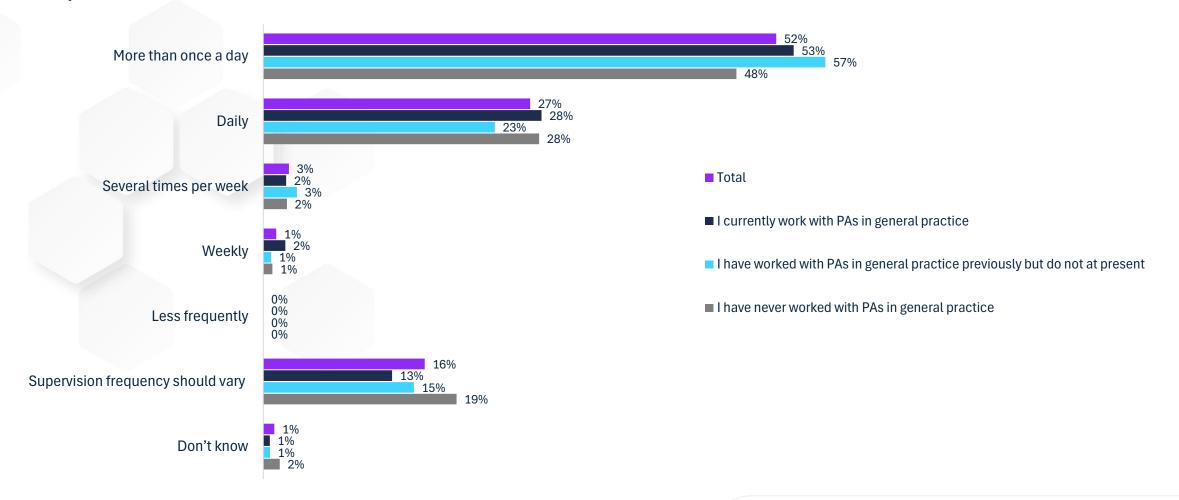


## Q26b. How often should time be scheduled for PAs to debrief with their GP supervisor?



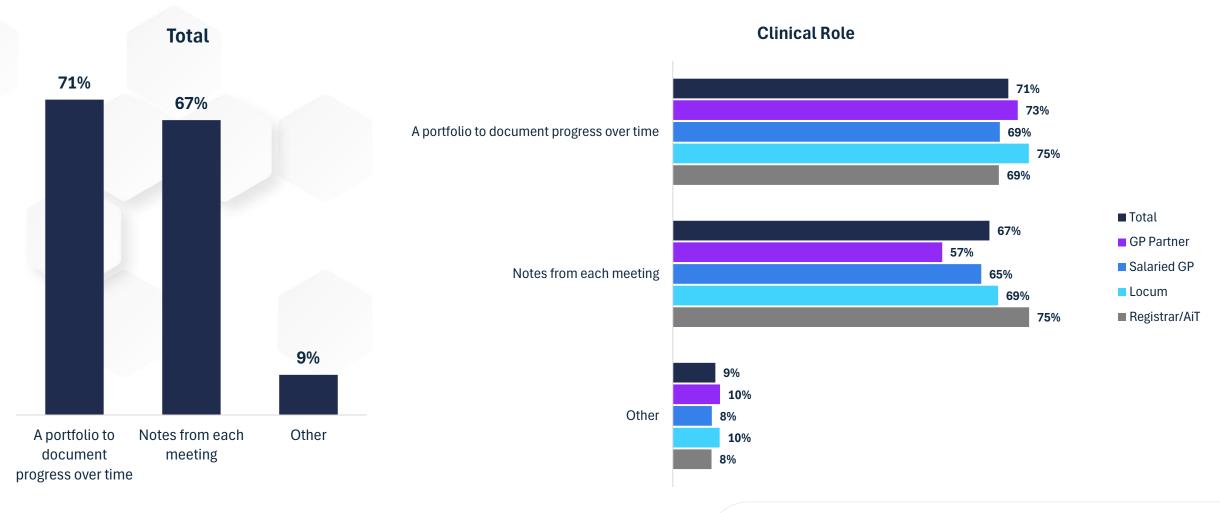


supervisor?





## Q26c. What should the formal documentation of supervision consist of?

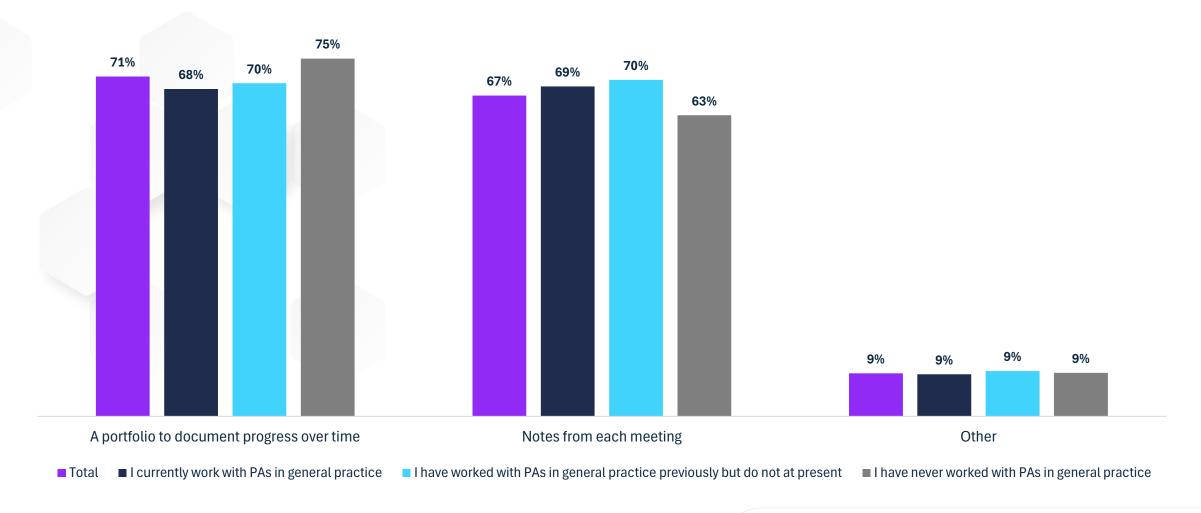








### Q26c. What should the formal documentation of supervision consist of?

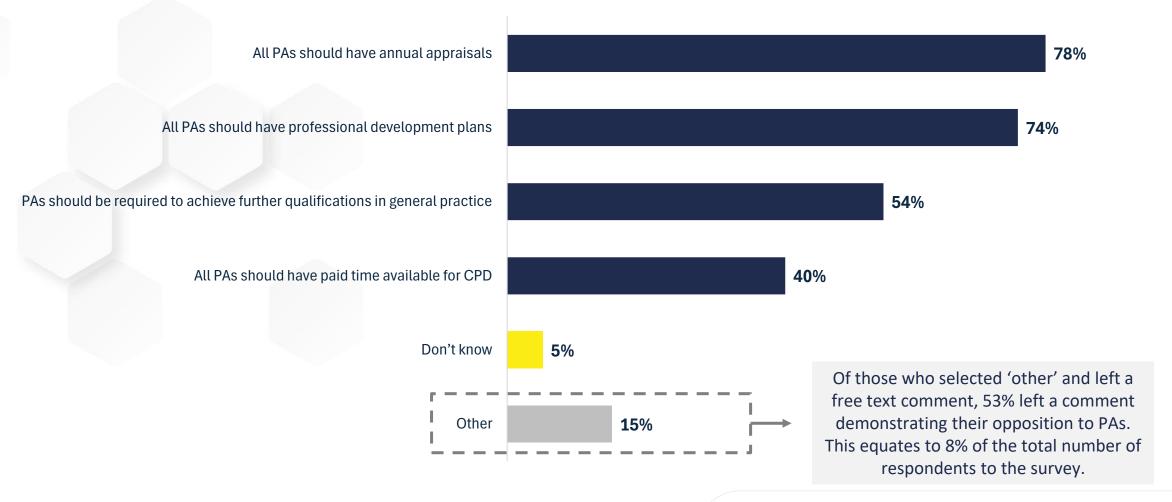








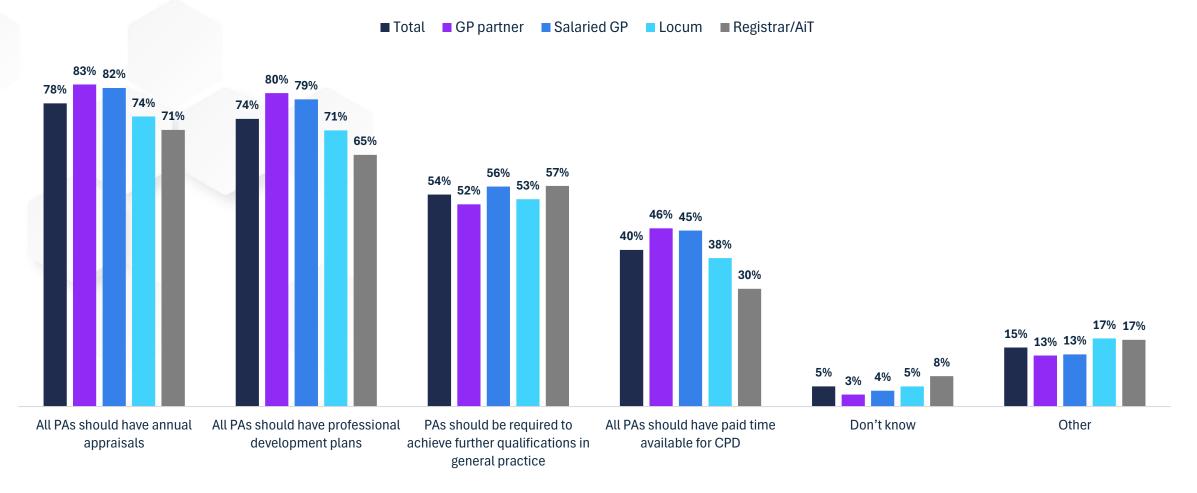
## Q27. What ongoing training and CPD arrangements do you think should be in place for PAs in general practice?







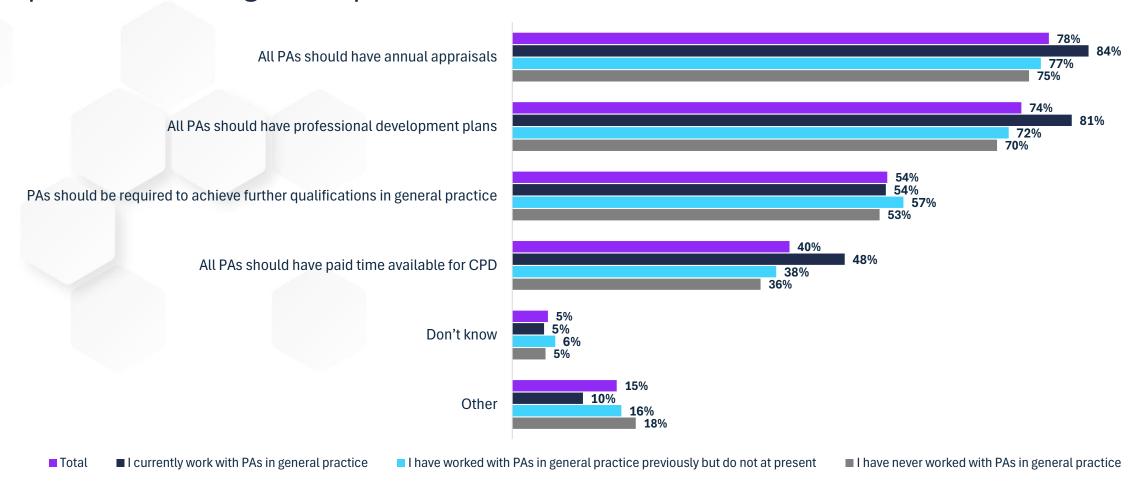
## Q27. What ongoing training and CPD arrangements do you think should be in place for PAs in general practice?







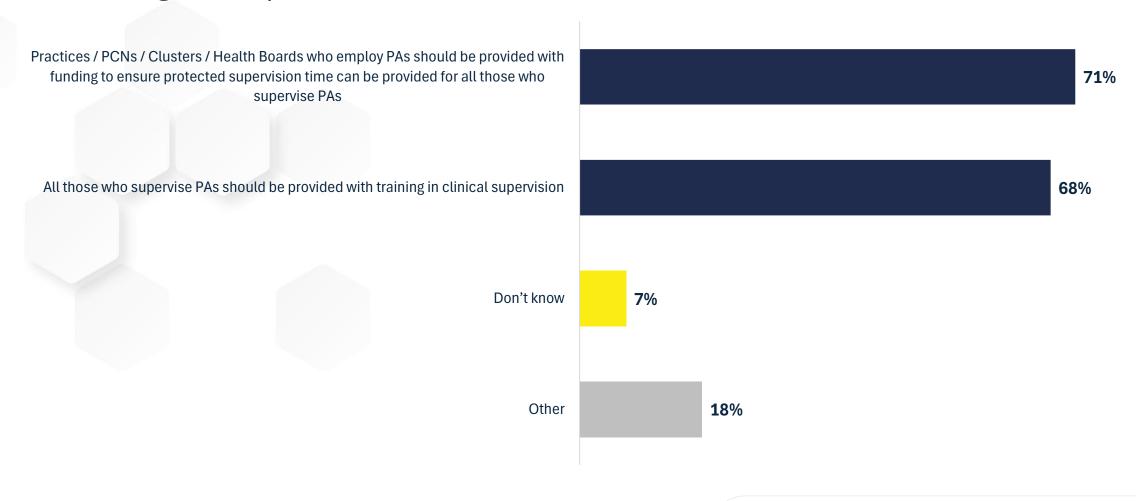
# Q27. What ongoing training and CPD arrangements do you think should be in place for PAs in general practice?







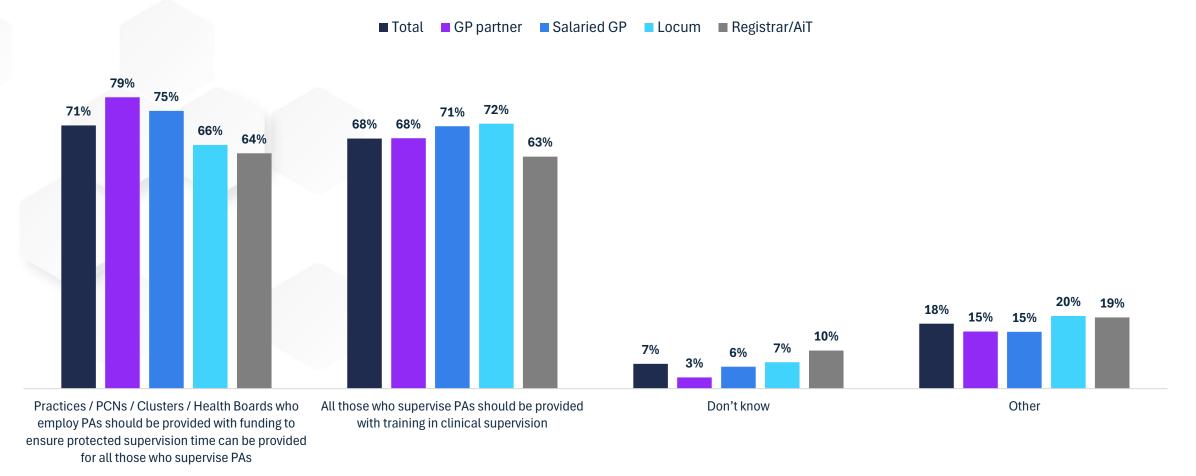
## Q28. What additional resourcing (if any) do you think is needed for supervision of PAs in general practice?





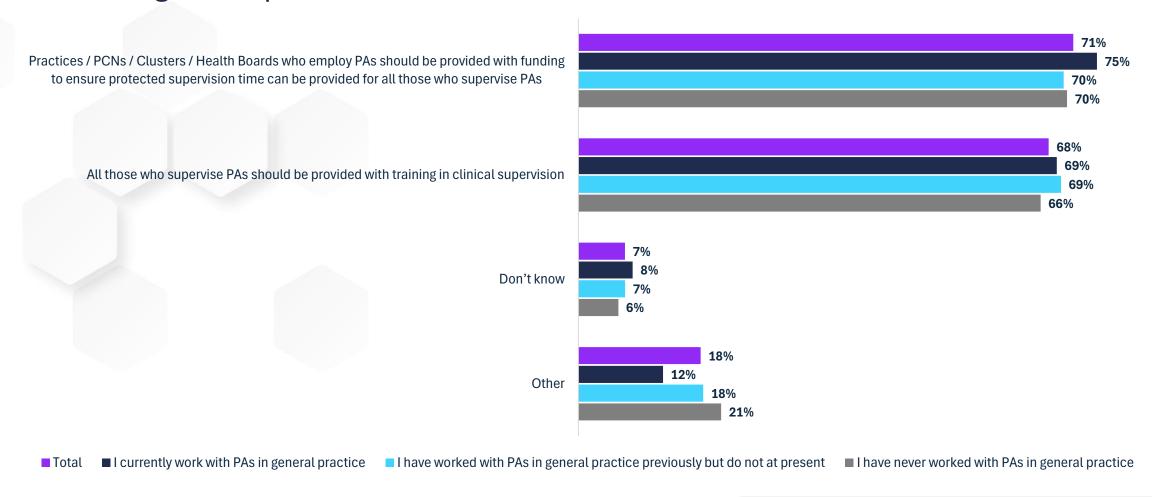


# Q28. What additional resourcing (if any) do you think is needed for supervision of PAs in general practice?





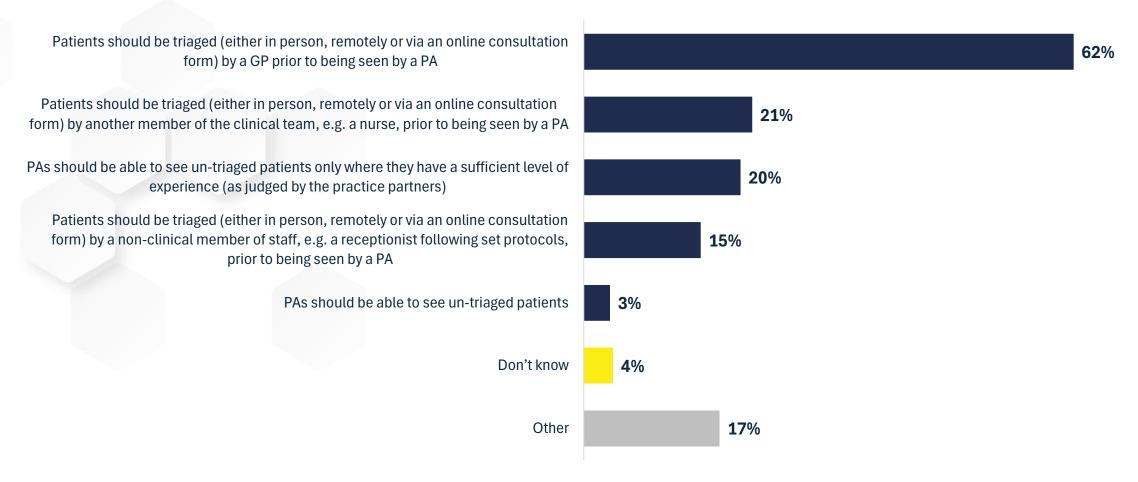
# Q28. What additional resourcing (if any) do you think is needed for supervision of PAs in general practice?







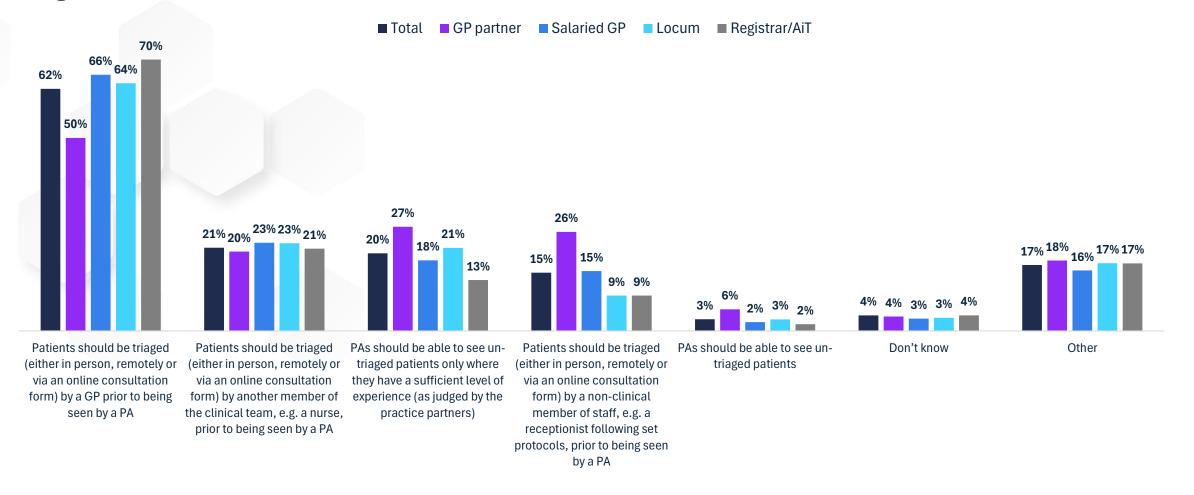
## Q29. What type of patient triage system do you think should be in place with regard to PAs?







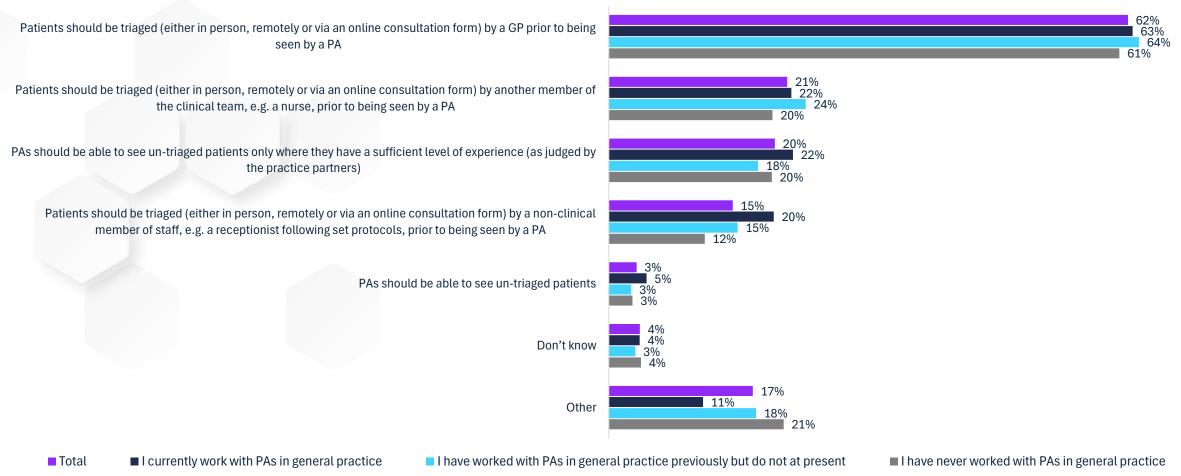
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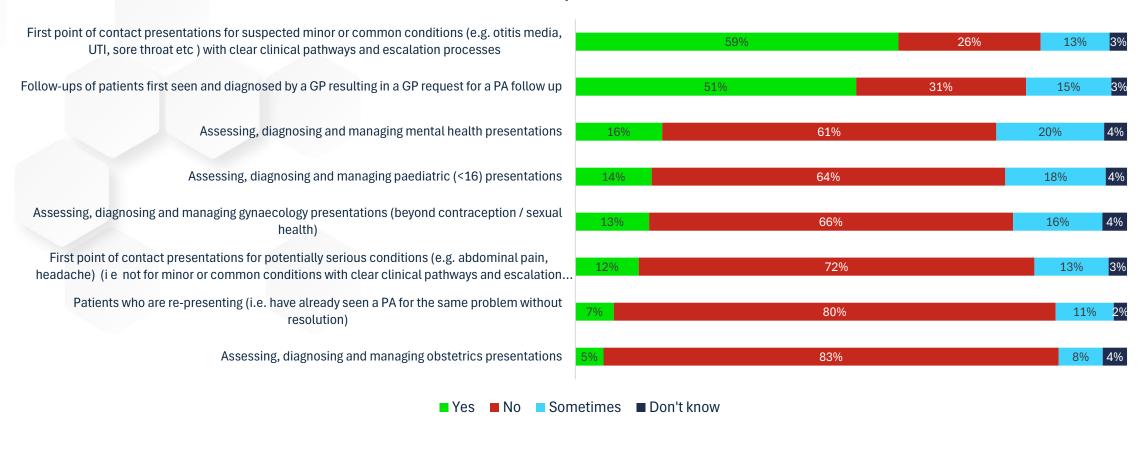






## Q30. Which types of presentations (if any) do you think PAs should be able to see in general practice? All respondents

#### **All respondents**

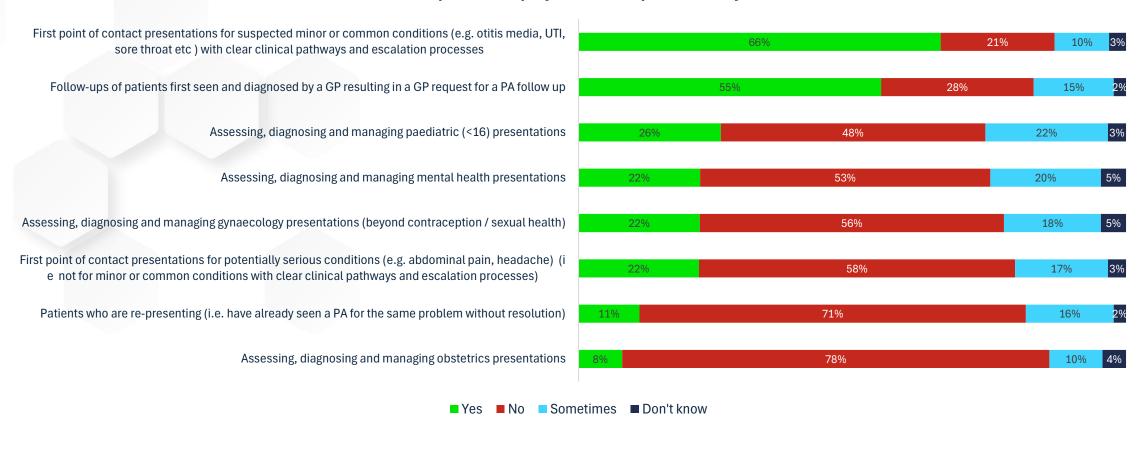






# Q30. Which types of presentations (if any) do you think PAs should be able to see in general practice? Responses from GP partners

#### Responses displayed from GP partners only

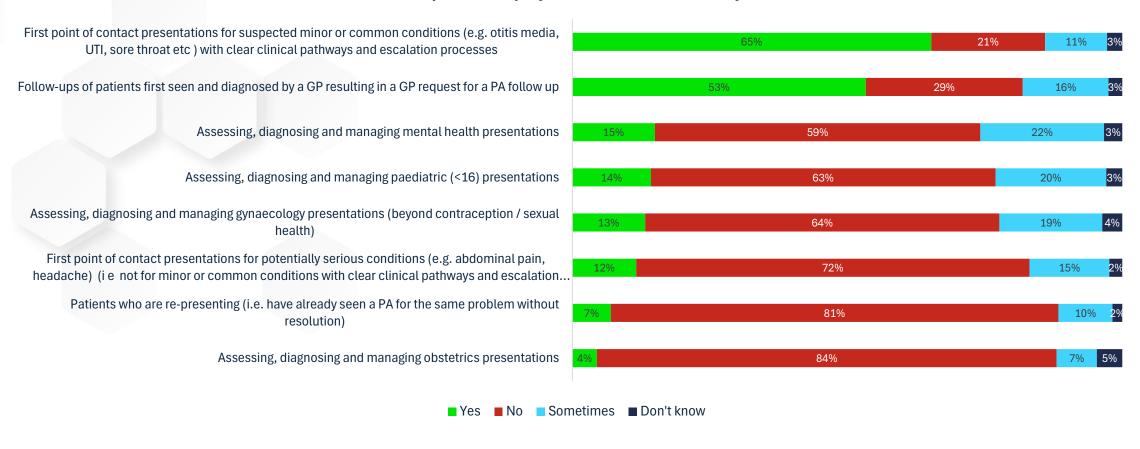






# Q30. Which types of presentations (if any) do you think PAs should be able to see in general practice? Responses from Salaried GPs

#### Responses displayed from Salaried GPs only

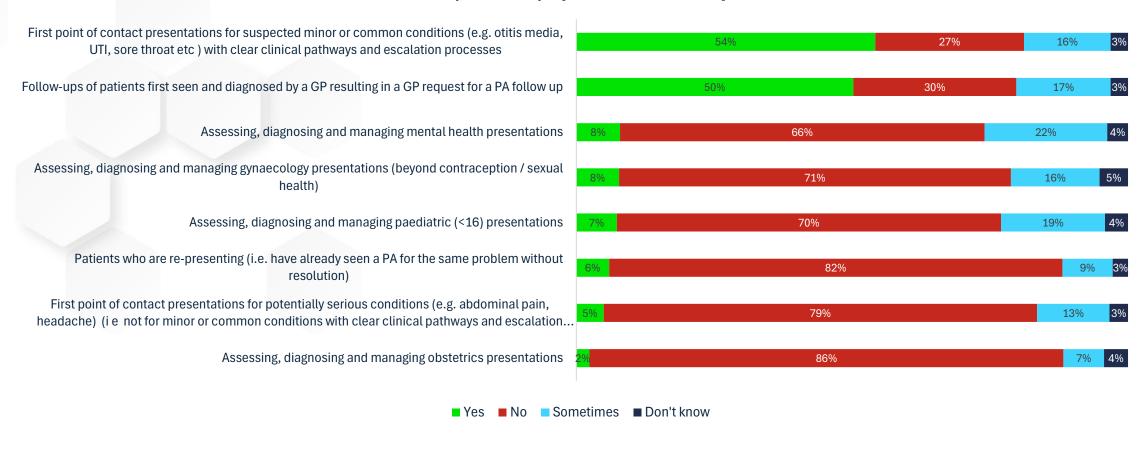






# Q30. Which types of presentations (if any) do you think PAs should be able to see in general practice? Responses from Locums

#### Responses displayed from Locums only

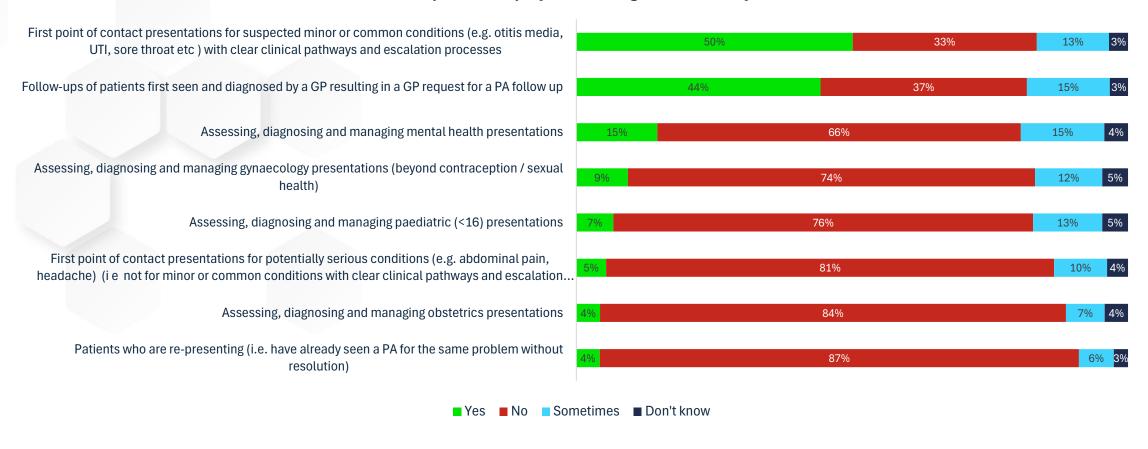






# Q30. Which types of presentations (if any) do you think PAs should be able to see in general practice? Responses from Registrars/AiTs

#### Responses displayed from Registrar/AiTs only

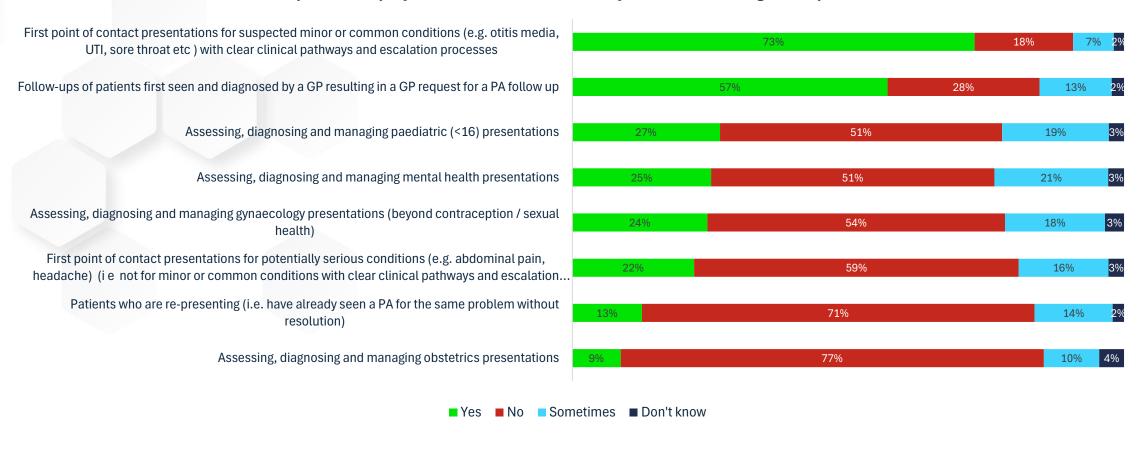






### Q30. Which types of presentations (if any) do you think PAs should be able to see in general practice? Responses from those who currently work with PAs in general practice

#### Responses displayed from those who currently work with PAs in general practice

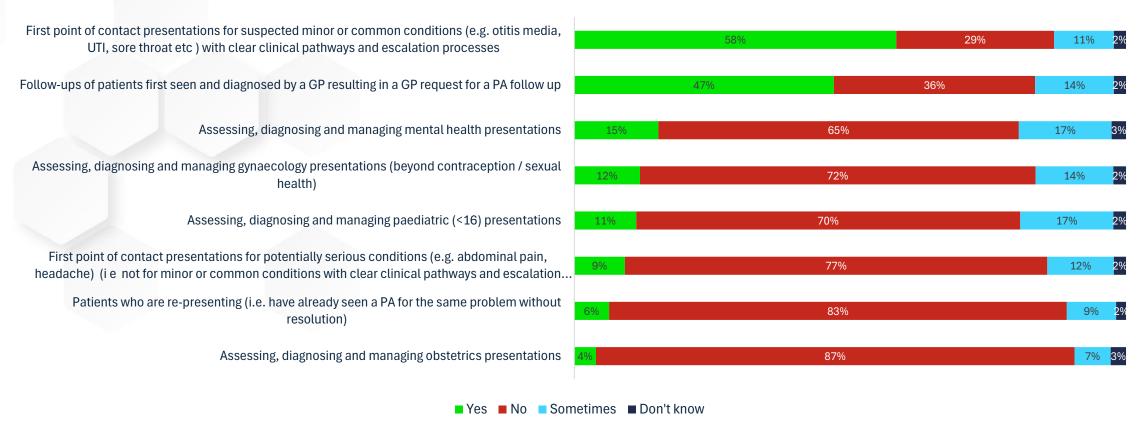






# Q30. Which types of presentations (if any) do you think PAs should be able to see in general practice? Responses from those who have previously worked with PAs, but not at present

#### Responses displayed from those who have worked with PAs in general practice previously, but do not at present

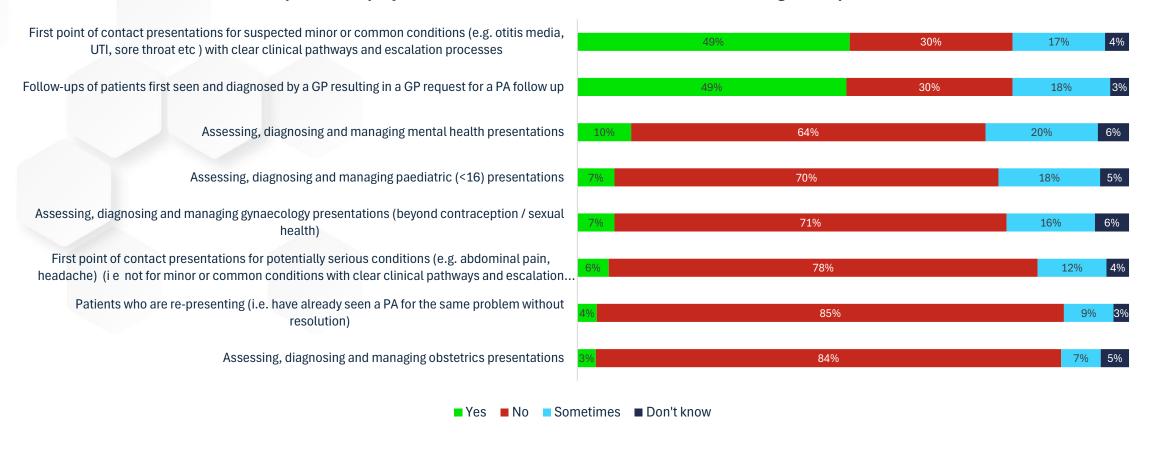






### Q30. Which types of presentations (if any) do you think PAs should be able to see in general practice? Responses from those who have never worked with PAs

#### Responses displayed from those who have never worked with PAs in general practice

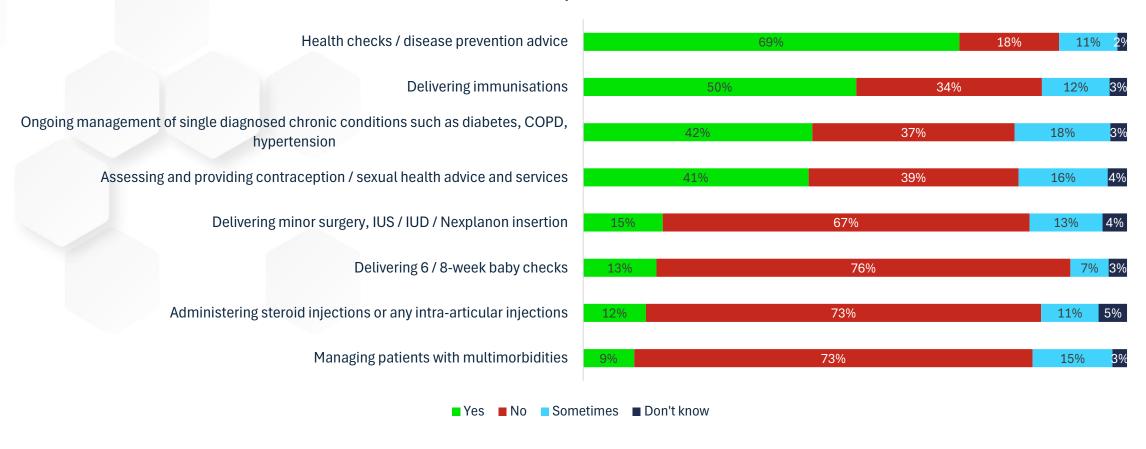






# Q31. Which clinical activities (if any) do you think PAs should be able to undertake in general practice? <u>All respondents</u>

#### **All respondents**

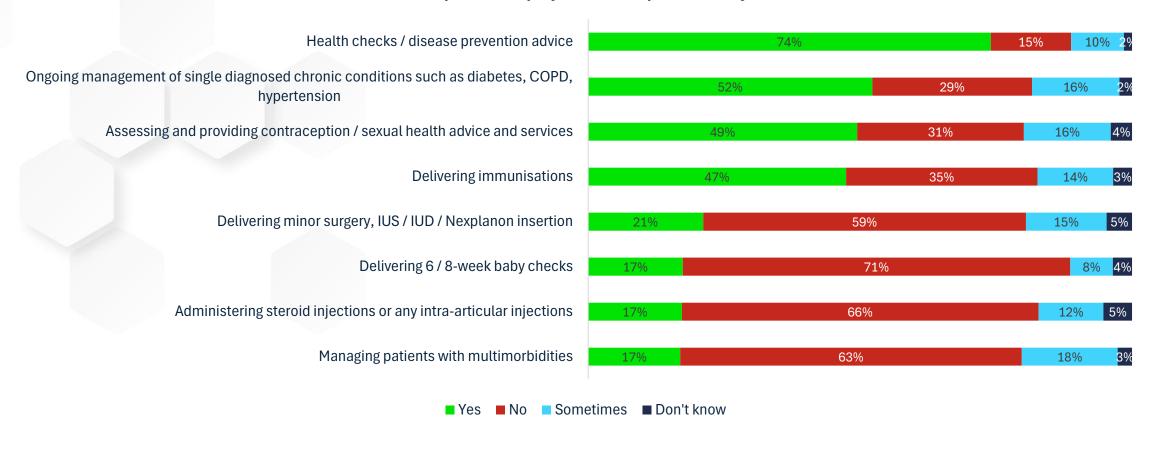






# Q31. Which clinical activities (if any) do you think PAs should be able to undertake in general practice? Responses from GP Partners

#### Responses displayed from GP partners only

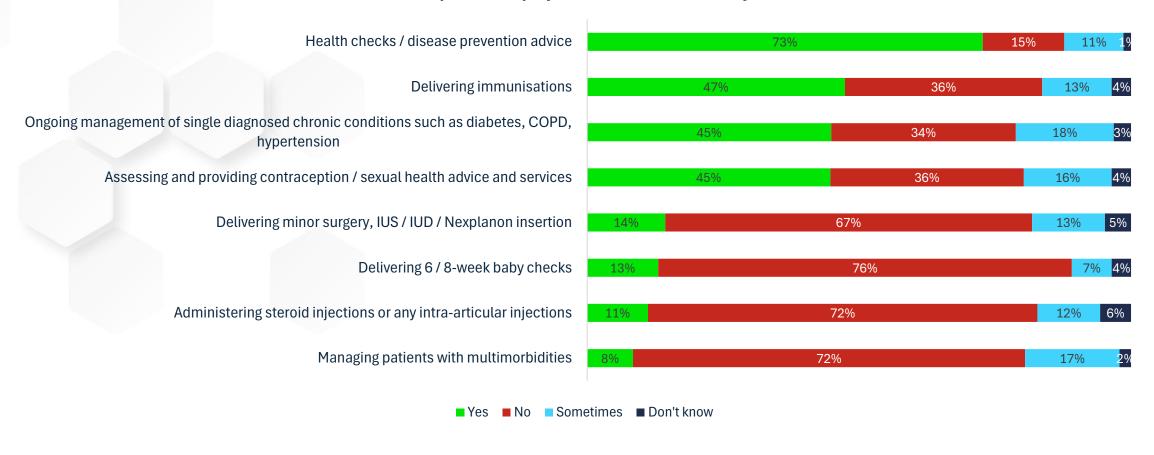






# Q31. Which clinical activities (if any) do you think PAs should be able to undertake in general practice? Responses from Salaried GPs

#### Responses displayed from Salaried GPs only

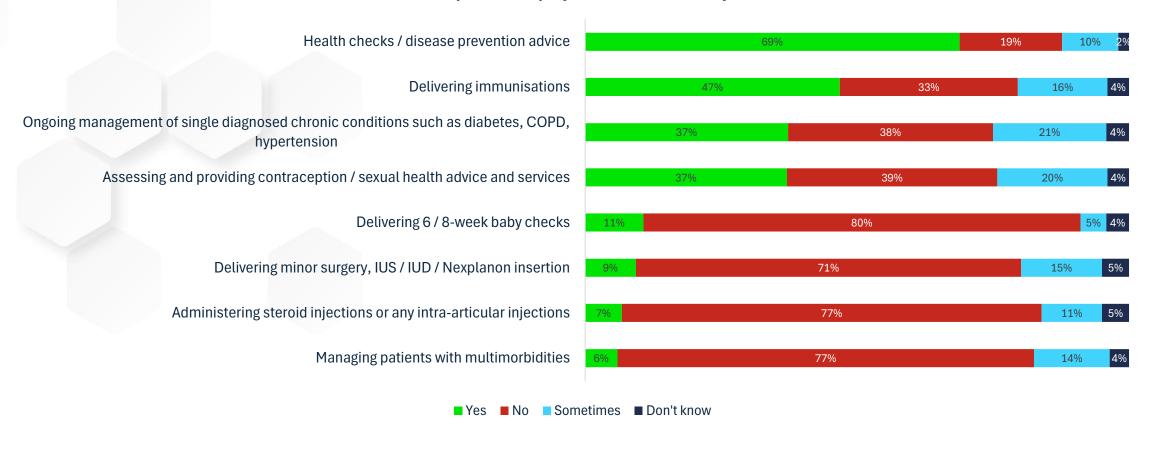






# Q31. Which clinical activities (if any) do you think PAs should be able to undertake in general practice? Responses from Locums

#### Responses displayed from Locums only

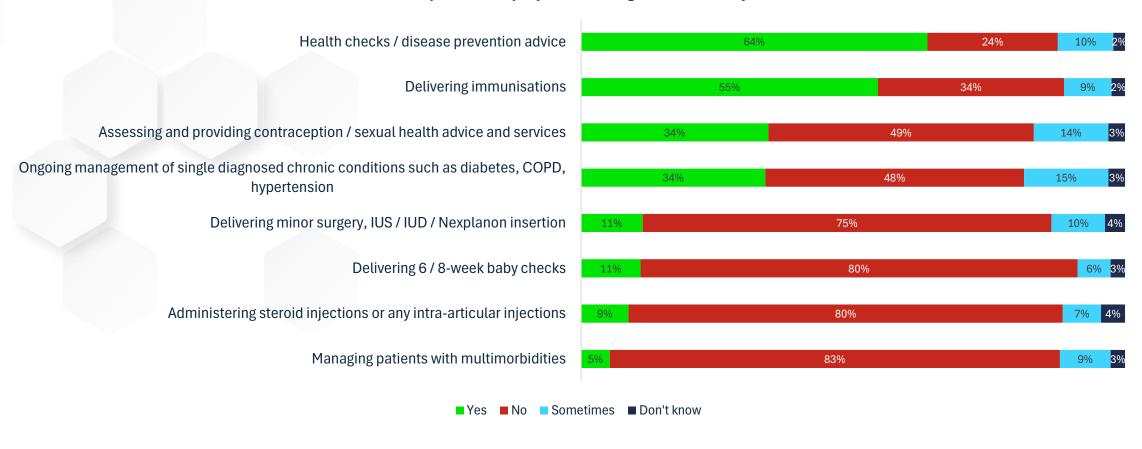






# Q31. Which clinical activities (if any) do you think PAs should be able to undertake in general practice? Responses from Registrars/AiTs

#### Responses displayed from Registrar/AiTs only

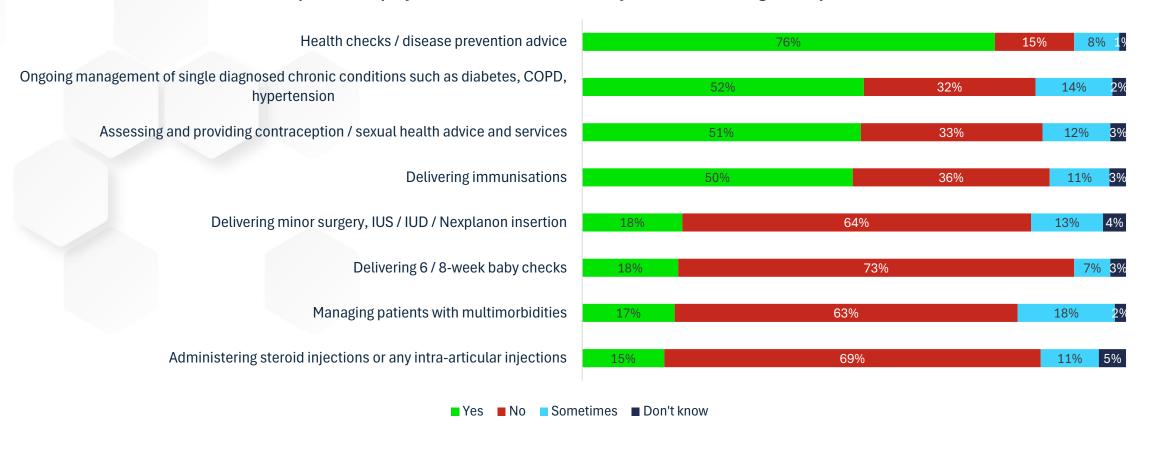






### Q31. Which clinical activities (if any) do you think PAs should be able to undertake in general practice? Responses from those who currently work with PAs in general practice

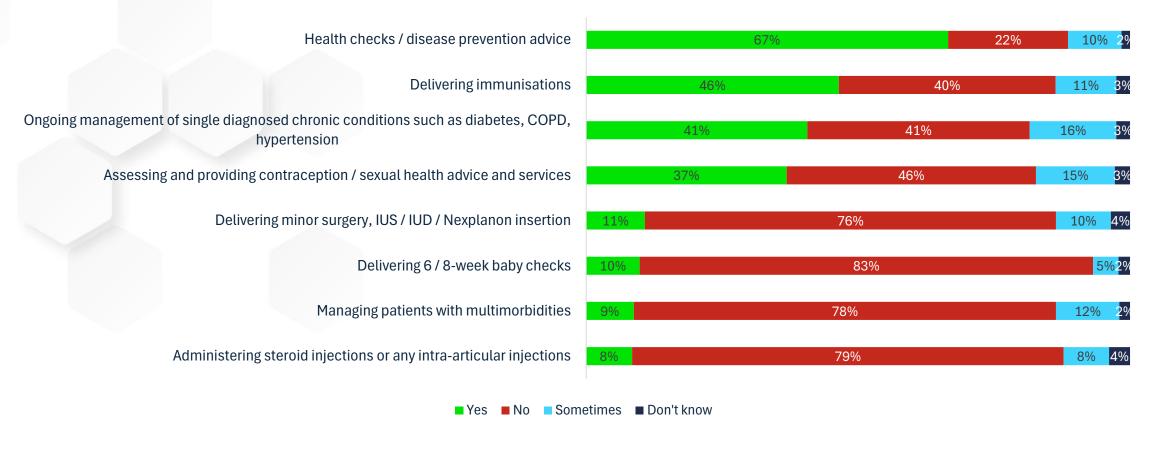
#### Responses displayed from those who currently work with PAs in general practice







#### Responses displayed from those who have worked with PAs in general practice previously, but do not at present

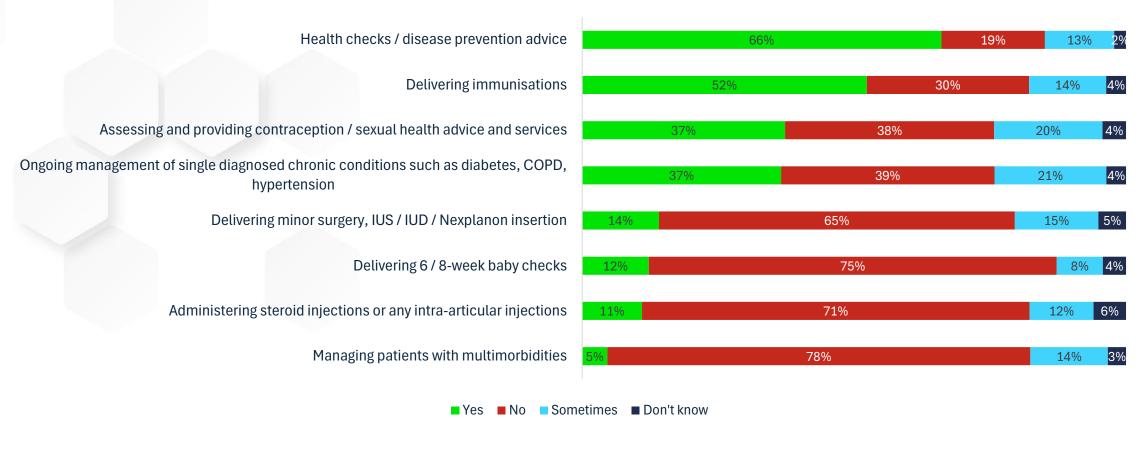






### Q31. Which clinical activities (if any) do you think PAs should be able to undertake in general practice? Responses from those who have never worked with PAs

#### Responses displayed from those who have never worked with PAs in general practice

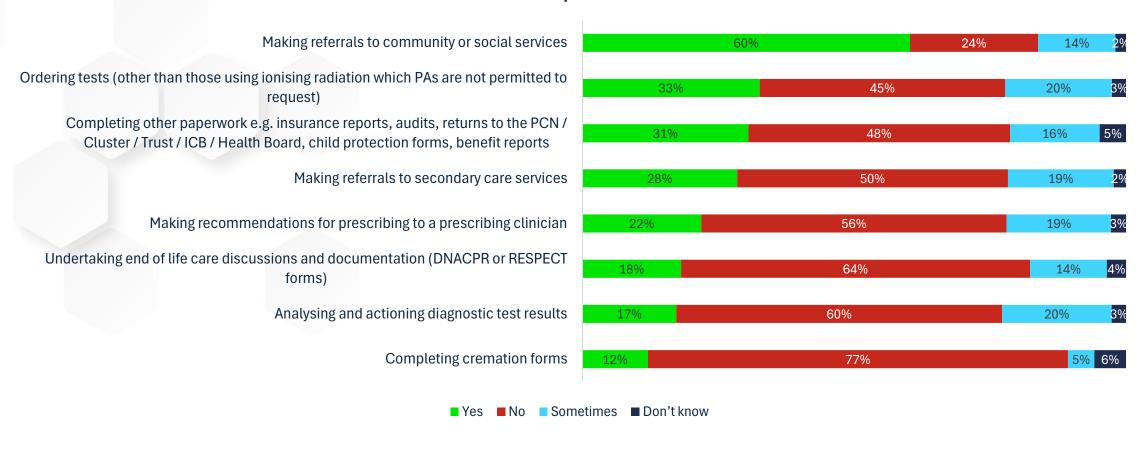






## Q32. Which other clinical and non-clinical activities (if any) do you think PAs should be able to undertake in general practice? All respondents

#### **All respondents**

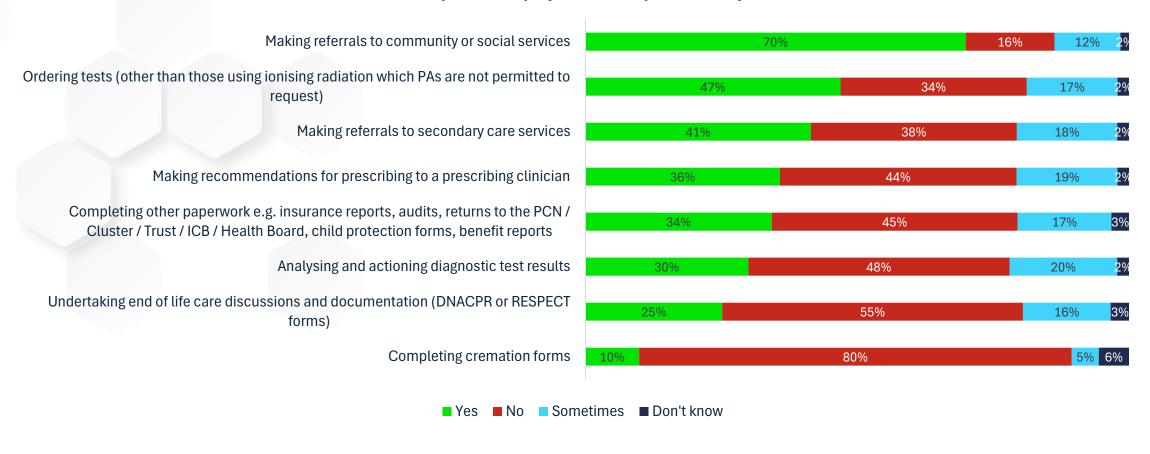






# Q32. Which other clinical and non-clinical activities (if any) do you think PAs should be able to undertake in general practice? Responses from GP Partners

#### Responses displayed from GP partners only

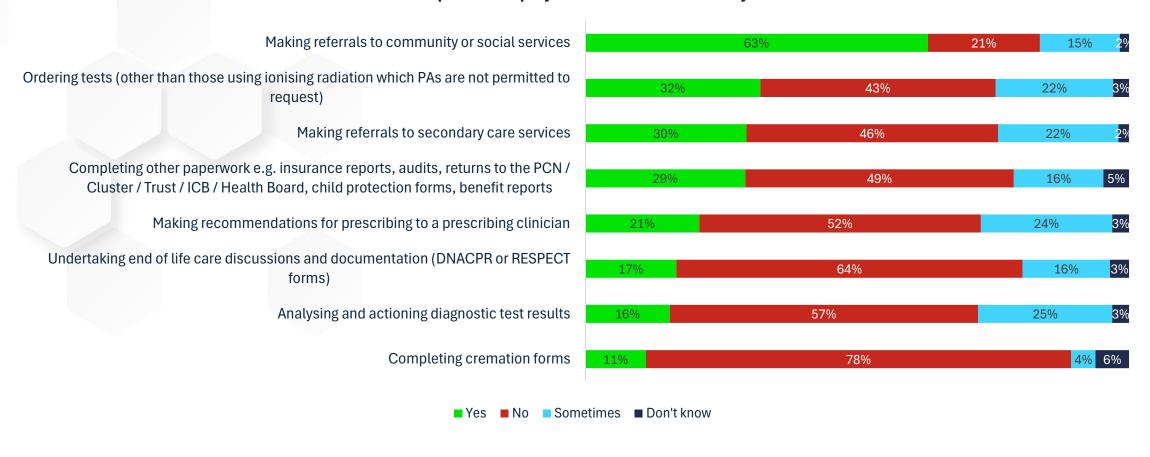






# Q32. Which other clinical and non-clinical activities (if any) do you think PAs should be able to undertake in general practice? Responses from Salaried GPs

#### Responses displayed from Salaried GPs only

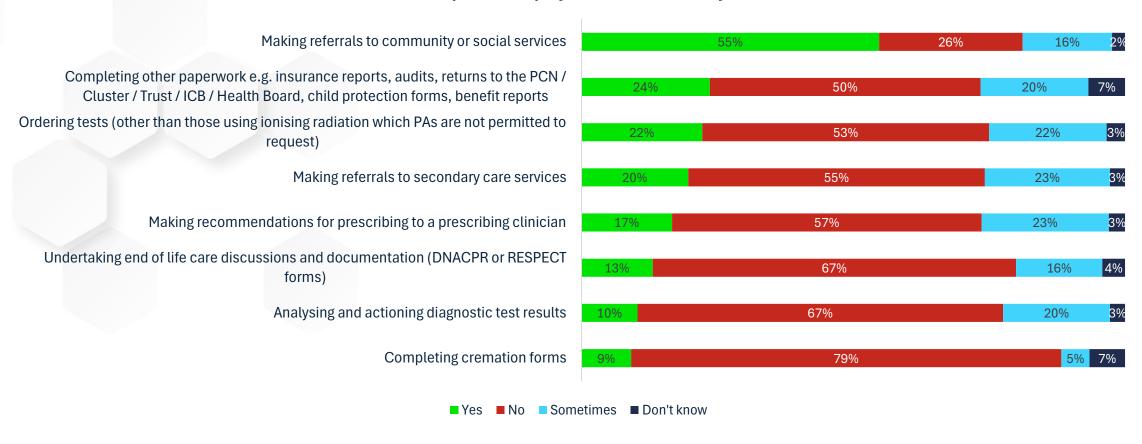






# Q32. Which other clinical and non-clinical activities (if any) do you think PAs should be able to undertake in general practice? Responses from Locums

#### Responses displayed from Locums only

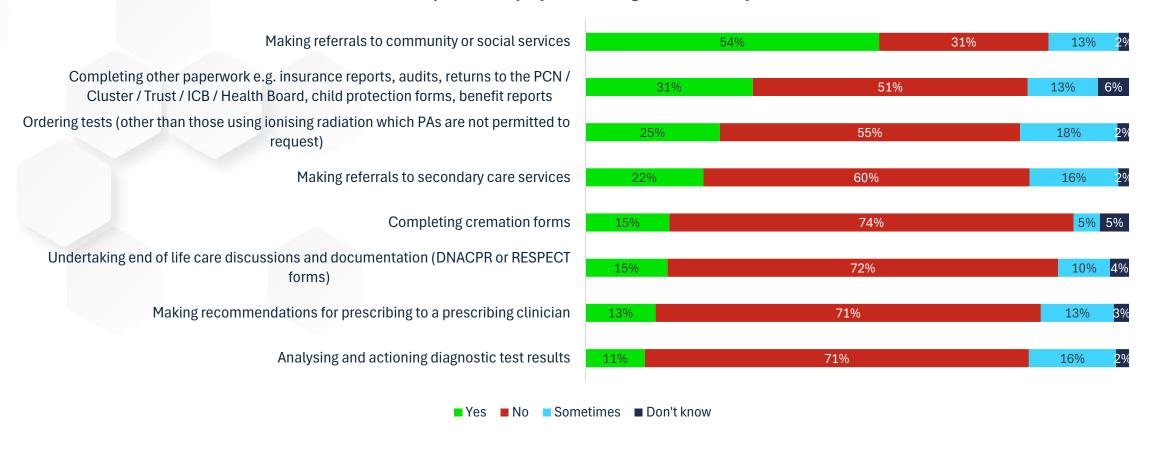






# Q32. Which other clinical and non-clinical activities (if any) do you think PAs should be able to undertake in general practice? Responses from Registrars/AiTs

#### Responses displayed from Registrar/AiTs only

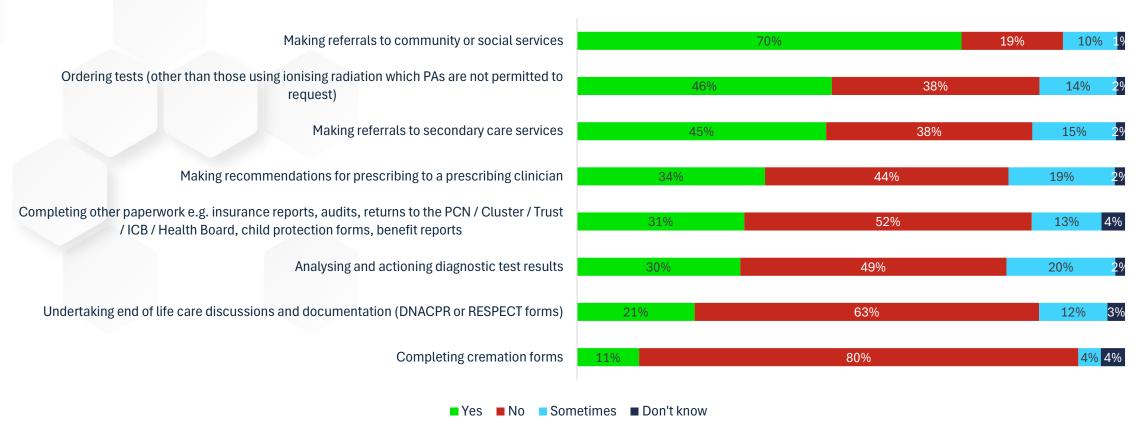






## Q32. Which other clinical and non-clinical activities (if any) do you think PAs should be able to undertake in general practice? Responses from those currently working with PAs in general practice

### Responses displayed from those who currently work with PAs in general practice

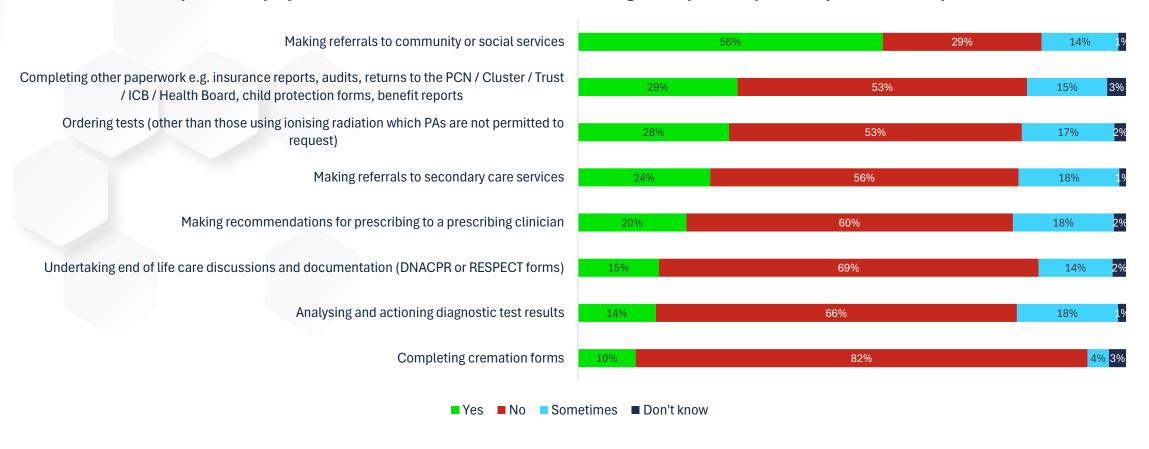






### Q32. Which other clinical and non-clinical activities (if any) do you think PAs should be able to undertake in general practice? Responses from those who have previously worked with PAs, but not at present

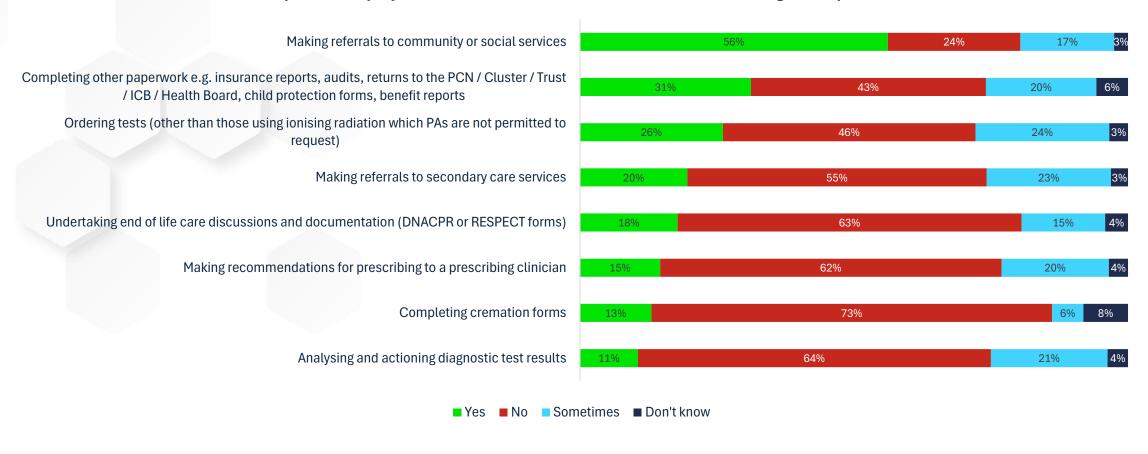
#### Responses displayed from those who have worked with PAs in general practice previously, but do not at present





### Q32. Which other clinical and non-clinical activities (if any) do you think PAs should be able to undertake in general practice? Responses from those who have never worked with PAs

#### Responses displayed from those who have never worked with PAs in general practice

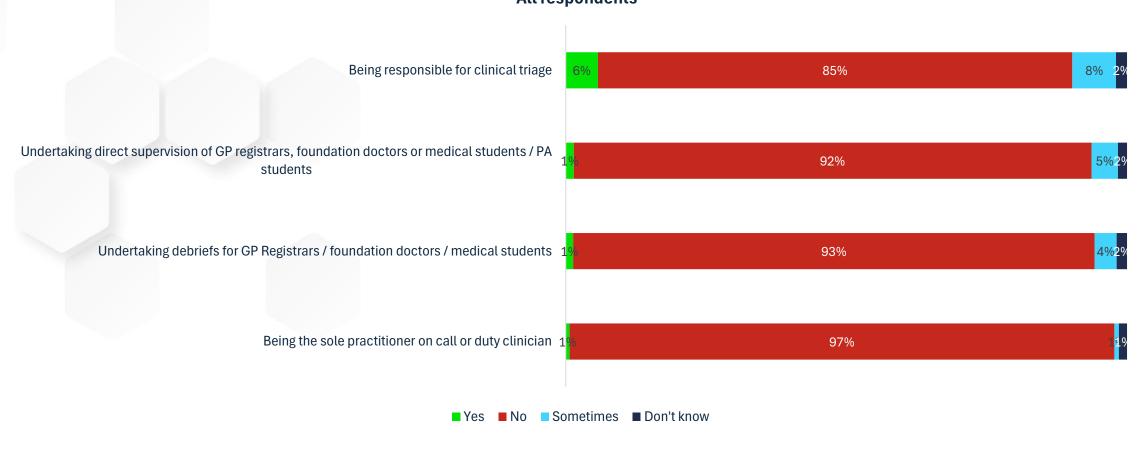






## Q33. Which practice management and / or supervision activities (if any) do you think PAs should be able to provide in general practice? <u>All respondents</u>

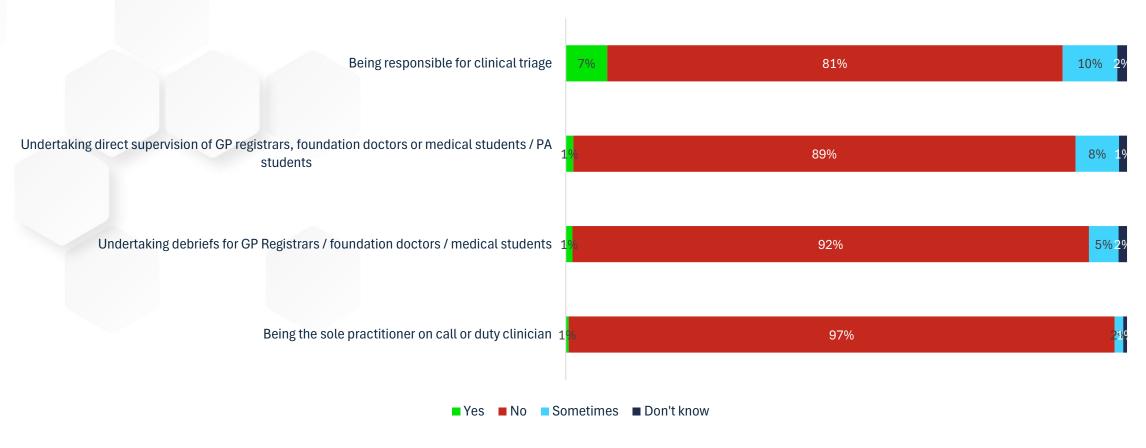
### All respondents





## Q33. Which practice management and / or supervision activities (if any) do you think PAs should be able to provide in general practice? Responses from GP Partners

### Responses displayed from GP partners only

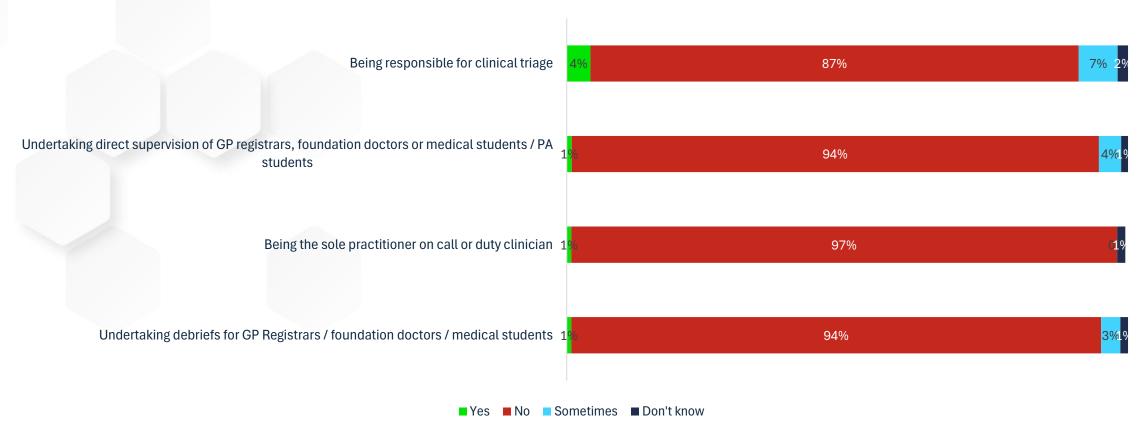






## Q33. Which practice management and / or supervision activities (if any) do you think PAs should be able to provide in general practice? Responses from Salaried GPs

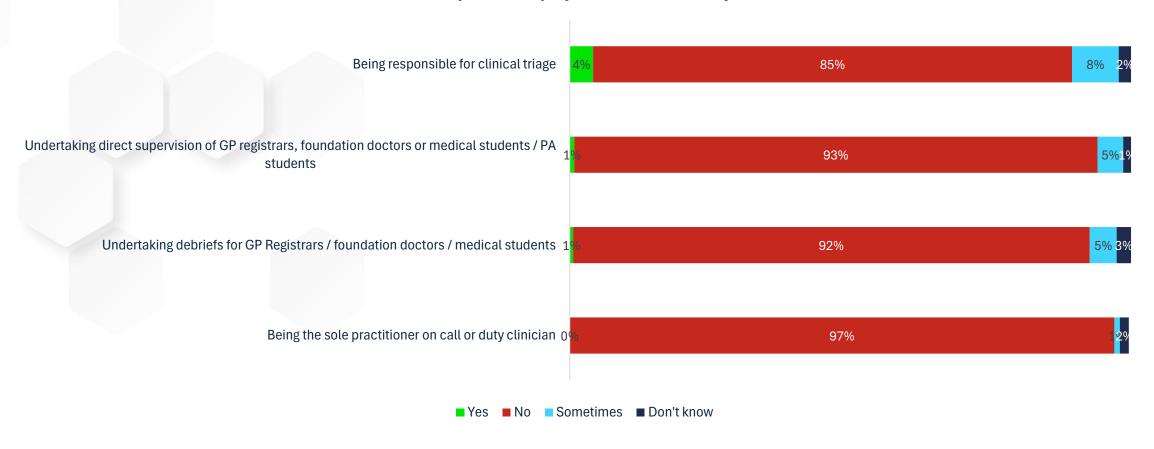
### Responses displayed from Salaried GPs only





## Q33. Which practice management and / or supervision activities (if any) do you think PAs should be able to provide in general practice? Responses from Locums

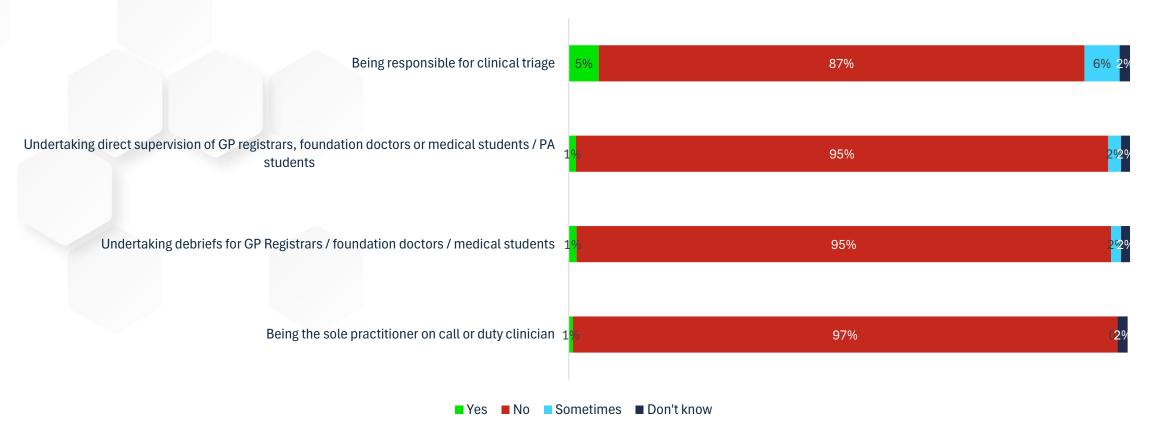
### **Responses displayed from Locums only**





### Q33. Which practice management and / or supervision activities (if any) do you think PAs should be able to provide in general practice? Responses from Registrars/AiTs

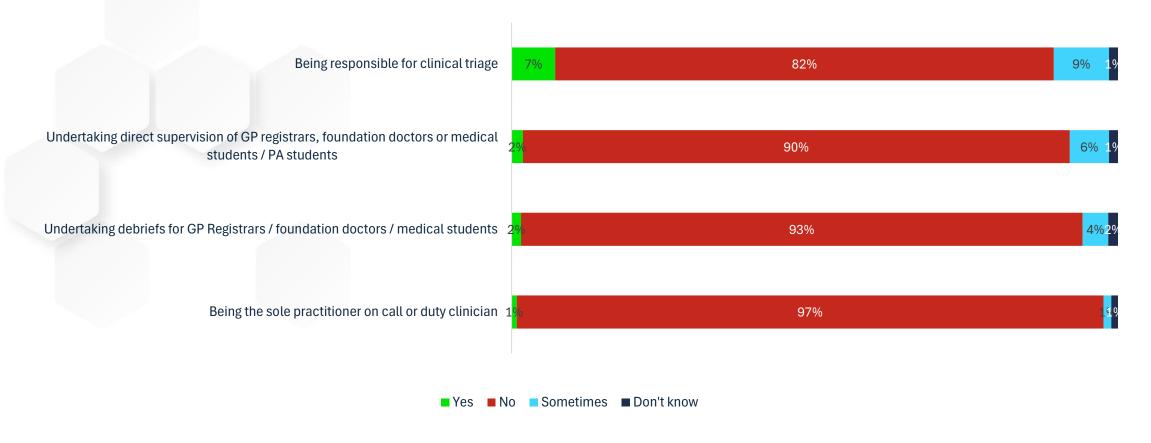
### Responses displayed from Registrar/AiTs only





## Q33. Which practice management and / or supervision activities (if any) do you think PAs should be able to provide in general practice? Responses from those currently working with PAs in general practice

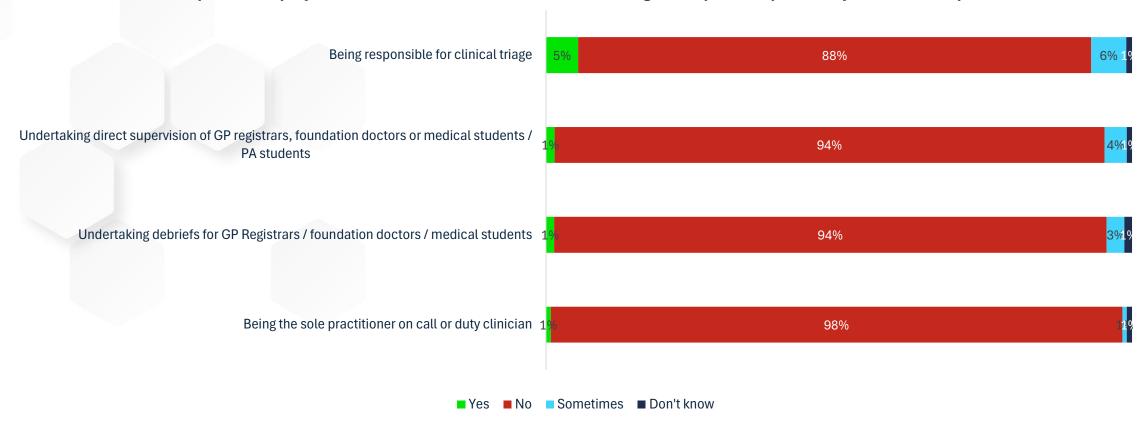
### Responses displayed from those who currently work with PAs in general practice





Q33. Which practice management and / or supervision activities (if any) do you think PAs should be able to provide in general practice? Responses from those who have previously worked with PAs, but not at present

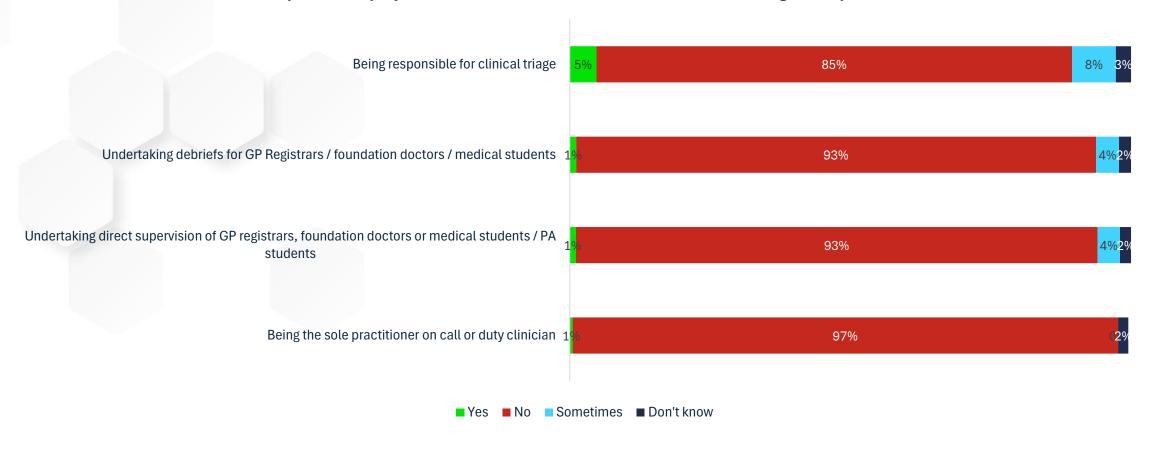
Responses displayed from those who have worked with PAs in general practice previously, but do not at present





### Q33. Which practice management and / or supervision activities (if any) do you think PAs should be able to provide in general practice? Responses from those who have never worked with PAs

### Responses displayed from those who have never worked with PAs in general practice

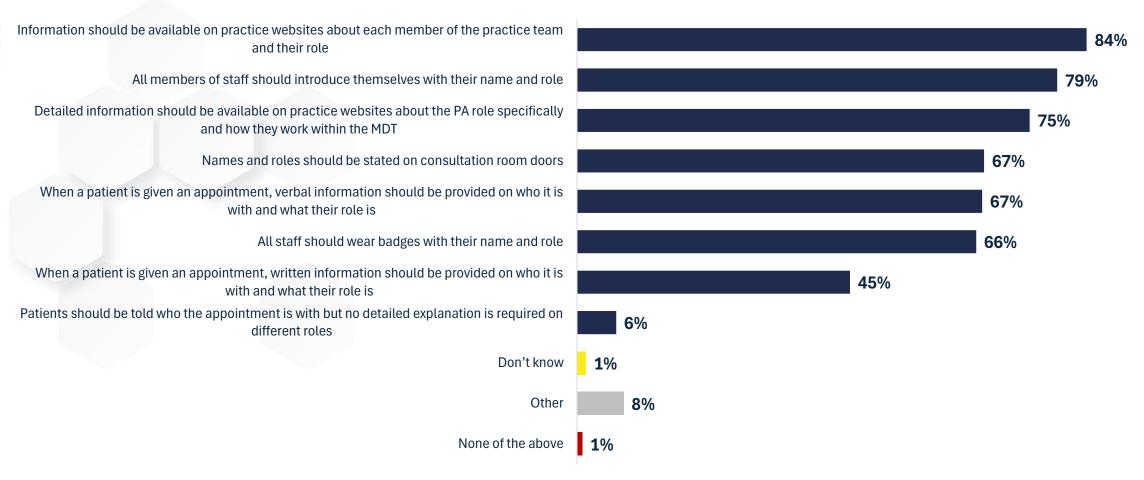






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## Q35. What information should be made available to patients about PAs working in a practice?







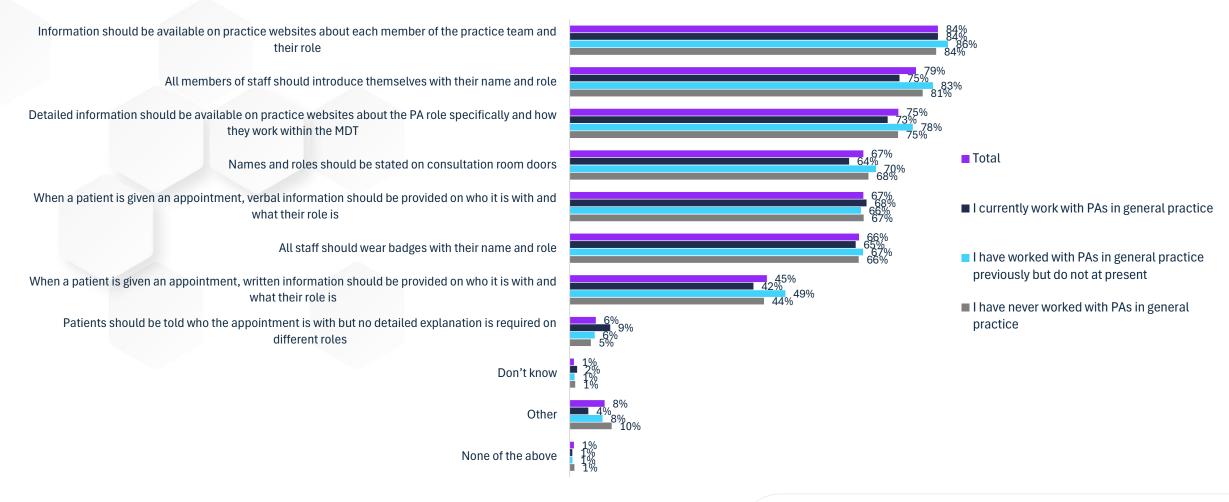
### Q35. What information should be made available to patients about PAs working in a practice?

Information should be available on practice websites about each member of the practice team and their role All members of staff should introduce themselves with their name and role Detailed information should be available on practice websites about the PA role specifically and how they work within the MDT Names and roles should be stated on consultation room doors ■ Total When a patient is given an appointment, verbal information should be provided on who it is GP partner with and what their role is Salaried GP All staff should wear badges with their name and role Locum When a patient is given an appointment, written information should be provided on who it is with and what their role is ■ Registrar/AiT Patients should be told who the appointment is with but no detailed explanation is required on different roles Other None of the above





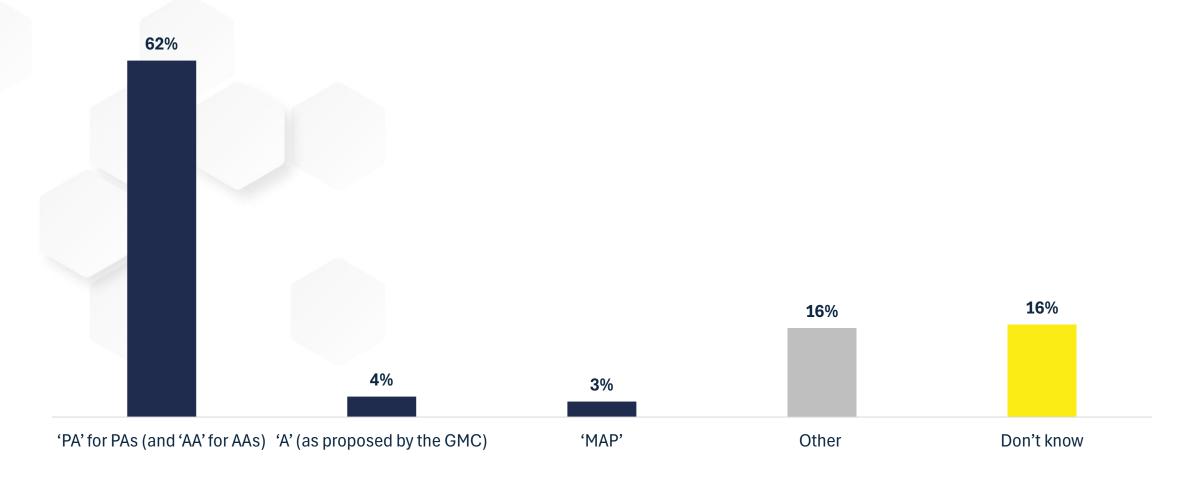
## Q35. What information should be made available to patients about PAs working in a practice?





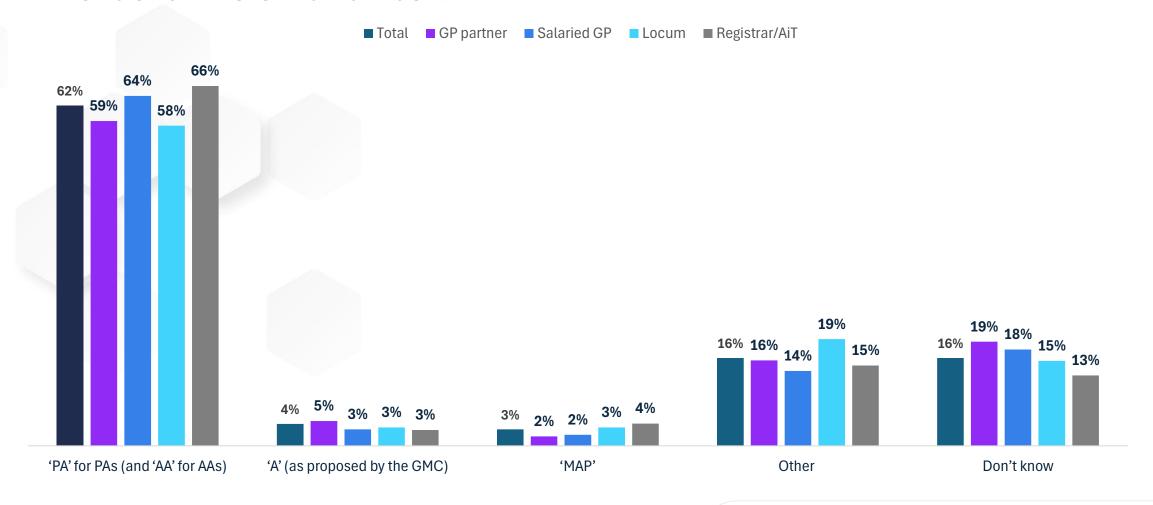


### Q36. If GMC regulation of PAs proceeds, what prefix do you think should be used in front of a PA's GMC number?





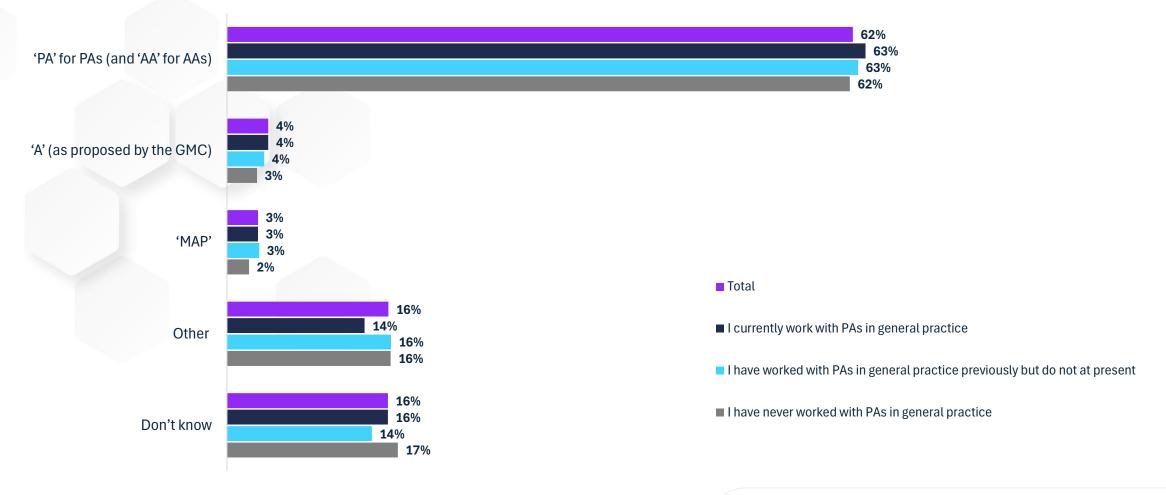
## Q36. If GMC regulation of PAs proceeds, what prefix do you think should be used in front of a PA's GMC number?







### Q36. If GMC regulation of PAs proceeds, what prefix do you think should be used in front of a PA's GMC number?







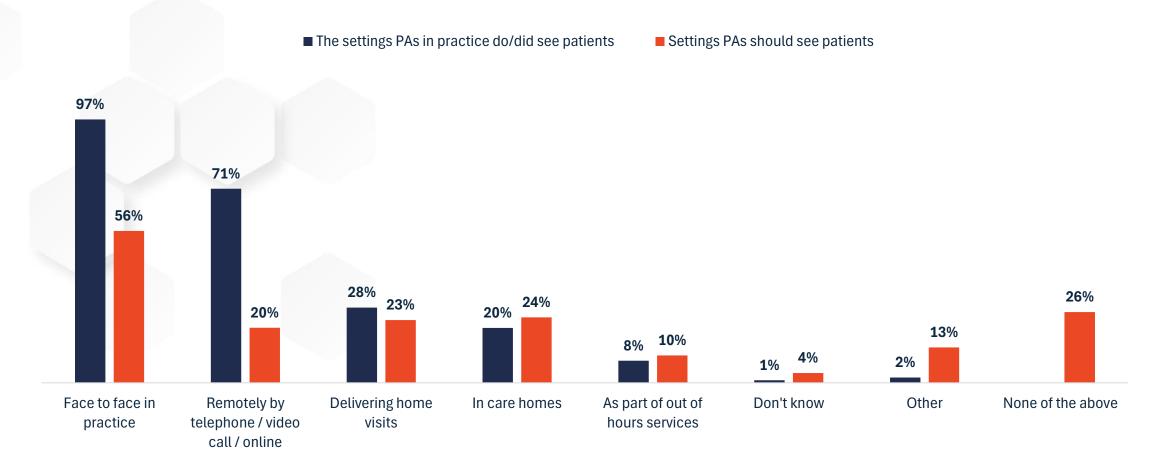
The following slides display comparisons of responses to sections 2 and 3 in order to aid understanding of the variations in responses regarding the ways PAs are currently working in general practice, compared to the ways respondents felt they should be working.



## Comparing Sections 2 and 3

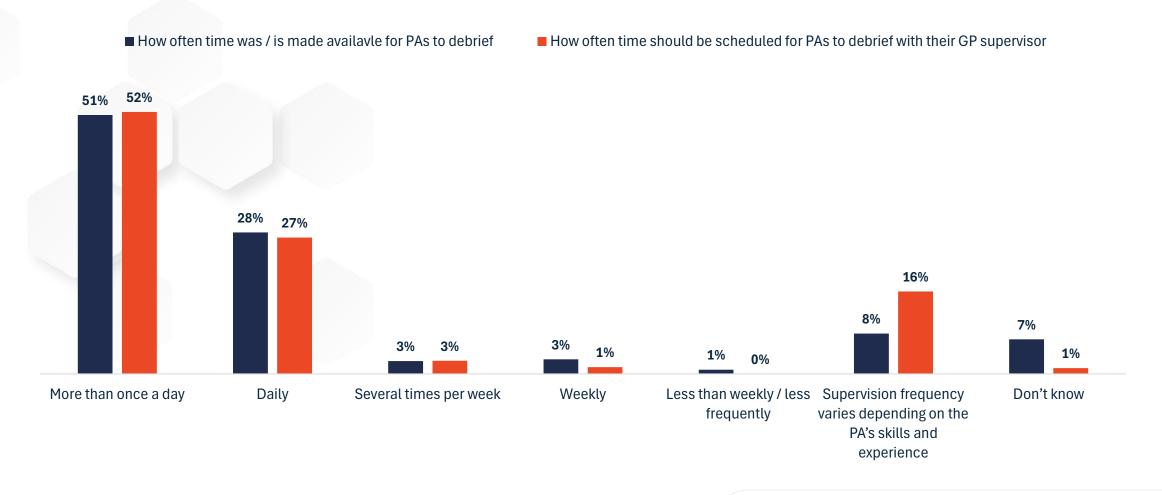


## Q13. In what setting do / did PAs in your practice see patients? / Q25. In what settings do you think PAs should see patients in general practice?





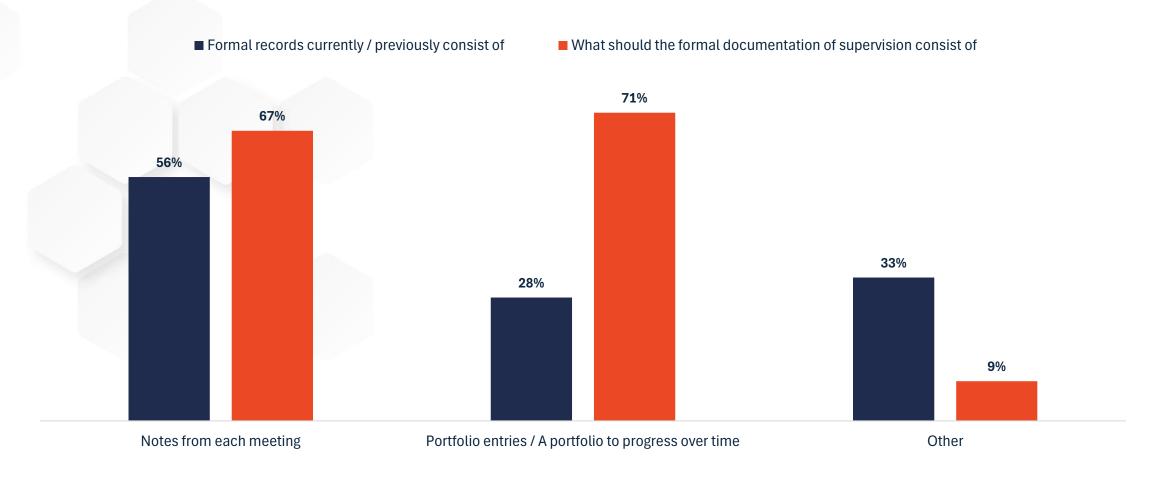
### Q14b. How often is / was this time scheduled for PAs to debrief with their GP supervisor? / Q26b. How often should time be scheduled for PAs to debrief with their GP supervisor?







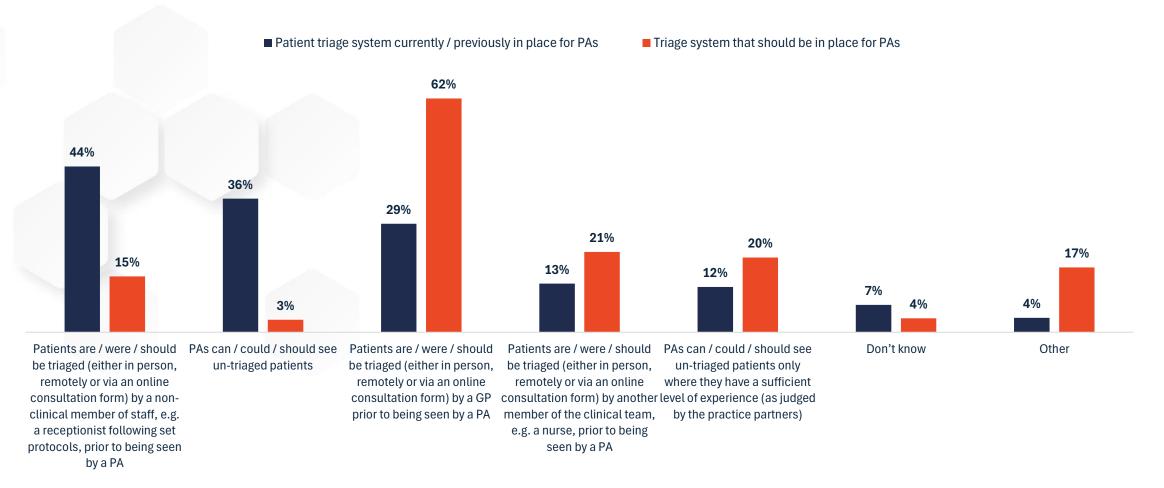
# Q14c. What do the formal records of supervision of PAs consist of? / Q26c. What should the formal documentation of supervision consist of?







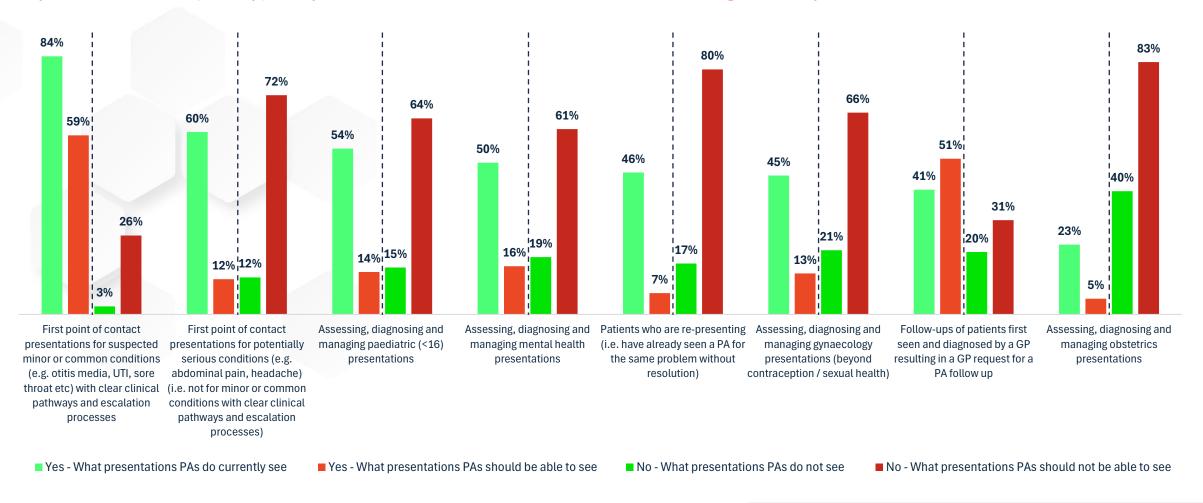
### Q15. What type of patient triage system do / did you have in place at your practice with regard to PAs? / Q29. What type of patient triage system do you think should be in place with regard to PAs?







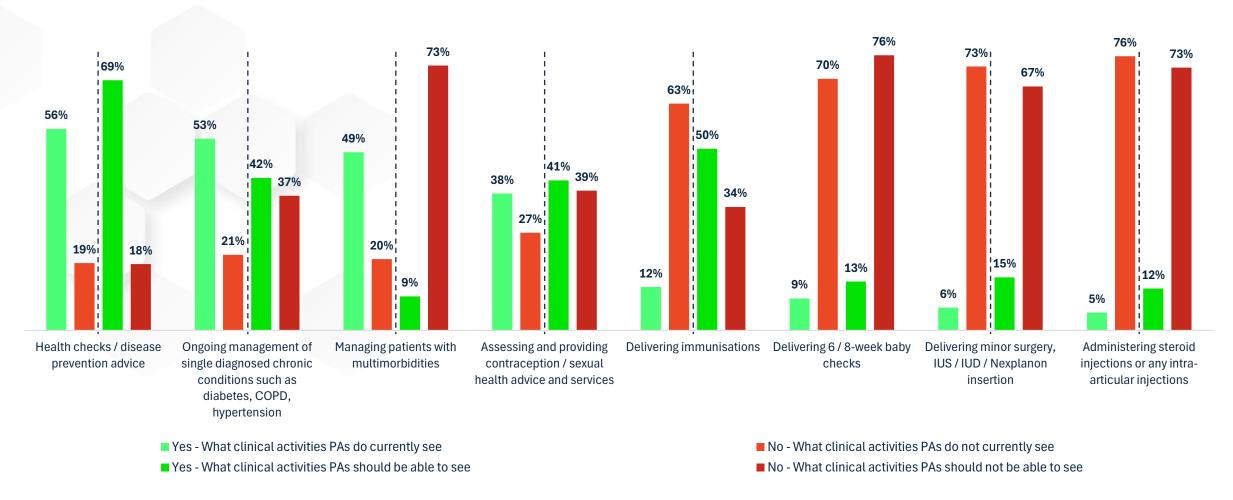
### Q16. Which types of presentations (if any) do / did PAs in your practice see? / Q30. Which types of presentations (if any) do you think PAs should be able to see in general practice?





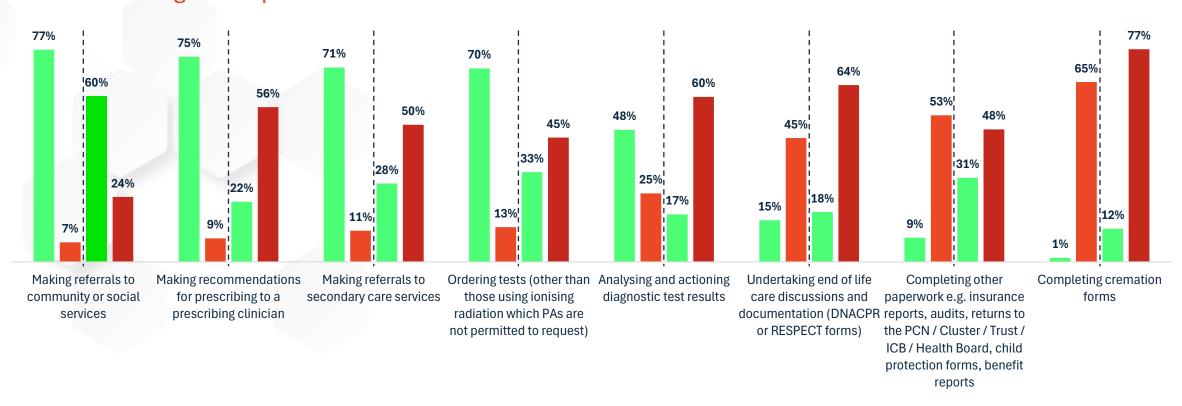


## Q17. Which clinical activities (if any) do / did PAs in your practice undertake? / Q31. Which clinical activities (if any) do you think PAs should be able to undertake in general practice?









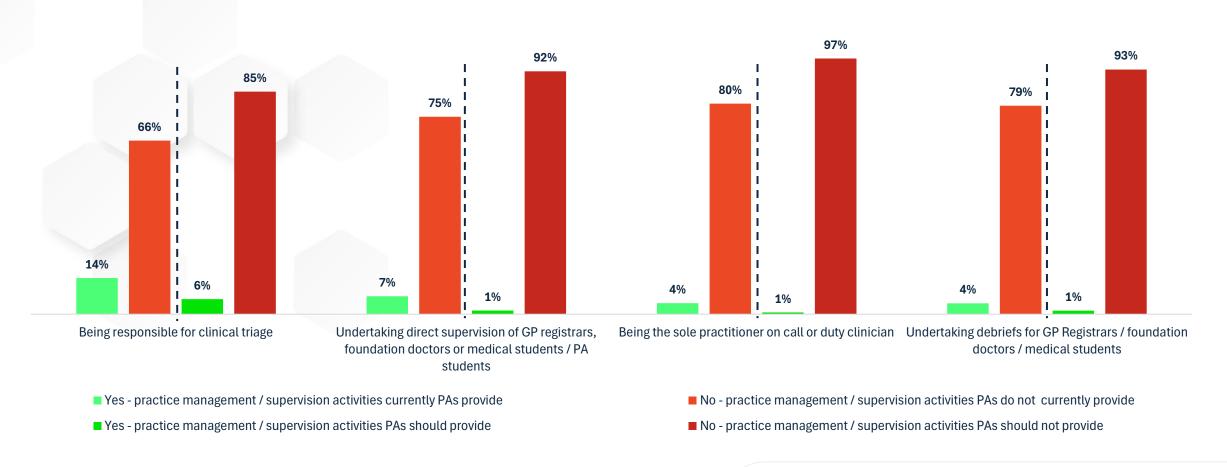
- Yes What other clinical / non-clinical activities PAs do currently see
- Yes What other clinical / non-clinical activities PAs should be able to see

- No What other clinical / non-clinical activities PAs do not currently see
- No What other clinical / non-clinical activities PAs should not be able to see





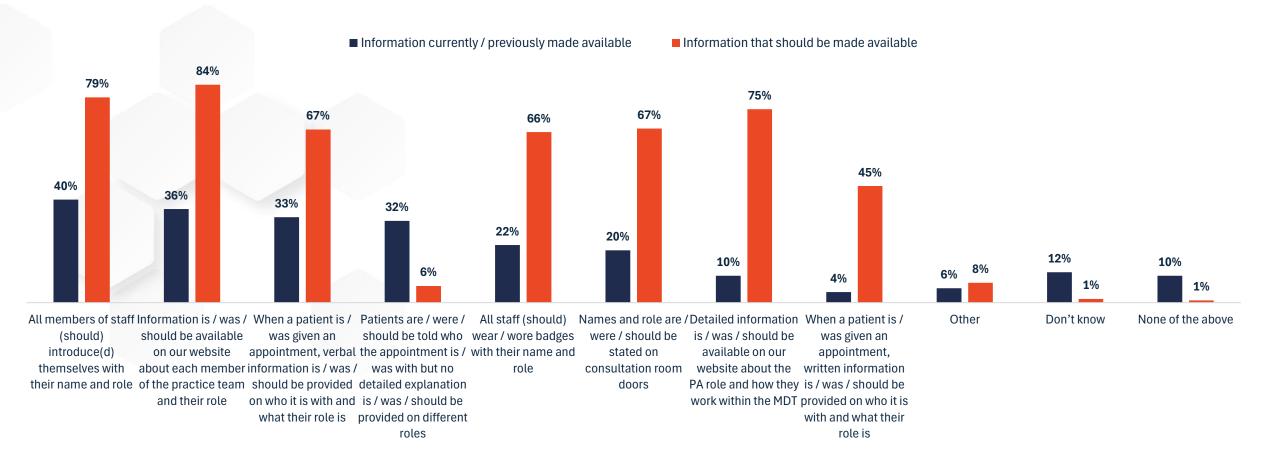
Q19. Which practice management and / or supervision activities (if any) do / did PAs in your practice provide? / Q33. Which practice management and / or supervision activities (if any) do you think PAs should be able to provide in general practice?







## Q23. What information is / was made available to patients about PAs working in your practice? / Q35. What information should be made available to patients about PAs working in a practice?







NB. Questions in this section were asked to all respondents.



Throughout this section, overall responses to each question are displayed, followed by a breakdown by role, and then by experience with PAs.

## Section 4: Benefits and risks of PAs in General Practice

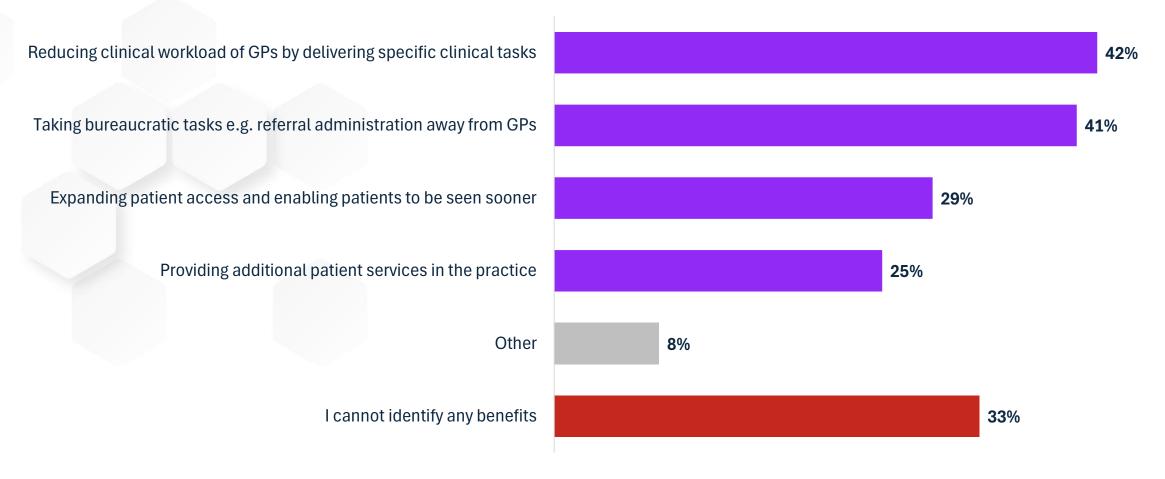






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# Q37. What benefits (if any) do you consider there to be from having a PA in general practice?

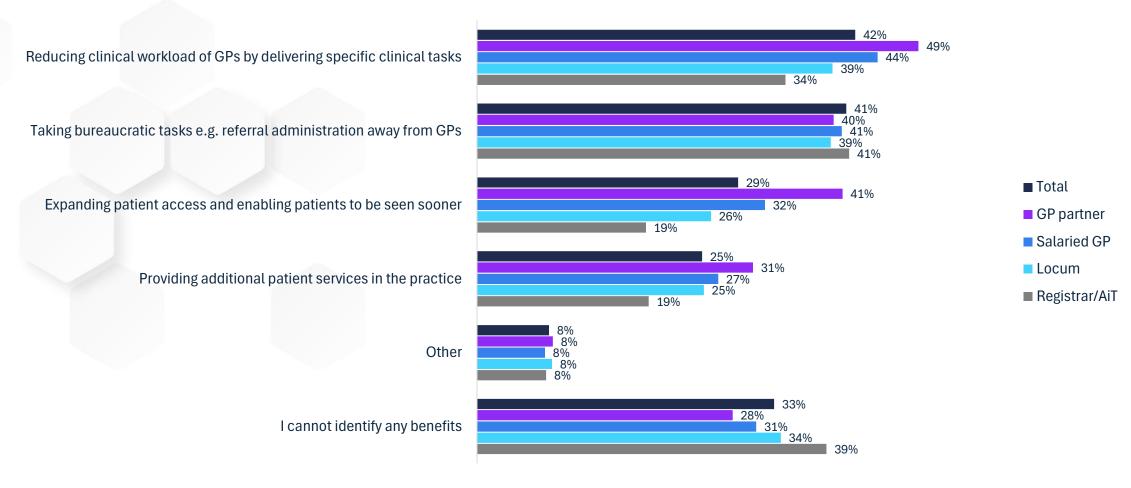






Research By Design | Report v 1:0

# Q37. What benefits (if any) do you consider there to be from having a PA in general practice?

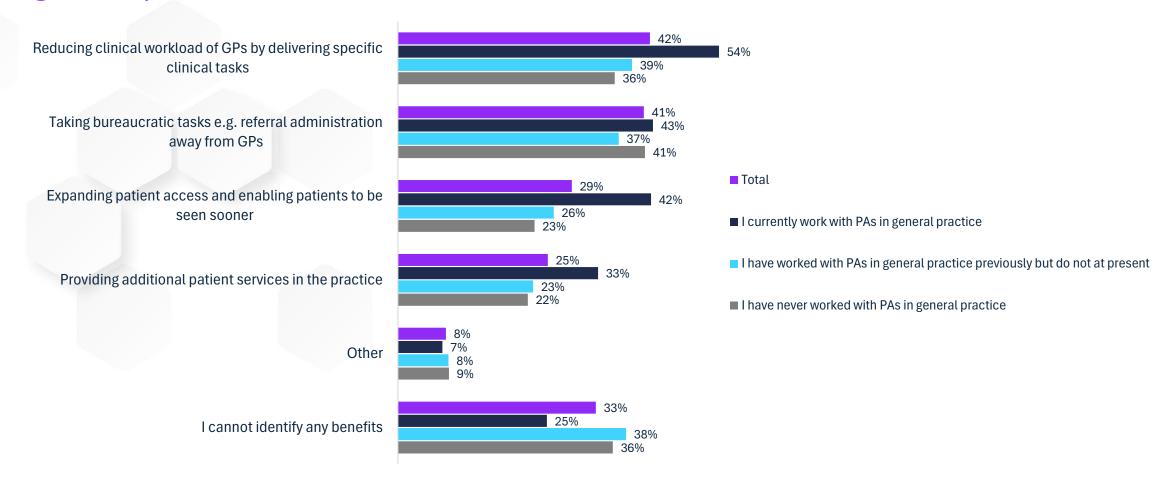






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## Q37. What benefits (if any) do you consider there to be from having a PA in general practice?







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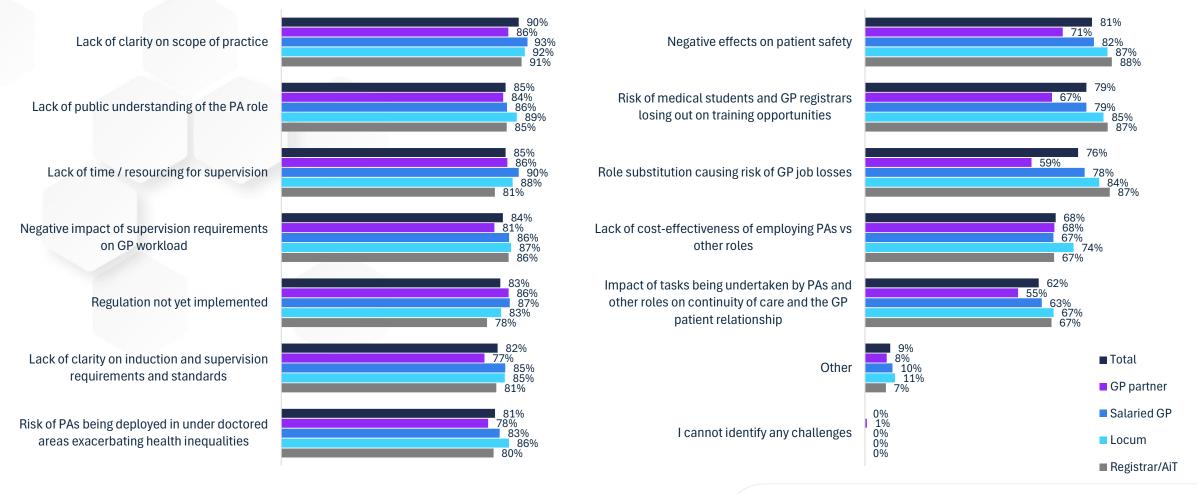
# Q38a. What challenges (if any) do you consider there to be with the use of PAs in general practice?







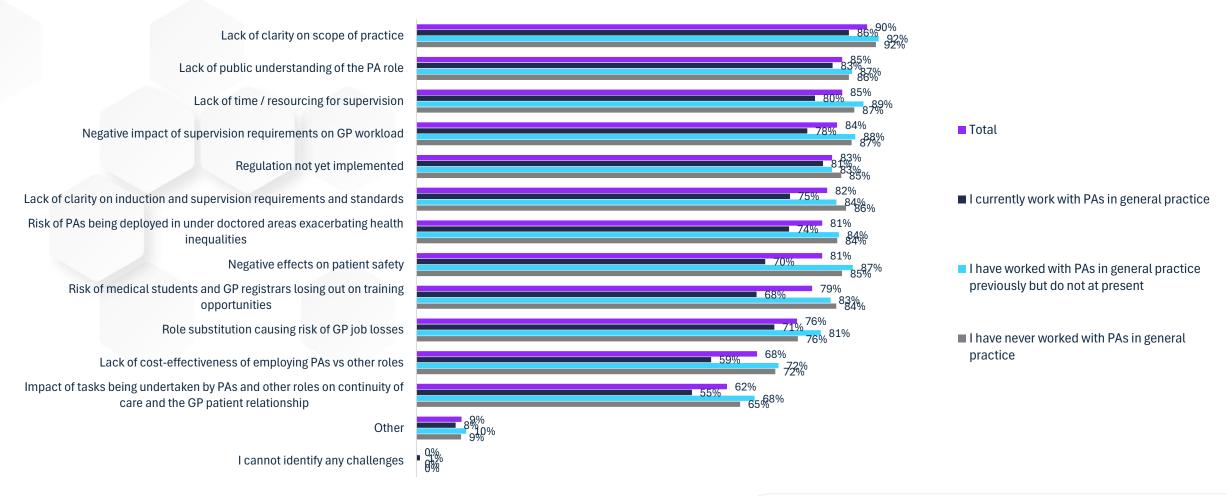
# Q38a. What challenges (if any) do you consider there to be with the use of PAs in general practice?

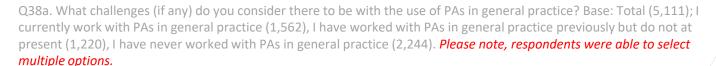






# Q38a. What challenges (if any) do you consider there to be with the use of PAs in general practice?

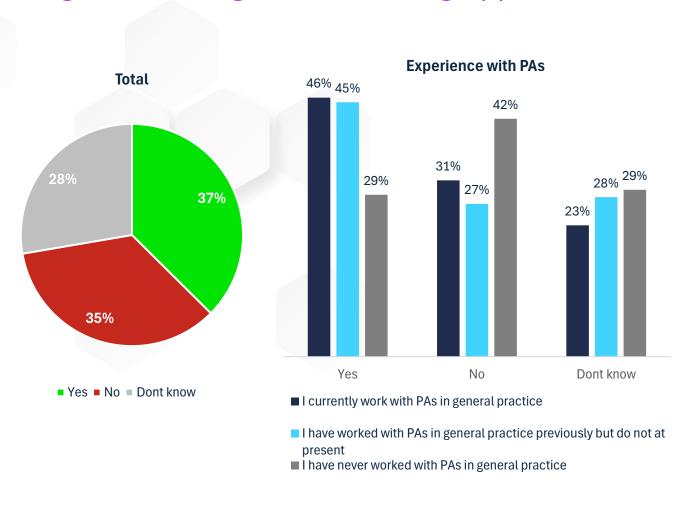


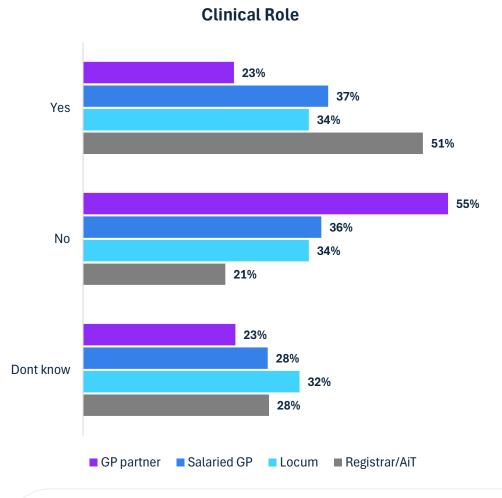






### Q38b. Are you aware of any specific examples of medical students and GP registrars losing out on training opportunities?



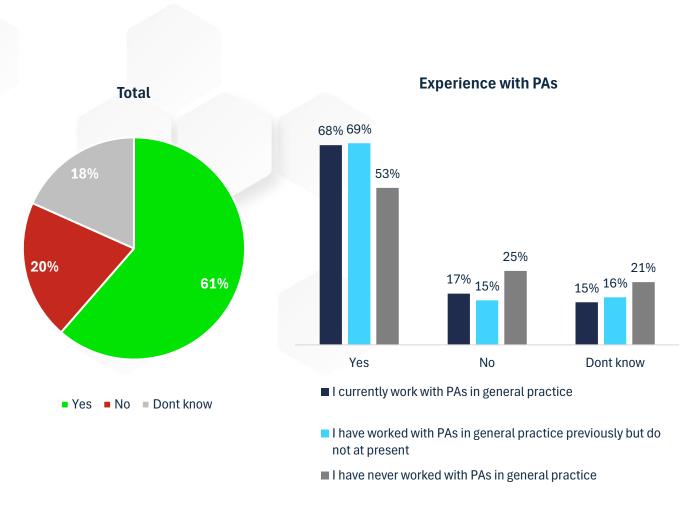


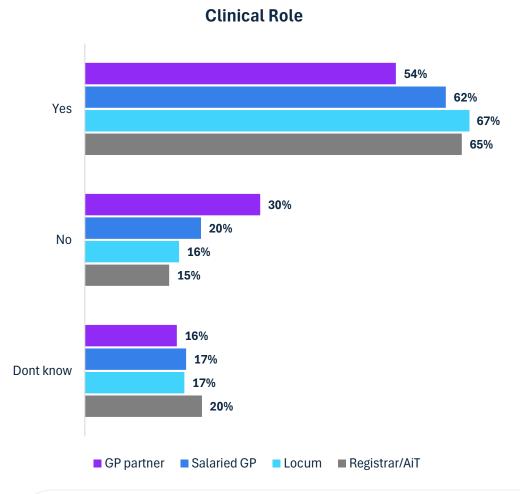




#### Q38c. Are you aware of any specific examples of negative effects on patient safety?

Base: Only asked to those who selected 'Negative effects on patient safety' at Q38a (81% / 4,128)









"A recent example is of a

lady that was depressed

that was seen by a PA 3

and had suicidal intention

times and diagnosed with menopause and put on HRT

until I saw her the 4th time and sorted her out for the

actual problem. She also

menopause symptoms!"

Registrar/AiT, England, Previously worked with PAs

did not have any

#### Theme 1: Misdiagnosis and diagnostic errors of PAs.

Free text analysis has been undertaken using **thematic coding**. This form of coding is where a randomised sample of the free text (10% of responses) are read, and key themes are noted. The themes are reported with a selection of the verbatim comments used to bring the themes to life in the reporting. This tells us the overall themes but it does not give a statistical value to the exact number of people who mentioned each theme or how this differs by subgroups.

Many responses highlight instances where PAs have made significant diagnostic errors.

Some respondents are aware of a case reported in the news where a young woman died due to a PA missing a pulmonary embolism. The media is a common information source where respondents hear of cases involving PAs. Meanwhile other respondents reported examples that they have seen within their own general practices. Commonly, these were examples of misdiagnoses of cancers, resulting in patients returning with a more advanced form of cancer.

Respondents often reported that the misdiagnoses were in their opinion due to lack of adequate training or experience in

recognising and accurately diagnosing medical conditions.

"I have seen PAs misdiagnose a number of simple cases e.g. tonsillitis, which was picked up on re-examining the patient. Which takes time. So therefore, more of a hindrance than benefit."

GP Partner, England, Previously worked with PAs

"I have an example of a case of melaena being overlooked. The patient returned two months later with advanced gastric cancer."

Locum, Scotland, Currently work with PAs

"A PA sent home a baby who was under 3 months with fever home when he should have been sent to A&E. Fortunately, this error was caught by an on-call GP."

Locum, England, Currently work with PAs

"The case of a young woman in the news who died of PE and several other late or missed diagnosis."

Registrar/AiT, England, Currently work with PAs





## Theme 2: Inappropriate prescribing and management.

Another key theme throughout the free text comments was **inappropriate prescribing**.

There are numerous responses indicating that PAs have been prescribing incorrect medications and dosages, and mismanaging treatment plans. This includes prescribing antibiotics inappropriately, failing to consider contraindications, and recommending treatments that are not suitable for the patient's condition.

Respondents thought that such issues were due to gaps in pharmacological knowledge and clinical decision-making skills as a result of PAs' lack of training and experience.

"Consistently poor standard of care, generating repeat appointments, delayed diagnoses, inappropriate tests, inappropriate requests for doctors to prescribe medications for patients seen by PAs, erosion of trust in the institution of general practice."

Registrar/AiT, England, Currently work with PAs "Basic pharmacology knowledge is zero with PAs. So, it is challenging to manage highly complex patients."

Registrar/AiT, England, Previously worked with PAs

"First hand discussions with PAs who lack clinical knowledge or differential diagnoses and lack of understanding of wider conditions or medications."

Registrar/AiT, England, Previously worked with PAs "A PA saw a child with back pain and red flags. They didn't ask my advice whilst the patient was present. After they had left, the PA asked me to prescribe naproxen and refer the patient to a physio. I had to call the patient back and refer for urgent paediatric appointment."

GP Partner, England, Previously worked with PAs

"I have seen inappropriate medication requests, including dangerous requests such as prescribing penicillin to those who are allergic."

Salaried GP, England, Currently work with PAs





#### Theme 3: Lack of communication to patients and GPs.

Respondents reported that a lack of adequate communication skills also appeared to be impacting patient safety.

- 1. There were concerns that PAs were **not introducing themselves to patients appropriately**, with patients assuming that they were talking to a doctor. Respondents felt that this misrepresentation of the PA role contributed to a false sense of security, where patients believed they had been accurately diagnosed by a fully qualified GP.
- 2. Miscommunication between PAs and GPs also appeared to be negatively impacting patient safety according to some of the respondents. In these instances, PAs were reported to be leaving out important information when relaying their cases to GPs or when referring the patients to GPs. In these examples, respondents believed PAs did not understand the importance of the wider context to making a diagnosis.

'PAs never identify as not a doctor. Just recently a patient was told to change their blood pressure medication that I had just initiated. On a follow up with me that I booked myself, when I asked why, they told me 'the other doctor advised' the change. I had to change back the management plan as per clinical guidelines and apologise that the previous consultation was not with a doctor."

Locum, England, Currently work with PAs

"I have seen PAs multiple times not introducing themselves as PAs or explaining their role which makes the patient falsely think they are [a doctor] and leads patients into a false sense of security."

Registrar/AiT, England, Currently work with PAs

"There have been several incidences where PAs have been seeing patients on their own without supervision, leading to incorrect diagnosis or care which led to significant delays in patient care."

Registrar/AiT, England, Previously worked with PAs

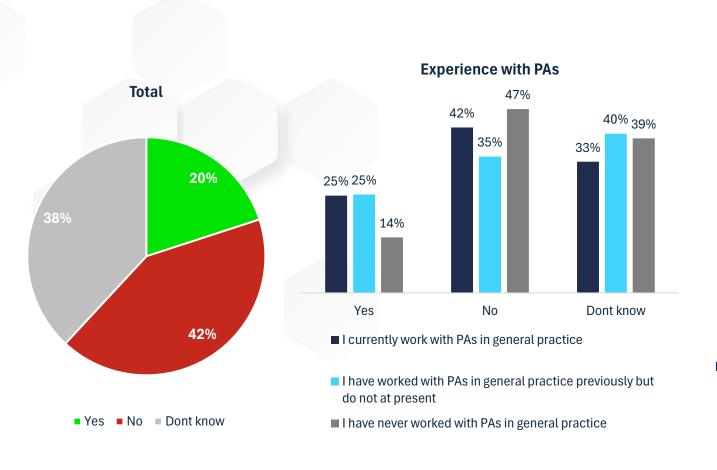
"Inappropriate referrals to secondary care [or appropriate referrals] lacking important information delaying patient care."

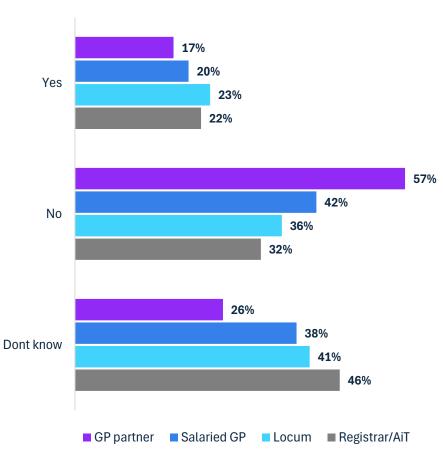
> Registrar/AiT, England, Previously worked with



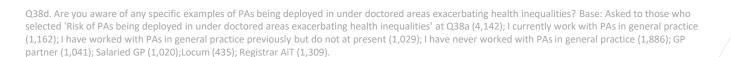


### Q38d. Are you aware of any specific examples of PAs being deployed in under doctored areas exacerbating health inequalities?





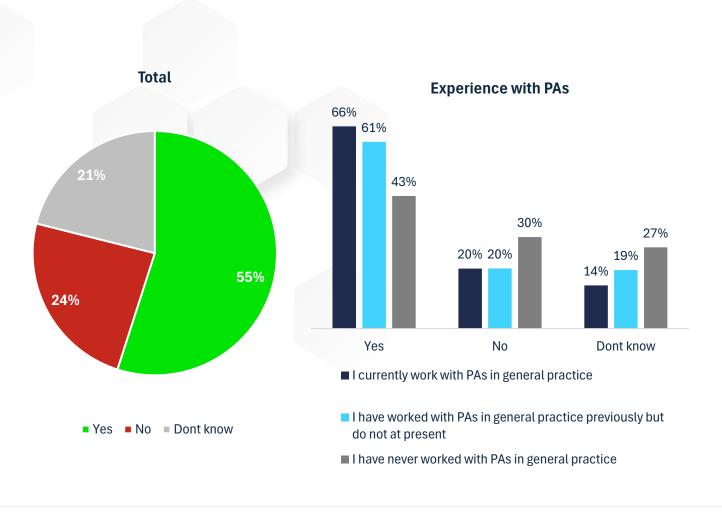
**Clinical Role** 

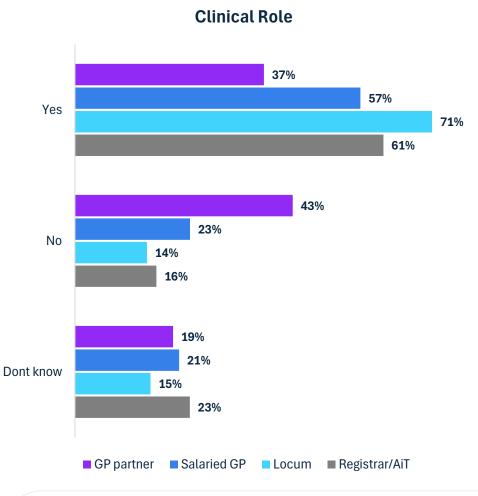






# Q38e. Are you aware of any specific examples of GP job losses due to role substitution by PAs?

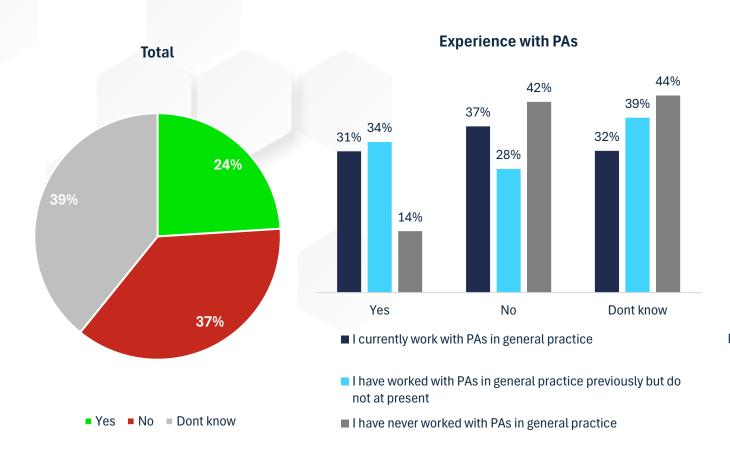


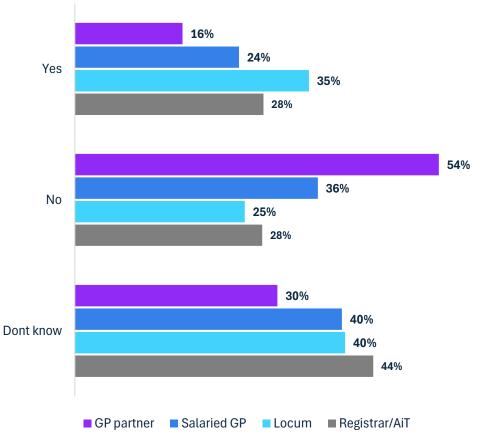






Q39. Apart from the lack of regulation and the lack of adequate resources for training, induction and supervision, are you aware of any cases where the RCGP's red lines in relation to PAs in general practice have been breached? **Clinical Role** 

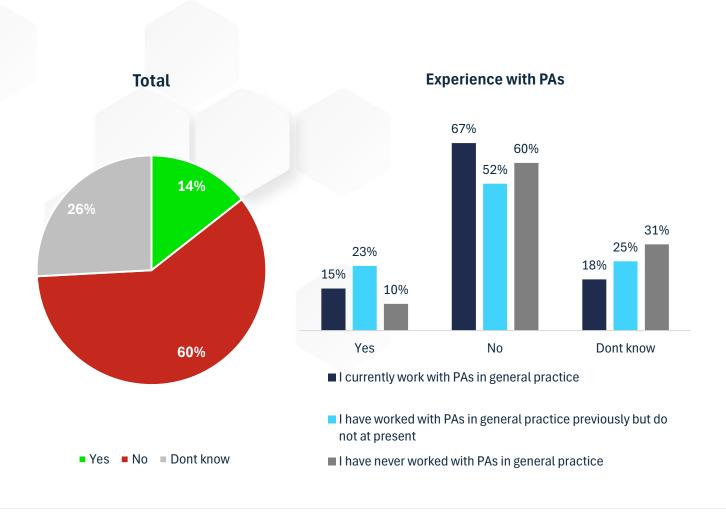


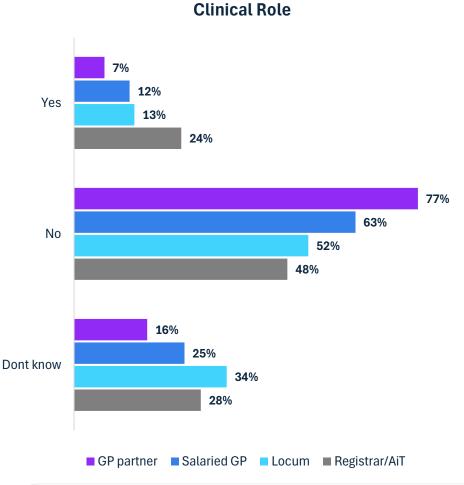






#### Q40. Are you aware of cases where GP Registrars / AiTs have been asked to supervise PAs?









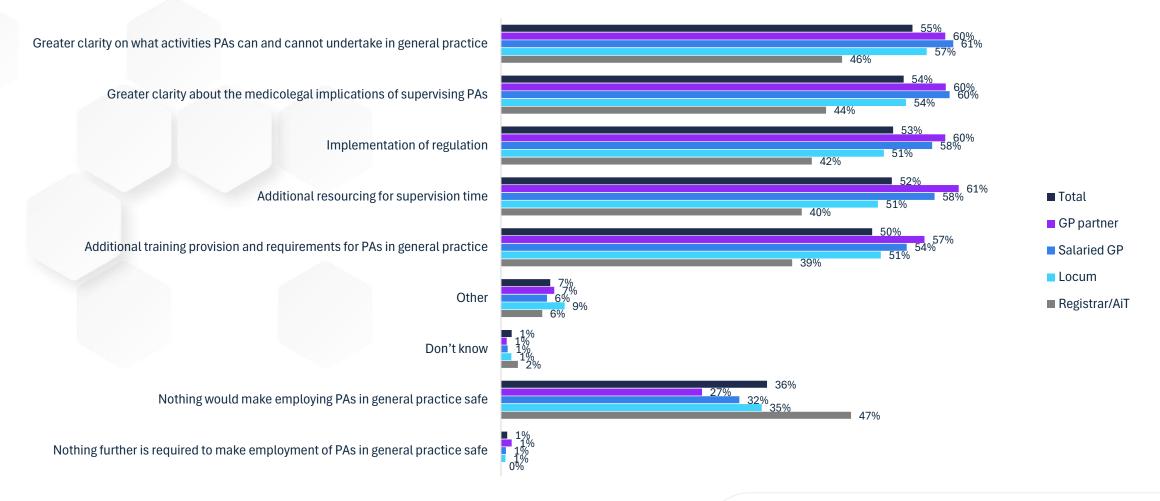
# Q41. What would need to be in place to ensure the safe and effective employment of PAs in general practice?

Greater clarity on what activities PAs can and cannot undertake in **55**% general practice Greater clarity about the medicolegal implications of supervising PAs **54**% Implementation of regulation 53% Additional resourcing for supervision time **52**% Additional training provision and requirements for PAs in general **50%** practice Other **7**% Don't know 1% Nothing would make employing PAs in general practice safe 36% Nothing further is required to make employment of PAs in general 1% practice safe





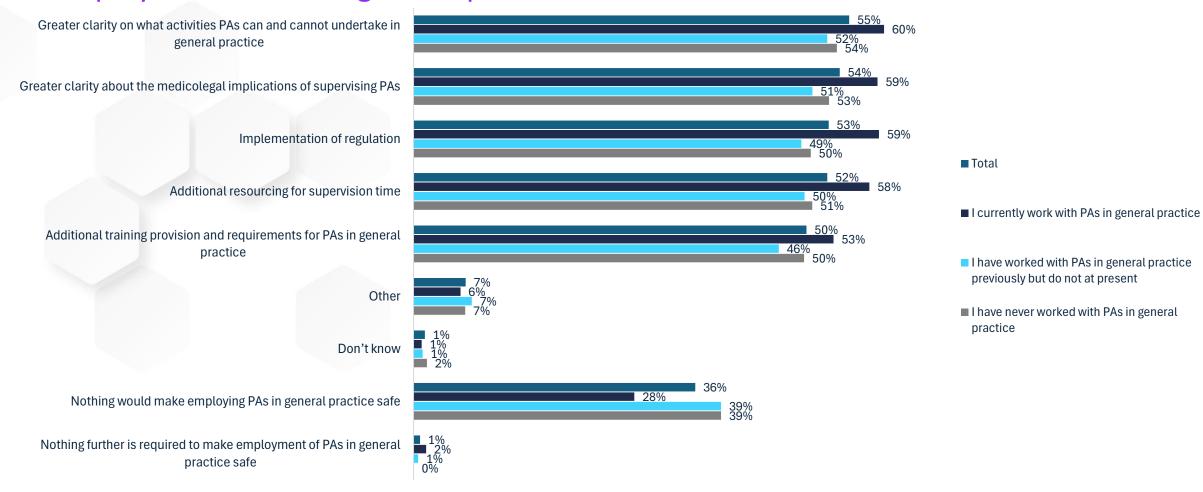
# Q41. What would need to be in place to ensure the safe and effective employment of PAs in general practice?







### Q41. What would need to be in place to ensure the safe and effective employment of PAs in general practice?







### Theme 1: Concerns about patient safety and quality of care.

Free text analysis has been undertaken using **thematic coding**. This form of coding is where a randomised sample of the free text (10% of responses) are read, and key themes are noted. The themes are reported with a selection of the verbatim comments used to bring the themes to life in the reporting. This tells us the overall themes but it does not give a statistical value to the exact number of people who mentioned each theme or how this differs by subgroups.

A significant proportion of members are concerned about the impact PAs could be having on patient safety, with members citing that **PAs lack the training and knowledge** to handle the complexities of general practice.

Many respondents express concerns that PAs haven't got sufficient training to deal with the broad range of **complex presentations** which can be seen in general practice; this lack of training in their opinion can lead to serious medical errors and compromised safety. Comments such as "PAs should not be employed in general practice" and "I have seen too many bad PAs to make up for any good ones" reflect a significant apprehension about the quality of care provided by PAs.

"I think the role of PA has potential, however, as it currently stands, they are significantly undertrained, and this is putting patient safety at significant risk."

Registrar/AiT, England, Currently work with PAs "PAs are not safe. Their knowledge base is variable and basic...Their clinical knowledge is poor & complex cases stifles them."

GP Partner, England, Currently work with PAs

"Employing PAs are a nice idea, but don't deliver the work patients need in the same way doctors or nurses do. Focus on that and stop trying to train people on the cheap. You get a cheaper quality outcome in patient care."

GP Partner, England, Currently work with PAs

"PAs shouldn't be in general practice. They are seeing undifferentiated patients with potentially no fail safe. There is not enough time to debrief with the GP after every patient. Furthermore, they have unknown unknowns about their competency which is a danger to patients."

Registrar/AiT, England, Currently work with PAs

"PAs should be able to provide safe patient care, but only in a carefully selected group of patients. They are not safe to be assessing undifferentiated illness."

GP Partner, England, Previously worked with PAs

"PAs are not safe to use with undifferentiated patients - they have no place in general practice. This is a patient safety issue and a scandal; it is disgraceful how patients are currently being put at risk."

> Registrar/AiT, Northern Ireland, Currently work with PAs





### Theme 2: Impact on GP workload and professional identity.

As a result of the perceived lack of clinical knowledge held by PAs, members were keen to stress the **amount of supervision time required** to safely monitor PAs within general practice.

Members reported that this additional supervision ultimately **increases the** workload for GPs, whilst also detracting from their own clinical responsibilities. As a result of the increase workload, a number of members reported either feeling burntout, or worried about other general practitioners who were looking to leave the profession as they were struggling to cope with the increased demands.

Additionally, there was a sense that employing PAs devalues the extensive training and expertise of GPs, and **undermines professional identity**.

"PAs through no fault of their own, do not have the depth or breadth of knowledge to work in general practice. For the cost of PA and the supervision requirements needed we are wasting resources that would better be invested in [traditional] GPs."

GP Partner, England, Currently work with PAs

"I would be reluctant to employ another PA. Their remit is too limited, and the risks / supervision requirements outweigh the benefits."

GP Partner, England, Previously worked with PAs

"I think in order to allocate enough time for adequate supervision of a PA, you would have to significantly reduce the supervising GPs clinical activities that day - to such an extent that there would be no benefit to having a PA, compared with a GP."

Registrar/AiT, England, Currently work with PAs

"It is currently very worrying and very counter proactive to supervise PA's, it greatly increases workload and is a hindrance rather than a help."

GP Partner, England, Currently work with PAs

"We are lucky that out PA is very experienced, with them having a background in healthcare prior to becoming a PA. She runs everything by us, and her decisions always seem sensible. I am worried that we did not fully understand the requirements for supervising and employing a PA when we took her on. With the development of the role, it is going to require us to spend more time reviewing her work to cover us medicolegally, which is then not cost effective."

GP Partner, Scotland, Currently work with PAs





#### Theme 3: Preference for investing more in GPs over PAs.

A recurring theme was the preference for funding and **employing more GPs** rather than introducing PAs into general practice.

Respondents argued that the solution to the primary care crisis lies in increasing the number of fully trained GPs rather than relying on PAs. This group largely saw **PAs as a cost-cutting measure** that **compromised the quality of patient care**.

Furthermore, employing PAs was seen as a temporary, short-term measure.

There was a call by several respondents for better support and training for GPs, including suggestions like funding GP training / apprenticeships and GP retention initiatives.

"I do not feel that physicians' associates are needed in general practice. The investment should be in more GPs and more practice nurses."

Locum, Wales, Never worked with PAs

"I believe the expansion of the PA role is a short-sighted political tactic. I feel sorry for the PAs who were sold a lemon of a career opportunity."

Registrar/AiT, England, Previously worked with PAs

"PAs are not a long-term sustainable solution to any problem in general practice. What is required is more funding for more GPs - we are the most efficient and effective staff for delivering care in general practice."

GP Partner, England, Never worked with PAs

"I have no objection to any individual clinician, but I feel the lack of clarity regarding the role is unfair to all concerned and a potential safety issue in the undifferentiated case mix of primary care. While help to achieve specific tasks is always welcome, I have seen the temptation for hard pressed practices to use PAs more as substitute GPs. I feel the investment would be better placed in securing more individuals who have completed the full breadth of medical and GP training to widen their outlook and experience."

GP Partner, England, Previously worked with PAs

"I would rather overall investment be made in GP training, development and retention as well as practice nursing."

GP Partner, England, Currently work with PAs





### Theme 4: Not all members have negative experiences of PAs.

Whilst the majority of the comments were emphasising the negative aspects of employing PAs, it should be noted that there were some respondents who cited the benefits of PAs.

The positive free text comments typically came from those who worked with PAs and where the PAs had been able to **support the practices** and **reduce workload**.

However, even amongst those who were positive about PAs, the majority believed there needs to be **better regulation** and **better-defined scope of practice** and **supervision**.

"There is a role for PAs in general practice - once regulated and scope of practice defined, they will Improve patient access and care."

Registrar/AiT, Northern Ireland, Never worked with PAs "I think there is a place for PAs. I think PAs should be able to assist the current team but should not replace the role that a GP provides. There should be robust systems in place to allow time and resource for supervision, with clear escalation processes and all of this needs to take into account the time required by GPs and other team members to be able to supervise."

GP Partner, England, Currently work with PAs

"Our PA is an invaluable member of our team who we provide with support and training. I feel there is an 'anti-PA' climate at the moment and a danger that many excellent PAs are having their professional reputation tarnished due to a few poor ones. This is compounded by a 'land grab' by some vocal doctors who inappropriately view doctors as far superior to other medical professionals, which is just not correct."

GP Partner, England, Currently work with PAs

"I have worked with some fabulous PAs who are very knowledgeable, safe and skilled. I do support this role. I am keen to have regulation in place and a definition of what is meant by supervision arrangements."

GP Partner, England, Currently work with PAs

"My experience with PAs is positive and I think there is a role for them in general practice. I don't think they are a threat to the medical work force and would be broadly supportive of the current process. My only concern is not having enough time for supervision of what is now an extensive non-medical work force and increasing numbers of trainee doctors while patients still demand to see me for continuity."

GP Partner, England, Currently work with PAs



