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

What is your member grade? Base: Total respondents from PA survey (5,112).
Section 1: About You

NB. Questions in this section were asked to all respondents.
Q1a. Where do you currently work? Base: Asked to all (5,112 respondents).

- England: 84%
- Scotland: 7%
- Wales: 4%
- Northern Ireland: 2%
- Republic of Ireland: 0%
- Outside of UK and Ireland: 1%
Q1b. How would you describe your current role?

- Registrar/AiT: 32%
- GP partner: 26%
- Salaried GP: 24%
- Locum: 10%
- I am not currently practising as a clinician in general practice: 4%
- Other: 3%
- I work in out of hours services: 1%

Q1b. What is your main clinical role? Base: Asked to all (5,112 respondents).
Q2. Which of the following describes how you think of yourself? Base: Asked to all (5,111 respondents).
Q3. What is your age?

- 18-24: 0%
- 25-34: 32%
- 35-44: 31%
- 45-54: 20%
- 55-64: 13%
- 65+: 5%

Base: Asked to all (5,112 respondents).
Q4. Thinking about the practice role you currently work in most of the time, approximately, how many patients does your practice serve? Base: Asked to all (5,112 respondents).
Q5. Have you had experience of working with PAs in general practice?

- I currently work with PAs in general practice: 31%
- I have worked with PAs in general practice previously but do not at present: 24%
- I have never worked with PAs in general practice: 44%
- Not sure: 2%

Q5. Have you had experience of working with PAs in general practice? Base: Asked to all (5,112 respondents).
Q6. In what capacity have you had experience of working with PAs in general practice? Base: Only asked to those who currently (1,562 respondents) work or previously worked (1,220 respondents) with PAs at Q5.

<table>
<thead>
<tr>
<th>Role</th>
<th>Currently</th>
<th>Previously</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working alongside PAs as part of MDT</td>
<td>40%</td>
<td>31%</td>
</tr>
<tr>
<td>Supervise PAs</td>
<td>33%</td>
<td>28%</td>
</tr>
<tr>
<td>Employ PAs</td>
<td>26%</td>
<td>18%</td>
</tr>
<tr>
<td>Involved in training of PAs in general practice</td>
<td>16%</td>
<td>20%</td>
</tr>
<tr>
<td>Involved in assessing PAs in another way</td>
<td>8%</td>
<td>17%</td>
</tr>
<tr>
<td>Involved in training of PAs in other settings e.g. higher education institution</td>
<td>7%</td>
<td>10%</td>
</tr>
<tr>
<td>I have worked with PAs in another way</td>
<td>8%</td>
<td>17%</td>
</tr>
<tr>
<td>Employ PAs</td>
<td>4%</td>
<td>9%</td>
</tr>
</tbody>
</table>
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?

56% Via a Primary Care Network (i.e. as part of the Additional Roles Reimbursement Scheme), Cluster or Health Board
40% Directly by the practice
15% Don't know
5% Other

GP Partner responses:
- Via a Primary Care Network (i.e. as part of the Additional Roles Reimbursement Scheme), Cluster or Health Board: 69%*
- Directly by the practice: 38%
- Don't Know: 2%*
- Other: 9%*

Q7. How are/were the PAs you work with employed? Base: Asked to those who currently or have previously worked with PAs (2,782 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.
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)

- With the aim of tackling workload pressures for the practice: 50%
- Felt PAs could offer useful support roles in the practice: 46%
- With the aim of expanding access for patients: 38%
- Unable to recruit enough GPs (not enough applicants): 24%
- Unable to afford to pay GPs: 20%
- I wasn’t involved in the decision: 11%
- Don’t know: 1%
- Other: 21%

Please note, respondents were able to select multiple options.
**Q9.** What induction arrangements do / did you have in place for new PAs working at your practice or within your network / cluster / health board?

<table>
<thead>
<tr>
<th>Induction Arrangement</th>
<th>Percentage</th>
<th>GP Partners only:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Induction is / was provided as needed by practice staff</td>
<td>26%</td>
<td>52%*</td>
</tr>
<tr>
<td>The employer conducts / conducted a training needs analysis for PAs when they come / came into post</td>
<td>20%</td>
<td>47%*</td>
</tr>
<tr>
<td>There are / were induction documents and plans in place for newly recruited PAs</td>
<td>19%</td>
<td>41%*</td>
</tr>
<tr>
<td>PAs working with us are / were expected to complete a primary care preceptorship (defined in glossary)</td>
<td>10%</td>
<td>25%*</td>
</tr>
<tr>
<td>Don't know</td>
<td>56%</td>
<td>15%*</td>
</tr>
</tbody>
</table>

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

GP Partner responses:
- Training in general practice more generally: 83%*
- Training in a specific field of general practice: 27%
- Don't know: 6%*
- Other: 4%

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.
Q11. Is / was funding available for PAs working at your practice to take preceptorships?

**GP Partner responses:**
- Yes: 65%*
- No: 17%
- Don't Know: 17%*

* The difference between these responses from GP Partners and those from other roles is statistically significant.

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).
Q12. Approximately, how much time per week was required from the clinicians supervising the preceptorship?

GP Partner responses:
- Less than 1 hour: 2%*
- 1 to 4 hours: 49%
- 5 to 10 hours: 19%
- 10+ hours: 10%
- Don't know: 20%*
Q13. In what setting do / did PAs in your practice see patients?

<table>
<thead>
<tr>
<th>Setting</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face to face in practice</td>
<td>97%</td>
</tr>
<tr>
<td>Remotely by telephone/ video call/ online</td>
<td>71%</td>
</tr>
<tr>
<td>Delivering home visits</td>
<td>28%</td>
</tr>
<tr>
<td>In care homes</td>
<td>20%</td>
</tr>
<tr>
<td>As part of out of hours services</td>
<td>8%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>1%</td>
</tr>
<tr>
<td>Other</td>
<td>2%</td>
</tr>
</tbody>
</table>

**GP Partner responses:**
- Face to face in practice: 96%*
- Remotely by telephone/video call/ online: 63%*
- Delivering home visits: 22%*
- In care homes: 22%*
- As part of out of hours services: 4%*
- Don’t know: 0%
- Other: 3%*

Q13. In what setting do / did PAs in your practice see patients? Base: Asked to those who currently or have previously worked with PAs (2,782 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.
Q14. What clinical supervision and / or clinical advice arrangements do / did you have in place for PAs in your practice?

- 51% of respondents said PAs have / had a named GP supervisor.
- 44% of respondents said in addition to having a named GP supervisor, PAs are / were able to seek clinical advice if needed from any GP on site / on shift.
- 44% of respondents said there is / was scheduled time for PAs to debrief with their GP supervisor.
- 25% of respondents said PAs are / were regularly able to speak to their GP supervisor where there are gaps in appointments, but no time is / was scheduled for regular supervision.
- 24% of respondents said PAs do / did not have a named GP supervisor but instead can / could seek clinical advice if needed from any GP on site / on shift.
- 12% of respondents said formal records of supervision of PAs are / were kept.
- 8% of respondents said they don’t know.
- 4% of respondents said other.

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

GP Partner responses:
- More than once a day: 66%*
- Daily: 21%*
- Several times per week: 3%*
- Weekly: 4%
- Less than weekly: 0%
- Supervision frequency varies depending on the PA's skills and experience: 6%
- Don't know: 0%*

* The difference between these responses from GP Partners and those from other roles is statistically significant.
Q14c. What do the formal records of supervision of PAs consist of? Base: All those who selected ‘Formal records of supervision of PAs are/were kept’ at Q14a (324 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.

GP Partner responses:
- Notes from each meeting: 62%
- Portfolio entries: 28%
- Other: 32%
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 following set protocols, prior to being seen by a PA**
  - 44%**
    - **GP Partners only:** 49%*

- **PAs can / could see un-triaged patients**
  - 36%**
    - **GP Partners only:** 21%*

- **Patients are / were triaged (either in person, remotely or via an online consultation form) by a GP prior to being seen by a PA**
  - 29%**
    - **GP Partners only:** 38%*

- **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 to being seen by a PA**
  - 13%**
    - **GP Partners only:** 12%*

- **PAs can / could see un-triaged patients only where they have a sufficient level of experience (as judged by the practice partners)**
  - 12%**
    - **GP Partners only:** 20%*

- **Don’t know**
  - 7%**
    - **GP Partners only:** 1%*

- **Other**
  - 4%**
    - **GP Partners only:** 5%*

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Q15. What type of patient triage system do / did you have in place at your practice with regard to PAs? Base: Asked to those who currently or have previously worked with PAs (2,782 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.
Q16. Which types of presentations (if any) do / did PAs in your practice see? Base: Asked to those who currently or have previously worked with PAs (2,782 respondents). * The difference between these responses from GP Partners and those from other roles is statistically significant.

<table>
<thead>
<tr>
<th>Type of Presentation</th>
<th>Yes (%)</th>
<th>No (%)</th>
<th>Sometimes (%)</th>
<th>Don't know (%)</th>
<th>GP Partners only 'Yes'</th>
</tr>
</thead>
<tbody>
<tr>
<td>First point of contact presentations for suspected minor or common conditions (e.g. otitis media, UTI, sore throat etc) with clear clinical pathways and escalation processes</td>
<td>84%</td>
<td>6%</td>
<td>7%</td>
<td>3%</td>
<td>88%*</td>
</tr>
<tr>
<td>First point of contact presentations for potentially serious conditions (e.g. abdominal pain, headache) (i.e. not for minor or common conditions with clear clinical pathways and escalation processes)</td>
<td>60%</td>
<td>12%</td>
<td>19%</td>
<td>10%</td>
<td>48%*</td>
</tr>
<tr>
<td>Assessing, diagnosing and managing paediatric (&lt;16) presentations</td>
<td>54%</td>
<td>15%</td>
<td>15%</td>
<td>15%</td>
<td>50%*</td>
</tr>
<tr>
<td>Assessing, diagnosing and managing mental health presentations</td>
<td>50%</td>
<td>19%</td>
<td>16%</td>
<td>16%</td>
<td>38%*</td>
</tr>
<tr>
<td>Patients who are re-presenting (i.e. have already seen a PA for the same problem without resolution)</td>
<td>46%</td>
<td>17%</td>
<td>20%</td>
<td>17%</td>
<td>27%*</td>
</tr>
<tr>
<td>Assessing, diagnosing and managing gynaecology presentations (beyond contraception / sexual health)</td>
<td>45%</td>
<td>21%</td>
<td>14%</td>
<td>19%</td>
<td>35%*</td>
</tr>
<tr>
<td>Follow-ups of patients first seen and diagnosed by a GP resulting in a GP request for a PA follow up</td>
<td>41%</td>
<td>20%</td>
<td>14%</td>
<td>25%</td>
<td>43%</td>
</tr>
<tr>
<td>Assessing, diagnosing and managing obstetrics presentations</td>
<td>23%</td>
<td>40%</td>
<td>8%</td>
<td>29%</td>
<td>11%*</td>
</tr>
</tbody>
</table>
Q17. Which clinical activities (if any) do / did PAs in your practice undertake?

<table>
<thead>
<tr>
<th>Clinical Activity</th>
<th>Yes (%)</th>
<th>No (%)</th>
<th>Sometimes (%)</th>
<th>Don’t know (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health checks / disease prevention advice</td>
<td>56%</td>
<td>19%</td>
<td>11%</td>
<td>15%</td>
</tr>
<tr>
<td>Ongoing management of single diagnosed chronic conditions</td>
<td>53%</td>
<td>21%</td>
<td>13%</td>
<td>13%</td>
</tr>
<tr>
<td>Disease prevention advice</td>
<td>53%</td>
<td>21%</td>
<td>13%</td>
<td>13%</td>
</tr>
<tr>
<td>Managing patients with multimorbidities</td>
<td>49%</td>
<td>20%</td>
<td>19%</td>
<td>12%</td>
</tr>
<tr>
<td>Assessing and providing contraception / sexual health advice</td>
<td>38%</td>
<td>27%</td>
<td>12%</td>
<td>24%</td>
</tr>
<tr>
<td>Delivering immunisations</td>
<td>12%</td>
<td>63%</td>
<td>4%</td>
<td>21%</td>
</tr>
<tr>
<td>Delivering 6 / 8-week baby checks</td>
<td>9%</td>
<td>70%</td>
<td>2%</td>
<td>20%</td>
</tr>
<tr>
<td>Delivering minor surgery, IUS / IUD / Nexplanon insertion</td>
<td>6%</td>
<td>73%</td>
<td>2%</td>
<td>19%</td>
</tr>
<tr>
<td>Administering steroid injections</td>
<td>5%</td>
<td>76%</td>
<td>1%</td>
<td>18%</td>
</tr>
</tbody>
</table>

* The difference between these responses from GP Partners and those from other roles is statistically significant.
Q18. Which other clinical and non-clinical activities (if any) do / did PAs in your practice undertake?

- Making referrals to community or social services: 77% Yes, 7% No, 9% Sometimes, 0% Don’t know
- Making recommendations for prescribing to a prescribing clinician: 75% Yes, 9% No, 9% Sometimes, 8% Don’t know
- Making referrals to secondary care services: 71% Yes, 11% No, 7% Sometimes, 11% Don’t know
- Ordering tests (other than those using ionising radiation which PAs are not permitted to request): 70% Yes, 13% No, 6% Sometimes, 12% Don’t know
- Analysing and actioning diagnostic test results: 48% Yes, 25% No, 12% Sometimes, 15% Don’t know
- Undertaking end of life care discussions and documentation (DNACPR or RESPECT forms): 15% Yes, 45% No, 6% Sometimes, 34% Don’t know
- Completing other paperwork e.g. insurance reports, audits, returns to the PCN / Cluster / Trust / ICB / Health Board, child protection forms, benefit reports: 9% Yes, 53% No, 3% Sometimes, 35% Don’t know
- Completing cremation forms: 1% Yes, 65% No, 1% Sometimes, 33% Don’t know

GP Partners only ‘Yes’: 77%
GP Partners only ‘Yes’: 68%*
GP Partners only ‘Yes’: 67%*
GP Partners only ‘Yes’: 73%*
GP Partners only ‘Yes’: 41%*
GP Partners only ‘Yes’: 12%*
GP Partners only ‘Yes’: 6%*
GP Partners only ‘Yes’: 0%*

Q18. Which other clinical and non-clinical activities (if any) do / did PAs in your practice undertake? Base: Asked to those who currently or have previously worked with PAs (2,782 respondents). * The difference between these responses from GP Partners and those from other roles is statistically significant.
Q19. Which practice management and/or supervision activities (if any) do/did PAs in your practice provide? Base: Asked to those who currently or have previously worked with PAs (2,782 respondents).

The difference between these responses from GP Partners and those from other roles is statistically significant.

- **Being responsible for clinical triage**
  - Yes: 14%
  - No: 66%
  - Sometimes: 7%
  - Don’t know: 13%
  - GP Partners only ‘Yes’: 7%*

- **Undertaking direct supervision of GP registrars, foundation doctors or medical students / PA students**
  - Yes: 7%
  - No: 75%
  - Sometimes: 5%
  - Don’t know: 13%
  - GP Partners only ‘Yes’: 3%*

- **Being the sole practitioner on call or duty clinician**
  - Yes: 4%
  - No: 80%
  - Sometimes: 3%
  - Don’t know: 13%
  - GP Partners only ‘Yes’: 1%*

- **Undertaking debriefs for GP Registrars / foundation doctors / medical students**
  - Yes: 4%
  - No: 79%
  - Sometimes: 3%
  - Don’t know: 14%
  - GP Partners only ‘Yes’: 2%*
Q21. What training and CPD arrangements do / did you have in place for PAs in your practice?

GP Partner responses:
- All PAs at my practice have/had annual appraisals: **59%**
- Training and CPD plans are/were in place for PAs at my practice: **54%**
- There is/was paid time available for CPD: **35%**
- Other: **12%**
- Don’t know: **18%**

Q21. What training and CPD arrangements do / did you have in place for PAs in your practice? Base: Asked to those who currently or have previously worked with PAs (2,782 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.
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%*

Q22. How likely do you think it is that PAs will continue to be employed at your practice in a year's time? Base: Those who currently work with PAs (1,562 respondents). * The difference between these responses from GP Partners and those from other roles is statistically significant.
Q23. What information is / was made available to patients about PAs working in your practice? Base: Those who currently work with PAs (1,562 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.
Section 3: How Should PAs Work?

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?

A training needs analysis should always be completed for PAs when they come into post: 61%

PAs should undertake specific additional training in general practice (beyond a preceptorship): 61%

All practices should have set induction documents and plans for new PAs: 60%

PAs should all have to complete a primary care preceptorship (defined in the glossary): 54%

PAs should spend 2-3 years in secondary care after qualifying, before coming out into general practice: 48%

Induction should be more ad hoc, depending on practice capacity and requirements: 8%

Don’t know: 4%

Other: 23%

Of those who selected ‘other’ and left a free text comment, 58.7% left a comment demonstrating their opposition to PAs. This equates to 13.4% of the total number of respondents to the survey.
Q24. What induction arrangements do you think should be in place for PAs in general practice?

Please note, respondents were able to select multiple options.
**Q24. What induction arrangements do you think should be in place for PAs in general practice?**

<table>
<thead>
<tr>
<th>Induction Arrangement</th>
<th>I currently work with PAs in general practice</th>
<th>I have worked with PAs in general practice previously but do not at present</th>
<th>I have never worked with PAs in general practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>A training needs analysis should always be completed for PAs when they come into post</td>
<td>68%</td>
<td>61%</td>
<td>61%</td>
</tr>
<tr>
<td>PAs should undertake specific additional training in general practice, beyond a preceptorship</td>
<td>56%</td>
<td>57%</td>
<td>54%</td>
</tr>
<tr>
<td>All practices should have set induction documents and plans for new PAs</td>
<td>64%</td>
<td>62%</td>
<td>55%</td>
</tr>
<tr>
<td>PAs should all have to complete a primary care preceptorship (defined in the glossary)</td>
<td>61%</td>
<td>60%</td>
<td>55%</td>
</tr>
<tr>
<td>PAs should spend 2-3 years in secondary care after qualifying, before coming out into general practice</td>
<td>53%</td>
<td>54%</td>
<td>53%</td>
</tr>
<tr>
<td>Induction should be more ad hoc, depending on practice capacity and requirements</td>
<td>48%</td>
<td>45%</td>
<td>45%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>8%</td>
<td>9%</td>
<td>9%</td>
</tr>
<tr>
<td>Other</td>
<td>7%</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td>Total</td>
<td>62%</td>
<td>61%</td>
<td>61%</td>
</tr>
</tbody>
</table>

**Please note, respondents were able to select multiple options.**
Q25. In what settings do you think PAs should see patients in general practice? Base: Asked to all (5,111 respondents). Please note, respondents were able to select multiple options.
Q25. In what settings do you think PAs should see patients in general practice?

Please note, respondents were able to select multiple options.
Q25. In what settings do you think PAs should see patients in general practice? Base: Total (5,111); I currently work with PAs in general practice (1,562); I have worked with PAs in general practice previously but do not at present (1,220); I have never worked with PAs in general practice (2,244).

Please note, respondents were able to select multiple options.

- Face to face in practice
- In care homes
- Delivering home visits
- Remotely by telephone / video call / online
- As part of out of hours services
- Don't know
- Other (please specify)
- None of the above

**Total**
- 56%
- 24%
- 23%
- 28%
- 33%
- 13%
- 29%
- 56%
- 24%
- 23%
- 28%
- 33%
- 13%
- 29%
- 56%

**I currently work with PAs in general practice**
- 55%
- 24%
- 28%
- 39%
- 17%
- 18%
- 26%

**I have worked with PAs in general practice previously but do not at present**
- 49%
- 23%
- 22%
- 30%
- 19%
- 19%
- 20%

**I have never worked with PAs in general practice**
- 49%
- 23%
- 22%
- 30%
- 19%
- 19%
- 20%
Q26. What clinical supervision and clinical advice arrangements do you think should be in place for PAs in general practice?

<table>
<thead>
<tr>
<th>Option</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>There should be scheduled time for PAs to debrief with their GP supervisor</td>
<td>71%</td>
</tr>
<tr>
<td>PAs should have a named GP supervisor</td>
<td>71%</td>
</tr>
<tr>
<td>Supervision should be formally documented</td>
<td>56%</td>
</tr>
<tr>
<td>In addition to having a named GP supervisor, PAs should be able to seek advice from any GP on site / on shift</td>
<td>52%</td>
</tr>
<tr>
<td>PAs should be able to speak to their GP supervisor where there are gaps in appointments but no time needs to be scheduled</td>
<td>14%</td>
</tr>
<tr>
<td>Don't know</td>
<td>3%</td>
</tr>
<tr>
<td>Other</td>
<td>23%</td>
</tr>
</tbody>
</table>

Of those who selected ‘other’ and left a free text comment, 45.2% left a comment demonstrating their opposition to PAs. This equates to 10.3% of the total number of respondents to the survey.
Q26. What clinical supervision and clinical advice arrangements do you think should be in place for PAs in general practice?

There should be scheduled time for PAs to debrief with their GP supervisor

- Total: 71%
- GP partner: 74%
- Salaried GP: 68%
- Locum: 66%
- Registrar/AiT: 77%

PAs should have a named GP supervisor

- Total: 71%
- GP partner: 73%
- Salaried GP: 73%
- Locum: 71%
- Registrar/AiT: 75%

Supervision should be formally documented

- Total: 56%
- GP partner: 58%
- Salaried GP: 58%
- Locum: 56%
- Registrar/AiT: 58%

In addition to having a named GP supervisor, PAs should be able to seek advice from any GP on site / on shift

- Total: 52%
- GP partner: 58%
- Salaried GP: 58%
- Locum: 52%
- Registrar/AiT: 68%

PAs should be able to speak to their GP supervisor where there are gaps in appointments but no time needs to be scheduled

- Total: 14%
- GP partner: 18%
- Salaried GP: 14%
- Locum: 12%
- Registrar/AiT: 13%

Don't know

- Total: 3%
- GP partner: 2%
- Salaried GP: 2%
- Locum: 2%
- Registrar/AiT: 4%

Other

- Total: 23%
- GP partner: 20%
- Salaried GP: 21%
- Locum: 25%
- Registrar/AiT: 28%

Q26. What clinical supervision and clinical advice arrangements do you think should be in place for PAs in general practice? Base: Total (5,111); GP partner (1,328); Salaried GP (1,232); Locum (504); Registrar/AiT (1,626). Please note, respondents were able to select multiple options.
Q26. What clinical supervision and clinical advice arrangements do you think should be in place for PAs in general practice?

There should be scheduled time for PAs to debrief with their GP supervisor
- Total: 71%
- I currently work with PAs in general practice: 77%
- I have worked with PAs in general practice previously but do not at present: 67%
- I have never worked with PAs in general practice: 62%

PAs should have a named GP supervisor
- Total: 71%
- I currently work with PAs in general practice: 78%
- I have worked with PAs in general practice previously but do not at present: 71%
- I have never worked with PAs in general practice: 64%

Supervision should be formally documented
- Total: 56%
- I currently work with PAs in general practice: 58%
- I have worked with PAs in general practice previously but do not at present: 57%
- I have never worked with PAs in general practice: 54%

In addition to having a named GP supervisor, PAs should be able to seek advice from any GP on site / on shift
- Total: 52%
- I currently work with PAs in general practice: 58%
- I have worked with PAs in general practice previously but do not at present: 49%
- I have never worked with PAs in general practice: 49%

PAs should be able to speak to their GP supervisor where there are gaps in appointments but no time needs to be scheduled
- Total: 21%
- I currently work with PAs in general practice: 21%
- I have worked with PAs in general practice previously but do not at present: 17%
- I have never worked with PAs in general practice: 9%

Don’t know
- Total: 3%
- I currently work with PAs in general practice: 3%
- I have worked with PAs in general practice previously but do not at present: 2%
- I have never worked with PAs in general practice: 3%

Other
- Total: 16%
- I currently work with PAs in general practice: 22%
- I have worked with PAs in general practice previously but do not at present: 28%
- I have never worked with PAs in general practice: 23%

Please note, respondents were able to select multiple options.
Q26b. How often should time be scheduled for PAs to debrief with their GP supervisor?

- More than once a day: 52%
- Daily: 27%
- Several times per week: 3%
- Weekly: 1%
- Less frequently: 0%
- Supervision frequency should vary depending on the PA's skills and experience: 16%
- Don't know: 1%
Q26b. How often should time be scheduled for PAs to debrief with their GP supervisor?

- More than once a day: Total 52%, GP partner 53%, Salaried GP 53%, Locum 53%, Registrar/AiT 52%
- Daily: Total 27%, GP partner 25%, Salaried GP 25%, Locum 30%, Registrar/AiT 24%
- Several times per week: Total 3%, GP partner 3%, Salaried GP 3%, Locum 3%, Registrar/AiT 1%
- Weekly: Total 3%, GP partner 1%, Salaried GP 1%, Locum 1%, Registrar/AiT 0%
- Supervision frequency should vary: Total 16%, GP partner 16%, Salaried GP 18%, Locum 17%, Registrar/AiT 15%
- Don’t know: Total 1%, GP partner 1%, Salaried GP 1%, Locum 1%, Registrar/AiT 2%
Q26b. How often should time be scheduled for PAs to debrief with their GP supervisor?

- **More than once a day:**
  - Total: 52%
  - I currently work with PAs in general practice: 53%
  - I have worked with PAs in general practice previously but do not at present: 57%
  - I have never worked with PAs in general practice: 50%

- **Daily:**
  - Total: 27%
  - I currently work with PAs in general practice: 28%
  - I have worked with PAs in general practice previously but do not at present: 26%
  - I have never worked with PAs in general practice: 28%

- **Several times per week:**
  - Total: 23%
  - I currently work with PAs in general practice: 24%
  - I have worked with PAs in general practice previously but do not at present: 22%
  - I have never worked with PAs in general practice: 25%

- **Weekly:**
  - Total: 20%
  - I currently work with PAs in general practice: 21%
  - I have worked with PAs in general practice previously but do not at present: 21%
  - I have never worked with PAs in general practice: 20%

- **Less frequently:**
  - Total: 16%
  - I currently work with PAs in general practice: 16%
  - I have worked with PAs in general practice previously but do not at present: 16%
  - I have never worked with PAs in general practice: 16%

- **Supervision frequency should vary:**
  - Total: 13%
  - I currently work with PAs in general practice: 14%
  - I have worked with PAs in general practice previously but do not at present: 13%
  - I have never worked with PAs in general practice: 14%

- **Don’t know:**
  - Total: 15%
  - I currently work with PAs in general practice: 15%
  - I have worked with PAs in general practice previously but do not at present: 15%
  - I have never worked with PAs in general practice: 15%
Q26c. What should the formal documentation of supervision consist of? Base: Asked to those who selected 'Supervision should be formally documented' at Q26a (2,862 respondents); Total (2,862); GP partner (668); Salaried GP (714); Locum (292); Registrar/AiT (939). Please note, respondents were able to select multiple options.

<table>
<thead>
<tr>
<th>Documentation Type</th>
<th>Total</th>
<th>GP Partner</th>
<th>Salaried GP</th>
<th>Locum</th>
<th>Registrar/AiT</th>
</tr>
</thead>
<tbody>
<tr>
<td>A portfolio to document progress over time</td>
<td>71%</td>
<td>73%</td>
<td>69%</td>
<td>69%</td>
<td>69%</td>
</tr>
<tr>
<td>Notes from each meeting</td>
<td>67%</td>
<td>75%</td>
<td>65%</td>
<td>69%</td>
<td>75%</td>
</tr>
<tr>
<td>Other</td>
<td>9%</td>
<td>8%</td>
<td>10%</td>
<td>8%</td>
<td>10%</td>
</tr>
</tbody>
</table>
Q26c. What should the formal documentation of supervision consist of?

- A portfolio to document progress over time: 71%, 68%, 70%, 75%
- Notes from each meeting: 67%, 69%, 70%, 63%
- Other: 9%, 9%, 9%, 9%

Please note, respondents were able to select multiple options.
Q27. What ongoing training and CPD arrangements do you think should be in place for PAs in general practice?

- All PAs should have annual appraisals: 78%
- All PAs should have professional development plans: 74%
- PAs should be required to achieve further qualifications in general practice: 54%
- All PAs should have paid time available for CPD: 40%

Don't know: 5%
Other: 15%

Of those who selected ‘other’ and left a free text comment, 53% left a comment demonstrating their opposition to PAs. This equates to 8% of the total number of respondents to the survey.
Q27. What ongoing training and CPD arrangements do you think should be in place for PAs in general practice?

- **All PAs should have annual appraisals:**
  - Total: 78%
  - GP partner: 83%
  - Salaried GP: 82%
  - Locum: 74%
  - Registrar/AiT: 71%

- **All PAs should have professional development plans:**
  - Total: 80%
  - GP partner: 74%
  - Salaried GP: 74%
  - Locum: 71%
  - Registrar/AiT: 65%

- **PAs should be required to achieve further qualifications in general practice:**
  - Total: 54%
  - GP partner: 52%
  - Salaried GP: 56%
  - Locum: 53%
  - Registrar/AiT: 57%

- **All PAs should have paid time available for CPD:**
  - Total: 46%
  - GP partner: 45%
  - Salaried GP: 38%
  - Locum: 30%

- **Don’t know:**
  - Total: 15%
  - GP partner: 13%
  - Salaried GP: 13%
  - Locum: 17%
  - Registrar/AiT: 17%

Please note, respondents were able to select multiple options.
Q27. What ongoing training and CPD arrangements do you think should be in place for PAs in general practice?

- All PAs should have annual appraisals: 84% (Total), 77% (I currently work with PAs in general practice), 75% (I have worked with PAs in general practice previously but do not at present), 70% (I have never worked with PAs in general practice).
- All PAs should have professional development plans: 81% (Total), 74% (I currently work with PAs in general practice), 72% (I have worked with PAs in general practice previously but do not at present), 70% (I have never worked with PAs in general practice).
- PAs should be required to achieve further qualifications in general practice: 54% (Total), 54% (I currently work with PAs in general practice), 57% (I have worked with PAs in general practice previously but do not at present), 53% (I have never worked with PAs in general practice).
- All PAs should have paid time available for CPD: 48% (Total), 40% (I currently work with PAs in general practice), 53% (I have worked with PAs in general practice previously but do not at present), 36% (I have never worked with PAs in general practice).

Don’t know: 5% (Total), 5% (I currently work with PAs in general practice), 6% (I have worked with PAs in general practice previously but do not at present), 5% (I have never worked with PAs in general practice).

Other: 5% (Total), 10% (I currently work with PAs in general practice), 16% (I have worked with PAs in general practice previously but do not at present), 18% (I have never worked with PAs in general practice).

Please note, respondents were able to select multiple options.
Q28. What additional resourcing (if any) do you think is needed for supervision of PAs in general practice?

- Practices / PCNs / Clusters / Health Boards who employ PAs should be provided with funding to ensure protected supervision time can be provided for all those who supervise PAs (71%)
- All those who supervise PAs should be provided with training in clinical supervision (68%)
- Don't know (7%)
- Other (18%)

Please note, respondents were able to select multiple options.
Q28. What additional resourcing (if any) do you think is needed for supervision of PAs in general practice?

- Practices / PCNs / Clusters / Health Boards who employ PAs should be provided with funding to ensure protected supervision time can be provided for all those who supervise PAs:
  - Total: 71%
  - GP partner: 79%
  - Salaried GP: 66%
  - Locum: 64%
  - Registrar/AiT: 75%

- All those who supervise PAs should be provided with training in clinical supervision:
  - Total: 68%
  - GP partner: 68%
  - Salaried GP: 71%
  - Locum: 72%
  - Registrar/AiT: 63%

- Practices / PCNs / Clusters / Health Boards who employ PAs should be provided with funding to ensure protected supervision time can be provided for all those who supervise PAs:
  - Total: 71%
  - GP partner: 79%
  - Salaried GP: 66%
  - Locum: 64%
  - Registrar/AiT: 75%

- All those who supervise PAs should be provided with training in clinical supervision:
  - Total: 68%
  - GP partner: 68%
  - Salaried GP: 71%
  - Locum: 72%
  - Registrar/AiT: 63%

- Practices / PCNs / Clusters / Health Boards who employ PAs should be provided with funding to ensure protected supervision time can be provided for all those who supervise PAs:
  - Total: 71%
  - GP partner: 79%
  - Salaried GP: 66%
  - Locum: 64%
  - Registrar/AiT: 75%

- All those who supervise PAs should be provided with training in clinical supervision:
  - Total: 68%
  - GP partner: 68%
  - Salaried GP: 71%
  - Locum: 72%
  - Registrar/AiT: 63%

Please note, respondents were able to select multiple options.
Q28. What additional resourcing (if any) do you think is needed for supervision of PAs in general practice?

Practices / PCNs / Clusters / Health Boards who employ PAs should be provided with funding to ensure protected supervision time can be provided for all those who supervise PAs.

- Total: 71%
- I currently work with PAs in general practice: 75%
- I have worked with PAs in general practice previously but do not at present: 70%
- I have never worked with PAs in general practice: 70%

All those who supervise PAs should be provided with training in clinical supervision.

- Total: 68%
- I currently work with PAs in general practice: 69%
- I have worked with PAs in general practice previously but do not at present: 69%
- I have never worked with PAs in general practice: 66%

Don’t know:
- Total: 7%
- I currently work with PAs in general practice: 8%
- I have worked with PAs in general practice previously but do not at present: 7%
- I have never worked with PAs in general practice: 6%

Other:
- Total: 18%
- I currently work with PAs in general practice: 12%
- I have worked with PAs in general practice previously but do not at present: 18%
- I have never worked with PAs in general practice: 21%

Please note, respondents were able to select multiple options.
Q29. What type of patient triage system do you think should be in place with regard to PAs?

- Patients should be triaged (either in person, remotely or via an online consultation form) by a GP prior to being seen by a PA: 62%
- Patients should be triaged (either in person, remotely or via an online consultation form) by another member of the clinical team, e.g. a nurse, prior to being seen by a PA: 21%
- PAs should be able to see un-triaged patients only where they have a sufficient level of experience (as judged by the practice partners): 20%
- Patients should be triaged (either in person, remotely or via an online consultation form) by a non-clinical member of staff, e.g. a receptionist following set protocols, prior to being seen by a PA: 15%
- PAs should be able to see un-triaged patients: 3%
- Don’t know: 4%
- Other: 17%

Please note, respondents were able to select multiple options.
Q29. What type of patient triage system do you think should be in place with regard to PAs?

<table>
<thead>
<tr>
<th>Option</th>
<th>Total (%)</th>
<th>GP partner (%)</th>
<th>Salaried GP (%)</th>
<th>Locum (%)</th>
<th>Registrar/AiT (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients should be triaged (either in person, remotely or via an online consultation form) by a GP prior to being seen by a PA</td>
<td>70%</td>
<td>66%</td>
<td>64%</td>
<td>50%</td>
<td>21%</td>
</tr>
<tr>
<td>Patients should be triaged (either in person, remotely or via an online consultation form) by another member of the clinical team, e.g. a nurse, prior to being seen by a PA</td>
<td>62%</td>
<td>50%</td>
<td>20%</td>
<td>23%</td>
<td>23%</td>
</tr>
<tr>
<td>PAs should be able to see untriaged patients only where they have a sufficient level of experience (as judged by the practice partners)</td>
<td>27%</td>
<td>18%</td>
<td>21%</td>
<td>15%</td>
<td>13%</td>
</tr>
<tr>
<td>Patients should be triaged (either in person, remotely or via an online consultation form) by a non-clinical member of staff, e.g. a receptionist following set protocols, prior to being seen by a PA</td>
<td>26%</td>
<td>15%</td>
<td>15%</td>
<td>9%</td>
<td>9%</td>
</tr>
<tr>
<td>PAs should be able to see untriaged patients only where they have a sufficient level of experience (as judged by the practice partners)</td>
<td>17%</td>
<td>16%</td>
<td>17%</td>
<td>17%</td>
<td>16%</td>
</tr>
</tbody>
</table>

Please note, respondents were able to select multiple options.
Q29. What type of patient triage system do you think should be in place with regard to PAs?

- **Patients should be triaged (either in person, remotely or via an online consultation form) by a GP prior to being seen by a PA**: 62% (Total), 63% (I currently work with PAs in general practice), 64% (I have worked with PAs in general practice previously but do not at present), 61% (I have never worked with PAs in general practice).

- **Patients should be triaged (either in person, remotely or via an online consultation form) by another member of the clinical team, e.g. a nurse, prior to being seen by a PA**: 22% (Total), 22% (I currently work with PAs in general practice), 24% (I have worked with PAs in general practice previously but do not at present), 20% (I have never worked with PAs in general practice).

- **PAs should be able to see un-triaged patients only where they have a sufficient level of experience (as judged by the practice partners)**: 18% (Total), 20% (I currently work with PAs in general practice), 22% (I have worked with PAs in general practice previously but do not at present), 20% (I have never worked with PAs in general practice).

- **Patients should be triaged (either in person, remotely or via an online consultation form) by a non-clinical member of staff, e.g. a receptionist following set protocols, prior to being seen by a PA**: 15% (Total), 15% (I currently work with PAs in general practice), 20% (I have worked with PAs in general practice previously but do not at present), 20% (I have never worked with PAs in general practice).

- **PAs should be able to see un-triaged patients**
  - **Patients should be triaged (either in person, remotely or via an online consultation form) by a GP prior to being seen by a PA**: 62%
  - **Patients should be triaged (either in person, remotely or via an online consultation form) by another member of the clinical team, e.g. a nurse, prior to being seen by a PA**: 21%
  - **PAs should be able to see un-triaged patients only where they have a sufficient level of experience (as judged by the practice partners)**: 20%
  - **Patients should be triaged (either in person, remotely or via an online consultation form) by a non-clinical member of staff, e.g. a receptionist following set protocols, prior to being seen by a PA**: 15%

**Don't know**: 3%

**Other**: 11%

Please note, respondents were able to select multiple options.
Q30. Which types of presentations (if any) do you think PAs should be able to see in general practice? All respondents

<table>
<thead>
<tr>
<th>Presentation Type</th>
<th>Yes</th>
<th>No</th>
<th>Sometimes</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>First point of contact presentations for suspected minor or common conditions (e.g. otitis media, UTI, sore throat etc.) with clear clinical pathways and escalation processes</td>
<td>50%</td>
<td>26%</td>
<td>13%</td>
<td>3%</td>
</tr>
<tr>
<td>Follow-ups of patients first seen and diagnosed by a GP resulting in a GP request for a PA follow up</td>
<td>51%</td>
<td>31%</td>
<td>15%</td>
<td>3%</td>
</tr>
<tr>
<td>Assessing, diagnosing and managing mental health presentations</td>
<td>16%</td>
<td>61%</td>
<td>20%</td>
<td>4%</td>
</tr>
<tr>
<td>Assessing, diagnosing and managing paediatric (&lt;16) presentations</td>
<td>14%</td>
<td>64%</td>
<td>18%</td>
<td>4%</td>
</tr>
<tr>
<td>Assessing, diagnosing and managing gynaecology presentations (beyond contraception / sexual health)</td>
<td>10%</td>
<td>66%</td>
<td>16%</td>
<td>4%</td>
</tr>
<tr>
<td>First point of contact presentations for potentially serious conditions (e.g. abdominal pain, headache) (i.e. not for minor or common conditions with clear clinical pathways and escalation processes...)</td>
<td>12%</td>
<td>72%</td>
<td>13%</td>
<td>3%</td>
</tr>
<tr>
<td>Patients who are re-presenting (i.e. have already seen a PA for the same problem without resolution)</td>
<td>7%</td>
<td>80%</td>
<td>11%</td>
<td>2%</td>
</tr>
<tr>
<td>Assessing, diagnosing and managing obstetrics presentations</td>
<td>3%</td>
<td>83%</td>
<td>8%</td>
<td>4%</td>
</tr>
</tbody>
</table>

Base: Asked to all (5,111 respondents).
Q30. Which types of presentations (if any) do you think PAs should be able to see in general practice? Responses from GP partners

<table>
<thead>
<tr>
<th>Type of Presentation</th>
<th>Yes</th>
<th>No</th>
<th>Sometimes</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>First point of contact presentations for suspected minor or common conditions (e.g., otitis media, UTI, sore throat etc.) with clear clinical pathways and escalation processes</td>
<td>66%</td>
<td>21%</td>
<td>10%</td>
<td>3%</td>
</tr>
<tr>
<td>Follow-ups of patients first seen and diagnosed by a GP resulting in a GP request for a PA follow up</td>
<td>55%</td>
<td>28%</td>
<td>15%</td>
<td>2%</td>
</tr>
<tr>
<td>Assessing, diagnosing and managing paediatric (&lt;16) presentations</td>
<td>36%</td>
<td>48%</td>
<td>22%</td>
<td>3%</td>
</tr>
<tr>
<td>Assessing, diagnosing and managing mental health presentations</td>
<td>22%</td>
<td>53%</td>
<td>20%</td>
<td>5%</td>
</tr>
<tr>
<td>Assessing, diagnosing and managing gynaecology presentations (beyond contraception / sexual health)</td>
<td>22%</td>
<td>56%</td>
<td>18%</td>
<td>5%</td>
</tr>
<tr>
<td>First point of contact presentations for potentially serious conditions (e.g., abdominal pain, headache) (i.e. not for minor or common conditions with clear clinical pathways and escalation processes)</td>
<td>52%</td>
<td>58%</td>
<td>17%</td>
<td>3%</td>
</tr>
<tr>
<td>Patients who are re-presenting (i.e. have already seen a PA for the same problem without resolution)</td>
<td>11%</td>
<td>71%</td>
<td>16%</td>
<td>2%</td>
</tr>
<tr>
<td>Assessing, diagnosing and managing obstetrics presentations</td>
<td>8%</td>
<td>78%</td>
<td>10%</td>
<td>4%</td>
</tr>
</tbody>
</table>

Q30. Which types of presentations (if any) do you think PAs should be able to see in general practice?
Base: GP partner (1,328 respondents).
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

- **First point of contact presentations for suspected minor or common conditions (e.g. otitis media, UTI, sore throat etc.) with clear clinical pathways and escalation processes**: 65% Yes, 21% No, 11% Sometimes, 3% Don't know
- **Follow-ups of patients first seen and diagnosed by a GP resulting in a GP request for a PA follow up**: 53% Yes, 29% No, 16% Sometimes, 3% Don't know
- **Assessing, diagnosing and managing mental health presentations**: 15% Yes, 59% No, 22% Sometimes, 3% Don't know
- **Assessing, diagnosing and managing paediatric (<16) presentations**: 14% Yes, 63% No, 20% Sometimes, 3% Don't know
- **Assessing, diagnosing and managing gynaecology presentations (beyond contraception / sexual health)**: 12% Yes, 64% No, 19% Sometimes, 4% Don't know
- **First point of contact presentations for potentially serious conditions (e.g. abdominal pain, headache) (i.e. not for minor or common conditions with clear clinical pathways and escalation processes)**: 13% Yes, 72% No, 15% Sometimes, 2% Don't know
- **Patients who are re-presenting (i.e. have already seen a PA for the same problem without resolution)**: 7% Yes, 81% No, 10% Sometimes, 2% Don't know
- **Assessing, diagnosing and managing obstetrics presentations**: 6% Yes, 84% No, 7% Sometimes, 5% Don't know

Q30. Which types of presentations (if any) do you think PAs should be able to see in general practice?
Base: Salaried GP (1,232 respondents).
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

- First point of contact presentations for suspected minor or common conditions (e.g. otitis media, UTI, sore throat etc.) with clear clinical pathways and escalation processes:
  - Yes: 54%
  - No: 27%
  - Sometimes: 16%
  - Don't know: 3%

- Follow-ups of patients first seen and diagnosed by a GP resulting in a GP request for a PA follow up:
  - Yes: 50%
  - No: 30%
  - Sometimes: 17%
  - Don't know: 3%

- Assessing, diagnosing and managing mental health presentations:
  - Yes: 8%
  - No: 66%
  - Sometimes: 22%
  - Don't know: 4%

- Assessing, diagnosing and managing gynaecology presentations (beyond contraception / sexual health):
  - Yes: 5%
  - No: 71%
  - Sometimes: 16%
  - Don't know: 5%

- Assessing, diagnosing and managing paediatric (<16) presentations:
  - Yes: 7%
  - No: 70%
  - Sometimes: 19%
  - Don't know: 4%

- Patients who are re-presenting (i.e. have already seen a PA for the same problem without resolution):
  - Yes: 2%
  - No: 82%
  - Sometimes: 9%
  - Don't know: 3%

- First point of contact presentations for potentially serious conditions (e.g. abdominal pain, headache) (i.e. not for minor or common conditions with clear clinical pathways and escalation…
  - Yes: 3%
  - No: 79%
  - Sometimes: 13%
  - Don't know: 3%

- Assessing, diagnosing and managing obstetrics presentations:
  - Yes: 86%
  - No: 7%
  - Sometimes: 4%
  - Don't know: 4%

Q30. Which types of presentations (if any) do you think PAs should be able to see in general practice? Base: Locum (504 respondents).
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

<table>
<thead>
<tr>
<th>Type of Presentation</th>
<th>Yes (%)</th>
<th>No (%)</th>
<th>Sometimes (%)</th>
<th>Don't know (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First point of contact presentations for suspected minor or common conditions (e.g. otitis media, UTI, sore throat etc) with clear clinical pathways and escalation processes</td>
<td>50</td>
<td>33</td>
<td>13</td>
<td>3</td>
</tr>
<tr>
<td>Follow-ups of patients first seen and diagnosed by a GP resulting in a GP request for a PA follow up</td>
<td>44</td>
<td>37</td>
<td>15</td>
<td>3</td>
</tr>
<tr>
<td>Assessing, diagnosing and managing mental health presentations</td>
<td>15</td>
<td>66</td>
<td>15</td>
<td>4</td>
</tr>
<tr>
<td>Assessing, diagnosing and managing gynaecology presentations (beyond contraception / sexual health)</td>
<td>9</td>
<td>74</td>
<td>12</td>
<td>5</td>
</tr>
<tr>
<td>Assessing, diagnosing and managing paediatric (&lt;16) presentations</td>
<td>7</td>
<td>76</td>
<td>13</td>
<td>5</td>
</tr>
<tr>
<td>First point of contact presentations for potentially serious conditions (e.g. abdominal pain, headache) (i.e. not for minor or common conditions with clear clinical pathways and escalation...)</td>
<td>3</td>
<td>81</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td>Assessing, diagnosing and managing obstetrics presentations</td>
<td>0</td>
<td>84</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Patients who are re-presenting (i.e. have already seen a PA for the same problem without resolution)</td>
<td>0</td>
<td>87</td>
<td>6</td>
<td>3</td>
</tr>
</tbody>
</table>

Q30. Which types of presentations (if any) do you think PAs should be able to see in general practice? Base: Registrar/AiT (1,627 respondents).
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

- First point of contact presentations for suspected minor or common conditions (e.g. otitis media, UTI, sore throat etc.) with clear clinical pathways and escalation processes
  - Yes: 73%
  - No: 18%
  - Sometimes: 7%
  - Don't know: 2%

- Follow-ups of patients first seen and diagnosed by a GP resulting in a GP request for a PA follow up

- Assessing, diagnosing and managing paediatric (<16) presentations
  - Yes: 57%
  - No: 28%
  - Sometimes: 13%
  - Don't know: 2%

- Assessing, diagnosing and managing mental health presentations
  - Yes: 26%
  - No: 51%
  - Sometimes: 19%
  - Don't know: 3%

- Assessing, diagnosing and managing gynaecology presentations (beyond contraception / sexual health)

- First point of contact presentations for potentially serious conditions (e.g. abdominal pain, headache) (i.e. not for minor or common conditions with clear clinical pathways and escalation processes)
  - Yes: 59%
  - No: 16%
  - Sometimes: 16%
  - Don't know: 3%

- Patients who are re-presenting (i.e. have already seen a PA for the same problem without resolution)
  - Yes: 71%
  - No: 14%
  - Sometimes: 7%
  - Don't know: 4%

- Assessing, diagnosing and managing obstetrics presentations
  - Yes: 77%
  - No: 10%
  - Sometimes: 10%
  - Don't know: 4%

Q30. Which types of presentations (if any) do you think PAs should be able to see in general practice?
Base: I currently work with PAs in general practice (1,562 respondents).
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

First point of contact presentations for suspected minor or common conditions (e.g. otitis media, UTI, sore throat etc.) with clear clinical pathways and escalation processes
- Yes: 58%
- No: 29%
- Sometimes: 11%
- Don't know: 2%

Follow-ups of patients first seen and diagnosed by a GP resulting in a GP request for a PA follow up
- Yes: 47%
- No: 36%
- Sometimes: 14%
- Don't know: 3%

Assessing, diagnosing and managing mental health presentations
- Yes: 65%
- No: 17%
- Sometimes: 17%
- Don't know: 3%

Assessing, diagnosing and managing gynaecology presentations (beyond contraception / sexual health)
- Yes: 72%
- No: 14%
- Sometimes: 14%
- Don't know: 3%

Assessing, diagnosing and managing paediatric (<16) presentations
- Yes: 70%
- No: 17%
- Sometimes: 17%
- Don't know: 3%

First point of contact presentations for potentially serious conditions (e.g. abdominal pain, headache) (i.e. not for minor or common conditions with clear clinical pathways and escalation processes)
- Yes: 77%
- No: 12%
- Sometimes: 12%
- Don't know: 2%

Patients who are re-presenting (i.e. have already seen a PA for the same problem without resolution)
- Yes: 83%
- No: 9%
- Sometimes: 9%
- Don't know: 3%

Assessing, diagnosing and managing obstetrics presentations
- Yes: 87%
- No: 7%
- Sometimes: 7%
- Don't know: 3%
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

First point of contact presentations for suspected minor or common conditions (e.g. otitis media, UTI, sore throat etc) with clear clinical pathways and escalation processes
- Yes: 49%
- No: 30%
- Sometimes: 17%
- Don't know: 4%

Follow-ups of patients first seen and diagnosed by a GP resulting in a GP request for a PA follow up
- Yes: 49%
- No: 30%
- Sometimes: 18%
- Don't know: 3%

Assessing, diagnosing and managing mental health presentations
- Yes: 10%
- No: 64%
- Sometimes: 20%
- Don't know: 6%

Assessing, diagnosing and managing paediatric (<16) presentations
- Yes: 7%
- No: 70%
- Sometimes: 18%
- Don't know: 5%

Assessing, diagnosing and managing gynaecology presentations (beyond contraception / sexual health)
- Yes: 9%
- No: 71%
- Sometimes: 16%
- Don't know: 6%

First point of contact presentations for potentially serious conditions (e.g. abdominal pain, headache) (i.e. not for minor or common conditions with clear clinical pathways and escalation processes)
- Yes: 5%
- No: 78%
- Sometimes: 12%
- Don't know: 4%

Patients who are re-presenting (i.e. have already seen a PA for the same problem without resolution)
- Yes: 3%
- No: 85%
- Sometimes: 9%
- Don't know: 3%

Assessing, diagnosing and managing obstetrics presentations
- Yes: 11%
- No: 84%
- Sometimes: 7%
- Don't know: 5%
Q31. Which clinical activities (if any) do you think PAs should be able to undertake in general practice? All respondents

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
<th>Sometimes</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health checks / disease prevention advice</td>
<td>69%</td>
<td>18%</td>
<td>11%</td>
<td>2%</td>
</tr>
<tr>
<td>Delivering immunisations</td>
<td>50%</td>
<td>34%</td>
<td>12%</td>
<td>3%</td>
</tr>
<tr>
<td>Ongoing management of single diagnosed chronic conditions such as diabetes, COPD, hypertension</td>
<td>42%</td>
<td>37%</td>
<td>18%</td>
<td>3%</td>
</tr>
<tr>
<td>Assessing and providing contraception / sexual health advice and services</td>
<td>41%</td>
<td>39%</td>
<td>16%</td>
<td>4%</td>
</tr>
<tr>
<td>Delivering minor surgery, IUS / IUD / Nexplanon insertion</td>
<td>13%</td>
<td>67%</td>
<td>13%</td>
<td>4%</td>
</tr>
<tr>
<td>Delivering 6 / 8-week baby checks</td>
<td>13%</td>
<td>76%</td>
<td>7%</td>
<td>3%</td>
</tr>
<tr>
<td>Administering steroid injections or any intra-articular injections</td>
<td>12%</td>
<td>73%</td>
<td>11%</td>
<td>5%</td>
</tr>
<tr>
<td>Managing patients with multimorbidities</td>
<td>3%</td>
<td>73%</td>
<td>15%</td>
<td>3%</td>
</tr>
</tbody>
</table>
Q31. Which clinical activities (if any) do you think PAs should be able to undertake in general practice? Responses from GP Partners

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
<th>Sometimes</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health checks / disease prevention advice</td>
<td>74%</td>
<td>15%</td>
<td>10%</td>
<td>2%</td>
</tr>
<tr>
<td>Ongoing management of single diagnosed chronic conditions such as diabetes, COPD, hypertension</td>
<td>52%</td>
<td>29%</td>
<td>16%</td>
<td>3%</td>
</tr>
<tr>
<td>Assessing and providing contraception / sexual health advice and services</td>
<td>43%</td>
<td>31%</td>
<td>16%</td>
<td>4%</td>
</tr>
<tr>
<td>Delivering immunisations</td>
<td>47%</td>
<td>35%</td>
<td>14%</td>
<td>3%</td>
</tr>
<tr>
<td>Delivering minor surgery, IUS / IUD / Nexplanon insertion</td>
<td>21%</td>
<td>59%</td>
<td>15%</td>
<td>5%</td>
</tr>
<tr>
<td>Delivering 6 / 8-week baby checks</td>
<td>17%</td>
<td>71%</td>
<td>8%</td>
<td>4%</td>
</tr>
<tr>
<td>Administering steroid injections or any intra-articular injections</td>
<td>17%</td>
<td>66%</td>
<td>12%</td>
<td>5%</td>
</tr>
<tr>
<td>Managing patients with multimorbidities</td>
<td>17%</td>
<td>63%</td>
<td>18%</td>
<td>3%</td>
</tr>
</tbody>
</table>

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 GP Partners.

Base: GP partner (1,328 respondents).
Q31. Which clinical activities (if any) do you think PAs should be able to undertake in general practice? Responses from Salaried GPs

<table>
<thead>
<tr>
<th>Clinical Activity</th>
<th>Yes</th>
<th>No</th>
<th>Sometimes</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health checks / disease prevention advice</td>
<td>73%</td>
<td>15%</td>
<td>11%</td>
<td>0%</td>
</tr>
<tr>
<td>Delivering immunisations</td>
<td>47%</td>
<td>36%</td>
<td>13%</td>
<td>4%</td>
</tr>
<tr>
<td>Ongoing management of single diagnosed chronic conditions such as diabetes, COPD, hypertension</td>
<td>45%</td>
<td>34%</td>
<td>18%</td>
<td>3%</td>
</tr>
<tr>
<td>Assessing and providing contraception / sexual health advice and services</td>
<td>45%</td>
<td>36%</td>
<td>16%</td>
<td>4%</td>
</tr>
<tr>
<td>Delivering minor surgery, IUS / IUD / Nexplanon insertion</td>
<td>14%</td>
<td>67%</td>
<td>13%</td>
<td>5%</td>
</tr>
<tr>
<td>Delivering 6 / 8-week baby checks</td>
<td>13%</td>
<td>76%</td>
<td>7%</td>
<td>4%</td>
</tr>
<tr>
<td>Administering steroid injections or any intra-articular injections</td>
<td>11%</td>
<td>72%</td>
<td>12%</td>
<td>6%</td>
</tr>
<tr>
<td>Managing patients with multimorbidities</td>
<td>8%</td>
<td>72%</td>
<td>17%</td>
<td>2%</td>
</tr>
</tbody>
</table>
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

- **Health checks / disease prevention advice**: 60% Yes, 19% No, 10% Sometimes, 2% Don't know
- **Delivering immunisations**: 47% Yes, 33% No, 16% Sometimes, 4% Don't know
- **Ongoing management of single diagnosed chronic conditions such as diabetes, COPD, hypertension**: 37% Yes, 38% No, 21% Sometimes, 4% Don't know
- **Assessing and providing contraception / sexual health advice and services**: 37% Yes, 39% No, 20% Sometimes, 4% Don't know
- **Delivering 6 / 8-week baby checks**: 11% Yes, 80% No, 5% Sometimes, 4% Don't know
- **Delivering minor surgery, IUS / IUD / Nexplanon insertion**: 9% Yes, 71% No, 15% Sometimes, 5% Don't know
- **Administering steroid injections or any intra-articular injections**: 7% Yes, 77% No, 11% Sometimes, 5% Don't know
- **Managing patients with multimorbidities**: 8% Yes, 77% No, 14% Sometimes, 4% Don't know
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

- **Health checks / disease prevention advice**: 64% Yes, 24% No, 10% Sometimes, 2% Don't know
- **Delivering immunisations**: 35% Yes, 34% No, 9% Sometimes, 2% Don't know
- **Assessing and providing contraception / sexual health advice and services**: 34% Yes, 49% No, 14% Sometimes, 3% Don't know
- **Ongoing management of single diagnosed chronic conditions such as diabetes, COPD, hypertension**: 34% Yes, 48% No, 15% Sometimes, 3% Don't know
- **Delivering minor surgery, IUS / IUD / Nexplanon insertion**: 11% Yes, 75% No, 10% Sometimes, 4% Don't know
- **Delivering 6 / 8-week baby checks**: 11% Yes, 80% No, 6% Sometimes, 3% Don't know
- **Administering steroid injections or any intra-articular injections**: 8% Yes, 80% No, 7% Sometimes, 4% Don't know
- **Managing patients with multimorbidities**: 8% Yes, 83% No, 9% Sometimes, 3% Don't know

Q31. Which clinical activities (if any) do you think PAs should be able to undertake in general practice? Base: Registrar/AiT (1,627 respondents).
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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes (%)</th>
<th>No (%)</th>
<th>Sometimes (%)</th>
<th>Don't know (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health checks / disease prevention advice</td>
<td>76</td>
<td>15</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>Ongoing management of single diagnosed chronic conditions such as diabetes, COPD, hypertension</td>
<td>52</td>
<td>32</td>
<td>14</td>
<td>2</td>
</tr>
<tr>
<td>Assessing and providing contraception / sexual health advice and services</td>
<td>51</td>
<td>33</td>
<td>12</td>
<td>3</td>
</tr>
<tr>
<td>Delivering immunisations</td>
<td>50</td>
<td>36</td>
<td>11</td>
<td>3</td>
</tr>
<tr>
<td>Delivering minor surgery, IUS / IUD / Nexplanon insertion</td>
<td>18</td>
<td>64</td>
<td>13</td>
<td>4</td>
</tr>
<tr>
<td>Delivering 6 / 8-week baby checks</td>
<td>18</td>
<td>73</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Managing patients with multimorbidities</td>
<td>17</td>
<td>63</td>
<td>18</td>
<td>2</td>
</tr>
<tr>
<td>Administering steroid injections or any intra-articular injections</td>
<td>15</td>
<td>69</td>
<td>11</td>
<td>5</td>
</tr>
</tbody>
</table>
Q31. Which 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

- Health checks / disease prevention advice: 67% Yes, 22% No, 10% Sometimes, 1% Don't know
- Delivering immunisations: 46% Yes, 40% No, 11% Sometimes, 3% Don't know
- Ongoing management of single diagnosed chronic conditions such as diabetes, COPD, hypertension: 41% Yes, 41% No, 16% Sometimes, 3% Don't know
- Assessing and providing contraception / sexual health advice and services: 37% Yes, 46% No, 15% Sometimes, 3% Don't know
- Delivering minor surgery, IUS / IUD / Nexplanon insertion: 11% Yes, 76% No, 10% Sometimes, 4% Don't know
- Delivering 6 / 8-week baby checks: 10% Yes, 83% No, 5% Sometimes, 2% Don't know
- Managing patients with multimorbidities: 9% Yes, 78% No, 12% Sometimes, 2% Don't know
- Administering steroid injections or any intra-articular injections: 8% Yes, 79% No, 8% Sometimes, 4% Don't know
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

<table>
<thead>
<tr>
<th>Clinical Activity</th>
<th>Yes (%)</th>
<th>No (%)</th>
<th>Sometimes (%)</th>
<th>Don't know (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health checks / disease prevention advice</td>
<td>66</td>
<td>19</td>
<td>13</td>
<td>2</td>
</tr>
<tr>
<td>Delivering immunisations</td>
<td>52</td>
<td>30</td>
<td>14</td>
<td>4</td>
</tr>
<tr>
<td>Assessing and providing contraception / sexual health advice and services</td>
<td>37</td>
<td>38</td>
<td>20</td>
<td>4</td>
</tr>
<tr>
<td>Ongoing management of single diagnosed chronic conditions such as diabetes, COPD, hypertension</td>
<td>37</td>
<td>39</td>
<td>21</td>
<td>4</td>
</tr>
<tr>
<td>Delivering minor surgery, IUS / IUD / Nexplanon insertion</td>
<td>14</td>
<td>65</td>
<td>15</td>
<td>5</td>
</tr>
<tr>
<td>Delivering 6 / 8-week baby checks</td>
<td>12</td>
<td>75</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>Administering steroid injections or any intra-articular injections</td>
<td>11</td>
<td>71</td>
<td>12</td>
<td>6</td>
</tr>
<tr>
<td>Managing patients with multimorbidities</td>
<td>1%</td>
<td>78</td>
<td>14</td>
<td>3</td>
</tr>
</tbody>
</table>
Q32. Which other clinical and non-clinical activities (if any) do you think PAs should be able to undertake in general practice? All respondents

<table>
<thead>
<tr>
<th>Activity</th>
<th>All respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Making referrals to community or social services</td>
<td>60% Yes, 24% No, 14% Sometimes, 2% Don't know</td>
</tr>
<tr>
<td>Ordering tests (other than those using ionising radiation which PAs are not permitted to request)</td>
<td>33% Yes, 45% No, 20% Sometimes, 3% Don't know</td>
</tr>
<tr>
<td>Completing other paperwork e.g. insurance reports, audits, returns to the PCN / Cluster / Trust / ICB / Health Board, child protection forms, benefit reports</td>
<td>31% Yes, 48% No, 16% Sometimes, 5% Don't know</td>
</tr>
<tr>
<td>Making referrals to secondary care services</td>
<td>28% Yes, 50% No, 19% Sometimes, 2% Don't know</td>
</tr>
<tr>
<td>Making recommendations for prescribing to a prescribing clinician</td>
<td>22% Yes, 56% No, 19% Sometimes, 3% Don't know</td>
</tr>
<tr>
<td>Undertaking end of life care discussions and documentation (DNACPR or RESPECT forms)</td>
<td>18% Yes, 64% No, 14% Sometimes, 4% Don't know</td>
</tr>
<tr>
<td>Analysing and actioning diagnostic test results</td>
<td>17% Yes, 60% No, 20% Sometimes, 3% Don't know</td>
</tr>
<tr>
<td>Completing cremation forms</td>
<td>12% Yes, 77% No, 5% Sometimes, 6% Don't know</td>
</tr>
</tbody>
</table>

Q32. Which other clinical and non-clinical activities (if any) do you think PAs should be able to undertake in general practice? Base: Asked to all (5,111 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

- Making referrals to community or social services: 70% Yes, 16% Sometimes, 12% No
- Ordering tests (other than those using ionising radiation which PAs are not permitted to request): 47% Yes, 34% Sometimes, 17% No
- Making referrals to secondary care services: 41% Yes, 38% Sometimes, 18% No
- Making recommendations for prescribing to a prescribing clinician: 36% Yes, 44% Sometimes, 19% No
- Completing other paperwork e.g. insurance reports, audits, returns to the PCN / Cluster / Trust / ICB / Health Board, child protection forms, benefit reports: 34% Yes, 45% Sometimes, 17% No
- Analysing and actioning diagnostic test results: 30% Yes, 48% Sometimes, 20% No
- Undertaking end of life care discussions and documentation (DNACPR or RESPECT forms): 25% Yes, 55% Sometimes, 16% No
- Completing cremation forms: 10% Yes, 80% Sometimes, 5% No

Q32. Which other clinical and non-clinical activities (if any) do you think PAs should be able to undertake in general practice? Base: GP partner (1,328 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 Salaried GPs

Responses displayed from Salaried GPs only

- Making referrals to community or social services: 63% Yes, 21% No, 15% Sometimes, 1% Don't know
- Ordering tests (other than those using ionising radiation which PAs are not permitted to request): 32% Yes, 43% No, 22% Sometimes, 3% Don't know
- Making referrals to secondary care services: 30% Yes, 46% No, 22% Sometimes, 2% Don't know
- Completing other paperwork e.g. insurance reports, audits, returns to the PCN / Cluster / Trust / ICB / Health Board, child protection forms, benefit reports: 29% Yes, 49% No, 16% Sometimes, 5% Don't know
- Making recommendations for prescribing to a prescribing clinician: 21% Yes, 52% No, 24% Sometimes, 3% Don't know
- Undertaking end of life care discussions and documentation (DNACPR or RESPECT forms): 17% Yes, 64% No, 16% Sometimes, 3% Don't know
- Analysing and actioning diagnostic test results: 16% Yes, 57% No, 25% Sometimes, 3% Don't know
- Completing cremation forms: 11% Yes, 78% No, 4% Sometimes, 6% Don't know

Q32. Which other clinical and non-clinical activities (if any) do you think PAs should be able to undertake in general practice? Base: Salaried GP (1,232 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 Locums

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
<th>Sometimes</th>
<th>Don't know</th>
</tr>
</thead>
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<tr>
<td>Making referrals to community or social services</td>
<td>55%</td>
<td>26%</td>
<td>16%</td>
<td>2%</td>
</tr>
<tr>
<td>Completing other paperwork e.g. insurance reports, audits, returns to the PCN / Cluster / Trust / ICB / Health Board, child protection forms, benefit reports</td>
<td>24%</td>
<td>50%</td>
<td>20%</td>
<td>7%</td>
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<tr>
<td>Ordering tests (other than those using ionising radiation which PAs are not permitted to request)</td>
<td>25%</td>
<td>53%</td>
<td>22%</td>
<td>3%</td>
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<tr>
<td>Making referrals to secondary care services</td>
<td>20%</td>
<td>55%</td>
<td>23%</td>
<td>3%</td>
</tr>
<tr>
<td>Making recommendations for prescribing to a prescribing clinician</td>
<td>17%</td>
<td>57%</td>
<td>23%</td>
<td>3%</td>
</tr>
<tr>
<td>Undertaking end of life care discussions and documentation (DNACPR or RESPECT forms)</td>
<td>13%</td>
<td>67%</td>
<td>16%</td>
<td>4%</td>
</tr>
<tr>
<td>Analysing and actioning diagnostic test results</td>
<td>10%</td>
<td>67%</td>
<td>20%</td>
<td>3%</td>
</tr>
<tr>
<td>Completing cremation forms</td>
<td>9%</td>
<td>79%</td>
<td>5%</td>
<td>7%</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
<th>Sometimes</th>
<th>Don’t know</th>
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</thead>
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<td>Making referrals to community or social services</td>
<td>54%</td>
<td>31%</td>
<td>13%</td>
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<tr>
<td>Completing other paperwork e.g. insurance reports, audits, returns to the PCN / Cluster / Trust / ICB / Health Board, child protection forms, benefit reports</td>
<td>31%</td>
<td>51%</td>
<td>13%</td>
<td>6%</td>
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<tr>
<td>Ordering tests (other than those using ionising radiation which PAs are not permitted to request)</td>
<td>22%</td>
<td>55%</td>
<td>18%</td>
<td>2%</td>
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<tr>
<td>Making referrals to secondary care services</td>
<td>22%</td>
<td>60%</td>
<td>16%</td>
<td>2%</td>
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<tr>
<td>Completing cremation forms</td>
<td>15%</td>
<td>74%</td>
<td>5%</td>
<td>5%</td>
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<tr>
<td>Undertaking end of life care discussions and documentation (DNACPR or RESPECT forms)</td>
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<td>72%</td>
<td>10%</td>
<td>4%</td>
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<td>Making recommendations for prescribing to a prescribing clinician</td>
<td>13%</td>
<td>71%</td>
<td>13%</td>
<td>3%</td>
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<tr>
<td>Analysing and actioning diagnostic test results</td>
<td>11%</td>
<td>71%</td>
<td>16%</td>
<td>2%</td>
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</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
<th>Sometimes</th>
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<td>70%</td>
<td>19%</td>
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<td>Ordering tests (other than those using ionising radiation which PAs are not permitted to request)</td>
<td>45%</td>
<td>38%</td>
<td>15%</td>
<td>8%</td>
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<td>Making referrals to secondary care services</td>
<td>45%</td>
<td>38%</td>
<td>15%</td>
<td>8%</td>
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<tr>
<td>Making recommendations for prescribing to a prescribing clinician</td>
<td>34%</td>
<td>44%</td>
<td>19%</td>
<td>8%</td>
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<tr>
<td>Completing other paperwork e.g. insurance reports, audits, returns to the PCN / Cluster / Trust / ICB / Health Board, child protection forms, benefit reports</td>
<td>31%</td>
<td>52%</td>
<td>13%</td>
<td>4%</td>
</tr>
<tr>
<td>Analysing and actioning diagnostic test results</td>
<td>30%</td>
<td>49%</td>
<td>20%</td>
<td>9%</td>
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<tr>
<td>Undertaking end of life care discussions and documentation (DNACPR or RESPECT forms)</td>
<td>21%</td>
<td>63%</td>
<td>12%</td>
<td>3%</td>
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<tr>
<td>Completing cremation forms</td>
<td>11%</td>
<td>80%</td>
<td>4%</td>
<td>4%</td>
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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 (1,220 respondents).

<table>
<thead>
<tr>
<th>Activity</th>
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<th>Sometimes</th>
<th>Don't Know</th>
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<td>Making referrals to community or social services</td>
<td>56%</td>
<td>29%</td>
<td>14%</td>
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<tr>
<td>Completing other paperwork e.g. insurance reports, audits, returns to the PCN / Cluster / Trust / ICB / Health Board, child protection forms, benefit reports</td>
<td>28%</td>
<td>53%</td>
<td>15%</td>
<td>3%</td>
</tr>
<tr>
<td>Ordering tests (other than those using ionising radiation which PAs are not permitted to request)</td>
<td>28%</td>
<td>53%</td>
<td>17%</td>
<td>2%</td>
</tr>
<tr>
<td>Making referrals to secondary care services</td>
<td>24%</td>
<td>56%</td>
<td>18%</td>
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<tr>
<td>Making recommendations for prescribing to a prescribing clinician</td>
<td>26%</td>
<td>60%</td>
<td>18%</td>
<td>2%</td>
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<tr>
<td>Undertaking end of life care discussions and documentation (DNACPR or RESPECT forms)</td>
<td>15%</td>
<td>69%</td>
<td>14%</td>
<td>2%</td>
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<tr>
<td>Analysing and actioning diagnostic test results</td>
<td>14%</td>
<td>66%</td>
<td>18%</td>
<td></td>
</tr>
<tr>
<td>Completing cremation forms</td>
<td>16%</td>
<td>82%</td>
<td>4%</td>
<td>3%</td>
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</table>
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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
<th>Sometimes</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Making referrals to community or social services</td>
<td>56%</td>
<td>24%</td>
<td>17%</td>
<td>3%</td>
</tr>
<tr>
<td>Completing other paperwork e.g. insurance reports, audits, returns to the PCN / Cluster / Trust / ICB / Health Board, child protection forms, benefit reports</td>
<td>43%</td>
<td>46%</td>
<td>24%</td>
<td>3%</td>
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<tr>
<td>Ordering tests (other than those using ionising radiation which PAs are not permitted to request)</td>
<td>55%</td>
<td>23%</td>
<td>3%</td>
<td>9%</td>
</tr>
<tr>
<td>Making referrals to secondary care services</td>
<td>55%</td>
<td>23%</td>
<td>3%</td>
<td>9%</td>
</tr>
<tr>
<td>Undertaking end of life care discussions and documentation (DNACPR or RESPECT forms)</td>
<td>63%</td>
<td>15%</td>
<td>4%</td>
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<tr>
<td>Making recommendations for prescribing to a prescribing clinician</td>
<td>62%</td>
<td>20%</td>
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<td>4%</td>
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<tr>
<td>Completing cremation forms</td>
<td>73%</td>
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<td>8%</td>
<td>2%</td>
</tr>
<tr>
<td>Analysing and actioning diagnostic test results</td>
<td>64%</td>
<td>21%</td>
<td>4%</td>
<td>4%</td>
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</tbody>
</table>
Q33. Which practice management and / or supervision activities (if any) do you think PAs should be able to provide in general practice? All respondents

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
<th>Sometimes</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being responsible for clinical triage</td>
<td>8%</td>
<td>85%</td>
<td>8%</td>
<td>2%</td>
</tr>
<tr>
<td>Undertaking direct supervision of GP registrars, foundation doctors or</td>
<td>1%</td>
<td>92%</td>
<td>5%</td>
<td>2%</td>
</tr>
<tr>
<td>medical students / PA students</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Undertaking debriefs for GP Registrars / foundation doctors / medical</td>
<td>1%</td>
<td>93%</td>
<td>4%</td>
<td>2%</td>
</tr>
<tr>
<td>students</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Being the sole practitioner on call or duty clinician</td>
<td>1%</td>
<td>97%</td>
<td>1%</td>
<td>0%</td>
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</tbody>
</table>
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**

1. **Being responsible for clinical triage**
   - Yes: 81%
   - No: 10%
   - Sometimes: 7%
   - Don’t know: 2%

2. **Undertaking direct supervision of GP registrars, foundation doctors or medical students / PA students**
   - Yes: 89%
   - No: 8%
   - Sometimes: 1%
   - Don’t know: 1%

3. **Undertaking debriefs for GP Registrars / foundation doctors / medical students**
   - Yes: 92%
   - No: 5%
   - Sometimes: 2%
   - Don’t know: 2%

4. **Being the sole practitioner on call or duty clinician**
   - Yes: 97%
   - No: 3%
   - Sometimes: 1%
   - Don’t know: 0%
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**

- Being responsible for clinical triage: Yes 87%, No 7%, Sometimes 2%
- Undertaking direct supervision of GP registrars, foundation doctors or medical students / PA students: Yes 94%, No 4%
- Being the sole practitioner on call or duty clinician: Yes 97%, No 1%
- Undertaking debriefs for GP Registrars / foundation doctors / medical students: Yes 94%, No 3%

Q33. Which practice management and / or supervision activities (if any) do you think PAs should be able to provide in general practice? Base: Salaried GP (1,232 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 Locums

Responses displayed from Locums only

- Being responsible for clinical triage: 85% Yes, 8% No, 2% Sometimes
- Undertaking direct supervision of GP registrars, foundation doctors or medical students/PA students: 93% Yes, 5% No, 3% Sometimes
- Undertaking debriefs for GP Registrars/foundation doctors/medical students: 92% Yes, 5% No, 3% Sometimes
- Being the sole practitioner on call or duty clinician: 97% Yes, 2% No, 3% Sometimes

Q33. Which practice management and/or supervision activities (if any) do you think PAs should be able to provide in general practice? Base: Locum (504 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 Registrars/AiTs

- **Being responsible for clinical triage**: 87% Yes, 6% No, 2% Sometimes
- **Undertaking direct supervision of GP registrars, foundation doctors or medical students / PA students**: 95% Yes, 5% No, 2% Sometimes
- **Undertaking debriefs for GP Registrars / foundation doctors / medical students**: 95% Yes, 5% No, 2% Sometimes
- **Being the sole practitioner on call or duty clinician**: 97% Yes, 2% No, 1% Sometimes

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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
<th>Sometimes</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being responsible for clinical triage</td>
<td>82%</td>
<td>9%</td>
<td>9%</td>
<td>1%</td>
</tr>
<tr>
<td>Undertaking direct supervision of GP registrars, foundation doctors or medical students / PA students</td>
<td>90%</td>
<td>6%</td>
<td>4%</td>
<td>1%</td>
</tr>
<tr>
<td>Undertaking debriefs for GP Registrars / foundation doctors / medical students</td>
<td>93%</td>
<td>4%</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Being the sole practitioner on call or duty clinician</td>
<td>97%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
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</tbody>
</table>

Q33. Which practice management and/or supervision activities (if any) do you think PAs should be able to provide in general practice? Base: I currently work with PAs in general practice (1,562 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 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

- Being responsible for clinical triage: 98% Yes, 88% No, 6% Sometimes, 6% Don't know
- Undertaking direct supervision of GP registrars, foundation doctors or medical students / PA students: 94% Yes, 94% No, 4% Sometimes, 4% Don't know
- Undertaking debriefs for GP Registrars / foundation doctors / medical students: 94% Yes, 94% No, 3% Sometimes, 3% Don't know
- Being the sole practitioner on call or duty clinician: 98% Yes, 98% No, 1% Sometimes, 1% Don't know
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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
<th>Sometimes</th>
<th>Don't know</th>
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</thead>
<tbody>
<tr>
<td>Being responsible for clinical triage</td>
<td>8%</td>
<td>85%</td>
<td>8%</td>
<td>3%</td>
</tr>
<tr>
<td>Undertaking debriefs for GP Registrars / foundation doctors / medical students</td>
<td>1%</td>
<td>93%</td>
<td>4%</td>
<td>2%</td>
</tr>
<tr>
<td>Undertaking direct supervision of GP registrars, foundation doctors or medical students / PA students</td>
<td>1%</td>
<td>93%</td>
<td>4%</td>
<td>2%</td>
</tr>
<tr>
<td>Being the sole practitioner on call or duty clinician</td>
<td>1%</td>
<td>97%</td>
<td>2%</td>
<td>0%</td>
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</tbody>
</table>
Q35. What information should be made available to patients about PAs working in a practice? Base: Asked to all (5,111 respondents). Please note, respondents were able to select multiple options.
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

When a patient is given an appointment, verbal information should be provided on who it is with and what their role is

All staff should wear badges with their name and role

When a patient is given an appointment, written information should be provided on who it is with and what their role is

Patients should be told who the appointment is with but no detailed explanation is required on different roles

Other

None of the above

Don’t know

<table>
<thead>
<tr>
<th>Information Provided</th>
<th>Total</th>
<th>GP partner</th>
<th>Salaried GP</th>
<th>Locum</th>
<th>Registrar/AiT</th>
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<td>PA role details</td>
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<td>Room doors</td>
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<td>Verbal information</td>
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<td>Badges</td>
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</tbody>
</table>

*Please note, respondents were able to select multiple options.*
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

- 84%

All members of staff should introduce themselves with their name and role

- 79%

Detailed information should be available on practice websites about the PA role specifically and how they work within the MDT

- 75%

Names and roles should be stated on consultation room doors

- 73%

When a patient is given an appointment, verbal information should be provided on who it is with and what their role is

- 67%

All staff should wear badges with their name and role

- 67%

When a patient is given an appointment, written information should be provided on who it is with and what their role is

- 45%

Patients should be told who the appointment is with but no detailed explanation is required on different roles

- 44%
Q36. If GMC regulation of PAs proceeds, what prefix do you think should be used in front of a PA's GMC number?

- 62%: ‘PA’ for PAs (and ‘AA’ for AAs)
- 4%: ‘A’ (as proposed by the GMC)
- 3%: ‘MAP’
- 16%: Other
- 16%: Don't know

Base: Asked to all (5,111 respondents).
Q36. If GMC regulation of PAs proceeds, what prefix do you think should be used in front of a PA's GMC number?

- 'PA' for PAs (and 'AA' for AAs) - 62% total, 64% GP partner, 58% salaried GP, 66% locum, 59% registrar/AiT
- 'A' (as proposed by the GMC) - 59% total, 54% GP partner, 63% salaried GP, 57% locum, 62% registrar/AiT
- 'MAP' - 3% total, 3% GP partner, 3% salaried GP, 3% locum, 3% registrar/AiT
- Other - 14% total, 18% GP partner, 15% salaried GP, 15% locum, 16% registrar/AiT
- Don’t know - 19% total, 19% GP partner, 15% salaried GP, 13% locum, 15% registrar/AiT

Base: Total (5,111); GP partner (1,328); Salaried GP (1,232); Locum (504); Registrar/AiT (1,626).
Q36. If GMC regulation of PAs proceeds, what prefix do you think should be used in front of a PA's GMC number?

- ‘PA’ for PAs (and ‘AA’ for AAs): 62%
- ‘A’ (as proposed by the GMC): 4%
- ‘MAP’: 3%
- Other: 16%
- Don’t know: 17%

Base: Total (5,111); I currently work with PAs in general practice (1,562); I have worked with PAs in general practice previously but do not at present (1,220); I have never worked with PAs in general practice (2,244).
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.
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?

The settings PAs in practice do/did see patients

- Face to face in practice: 97%
- Remotely by telephone / video call / online: 71%
- Delivering home visits: 28%
- In care homes: 23%
- As part of out of hours services: 20%
- Delivering home visits: 20%
- In care homes: 24%
- Don't know: 8%
- Other: 10%
- None of the above: 1%

Settings PAs should see patients

- Face to face in practice: 56%
- Remotely by telephone / video call / online: 20%
- Delivering home visits: 28%
- In care homes: 23%
- As part of out of hours services: 20%
- Delivering home visits: 20%
- In care homes: 24%
- Don't know: 8%
- Other: 10%
- None of the above: 26%

Please note, respondents were able to select multiple options.
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?

- **More than once a day**: 51% / 52%
- **Daily**: 28% / 27%
- **Several times per week**: 3% / 3%
- **Weekly**: 3% / 1%
- **Less than weekly / less frequently**: 1% / 0%
- **Supervision frequency varies depending on the PA’s skills and experience**: 8% / 16%
- **Don’t know**: 7% / 1%

Q14b. How often is / was this time scheduled for PAs to debrief with their GP supervisor? Base: All those who selected ‘There is/was scheduled time for PAs to debrief with their GP supervisor’ at Q14a (1,218) / Q26b. How often should time be scheduled for PAs to debrief with their GP supervisor? Base: Asked to those who selected ‘There should be scheduled time for PAs to debrief with their GP supervisor’ at Q26a (3,640).
Q14c. What do the formal records of supervision of PAs consist of? / Q26c. What should the formal documentation of supervision consist of?

- **Notes from each meeting**: 56%
- **Portfolio entries / A portfolio to progress over time**: 28%
- **Other**: 33%

Please note, respondents were able to select multiple options.
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?

- **Patient triage system currently / previously in place for PAs**
  - Patients are / were / should be triaged (either in person, remotely or via an online consultation form) by a non-clinical member of staff, e.g. a receptionist following set protocols, prior to being seen by a PA: 44%
  - PAs can / could / should see un-triaged patients: 15%
  - Patients are / were / should be triaged (either in person, remotely or via an online consultation form) by a GP prior to being seen by a PA: 36%
  - Patients are / were / should be triaged (either in person, remotely or via an online consultation form) by another member of the clinical team, e.g. a nurse, prior to being seen by a PA: 29%

- **Triage system that should be in place for PAs**
  - Patients are / were / should be triaged (either in person, remotely or via an online consultation form) by a GP prior to being seen by a PA: 62%
  - Patients are / were / should be triaged (either in person, remotely or via an online consultation form) by another member of the clinical team, e.g. a nurse, prior to being seen by a PA: 13%
  - PAs can / could / should see un-triaged patients only where they have a sufficient level of experience (as judged by the practice partners): 21%
  - Don’t know: 12%
  - Other: 17%

Please note, respondents were able to select multiple options.
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?

- **First point of contact presentations for suspected minor or common conditions (e.g. otitis media, UTI, sore throat etc) with clear clinical pathways and escalation processes**
  - Yes - What presentations PAs do currently see: 84%
  - Yes - What presentations PAs should be able to see: 59%
  - No - What presentations PAs do not see: 3%

- **First point of contact presentations for potentially serious conditions (e.g. abdominal pain, headache) (i.e. not for minor or common conditions with clear clinical pathways and escalation processes)**
  - Yes - What presentations PAs do currently see: 60%
  - Yes - What presentations PAs should be able to see: 12%
  - No - What presentations PAs do not see: 12%

- **Assessing, diagnosing and managing paediatric (<16) presentations**
  - Yes - What presentations PAs do currently see: 54%
  - Yes - What presentations PAs should be able to see: 14%
  - No - What presentations PAs do not see: 15%

- **Assessing, diagnosing and managing mental health presentations**
  - Yes - What presentations PAs do currently see: 50%
  - Yes - What presentations PAs should be able to see: 16%
  - No - What presentations PAs do not see: 19%

- **Patients who are re-presenting (i.e. have already seen a PA for the same problem without resolution)**
  - Yes - What presentations PAs do currently see: 46%
  - Yes - What presentations PAs should be able to see: 7%
  - No - What presentations PAs do not see: 17%

- **Assessing, diagnosing and managing gynaecology presentations (beyond contraception / sexual health)**
  - Yes - What presentations PAs do currently see: 61%
  - Yes - What presentations PAs should be able to see: 19%
  - No - What presentations PAs do not see: 13%

- **Assessing, diagnosing and managing obstetrics presentations**
  - Yes - What presentations PAs do currently see: 80%
  - Yes - What presentations PAs should be able to see: 45%
  - No - What presentations PAs do not see: 13%

- **Follow-ups of patients first seen and diagnosed by a GP resulting in a GP request for a PA follow up**
  - Yes - What presentations PAs do currently see: 66%
  - Yes - What presentations PAs should be able to see: 41%
  - No - What presentations PAs do not see: 51%

- **Assessing, diagnosing and managing obstetrics presentations**
  - Yes - What presentations PAs do currently see: 83%
  - Yes - What presentations PAs should be able to see: 51%
  - No - What presentations PAs do not see: 31%

- **Assessing, diagnosing and managing obstetrics presentations**
  - Yes - What presentations PAs do currently see: 40%
  - Yes - What presentations PAs should be able to see: 41%
  - No - What presentations PAs do not see: 23%

Those selecting ‘Sometimes’ or ‘Don’t know’ have been excluded from the chart.
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?

- **Health checks / disease prevention advice**: 56% Yes, 19% No.
- **Ongoing management of single diagnosed chronic conditions such as diabetes, COPD, and hypertension**: 53% Yes, 21% No.
- **Managing patients with multimorbidities**: 49% Yes, 20% No.
- **Assessing and providing contraception / sexual health advice and services**: 73% Yes, 9% No.
- **Delivering immunisations**: 63% Yes, 12% No.
- **Delivering 6 / 8-week baby checks**: 70% Yes, 9% No.
- **Delivering minor surgery, IUS / IUD / Nexplanon insertion**: 76% Yes, 6% No.
- **Administering steroid injections or any intra-articular injections**: 73% Yes, 5% No.

Those selecting ‘Sometimes’ or ‘Don’t know’ have been excluded from the chart.

Q17. Which clinical activities (if any) do / did PAs in your practice undertake? Base: All those who currently or previously work with PAs (2,782) / Q31. Which clinical activities (if any) do you think PAs should be able to undertake in general practice? Base: All respondents (5,111).
Q18. Which other clinical and non-clinical activities (if any) do / did PAs in your practice undertake? / Q32. Which other clinical and non-clinical activities (if any) do you think PAs should be able to undertake in general practice?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes - What other clinical / non-clinical activities PAs do currently see</th>
<th>No - What other clinical / non-clinical activities PAs do not currently see</th>
<th>Yes - What other clinical / non-clinical activities PAs should be able to see</th>
<th>No - What other clinical / non-clinical activities PAs should not be able to see</th>
</tr>
</thead>
<tbody>
<tr>
<td>Making referrals to community or social services</td>
<td>77%</td>
<td>24%</td>
<td>7%</td>
<td>9%</td>
</tr>
<tr>
<td>Making recommendations for prescribing to a prescribing clinician</td>
<td>75%</td>
<td>9%</td>
<td>22%</td>
<td>11%</td>
</tr>
<tr>
<td>Making referrals to secondary care services</td>
<td>60%</td>
<td>56%</td>
<td>50%</td>
<td>28%</td>
</tr>
<tr>
<td>Ordering tests (other than those using ionising radiation which PAs are not permitted to request)</td>
<td>71%</td>
<td>50%</td>
<td>45%</td>
<td>28%</td>
</tr>
<tr>
<td>Analysing and acting on diagnostic test results</td>
<td>70%</td>
<td>45%</td>
<td>48%</td>
<td>33%</td>
</tr>
<tr>
<td>Undertaking end of life care discussions and documentation (DNACPR or RESPECT forms)</td>
<td>60%</td>
<td>45%</td>
<td>64%</td>
<td>45%</td>
</tr>
<tr>
<td>Completing other paperwork e.g. insurance reports, audits, returns to the PCN / Cluster / Trust / ICB / Health Board, child protection forms, benefit reports</td>
<td>65%</td>
<td>48%</td>
<td>60%</td>
<td>53%</td>
</tr>
<tr>
<td>Completing cremation forms</td>
<td>77%</td>
<td>12%</td>
<td>75%</td>
<td>6%</td>
</tr>
</tbody>
</table>

Those selecting ‘Sometimes’ or ‘Don’t know’ have been excluded from the chart.
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?

- **Being responsible for clinical triage**: 66% Yes, 14% No
- **Undertaking direct supervision of GP registrars, foundation doctors or medical students / PA students**: 75% Yes, 7% No
- **Being the sole practitioner on call or duty clinician**: 92% Yes, 1% No
- **Undertaking debriefs for GP Registrars / foundation doctors / medical students**: 97% Yes, 1% No

Those selecting ‘Sometimes’ or ‘Don’t know’ have been excluded from the chart.

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Q19. Which practice management and/or supervision activities (if any) do/did PAs in your practice provide? Base: All those who currently or previously work with PAs (2,782) / Q33. Which practice management and/or supervision activities (if any) do you think PAs should be able to provide in general practice? Base: All respondents (5,111).
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?

- All members of staff (should) introduce(d) themselves with their name and role
- Information is / was / should be available on our website about each member of the practice team and their role
- When a patient is / was given an appointment, verbal information is / was / should be provided on who it is with and what their role is
- Patients are / were / should be told who the appointment is / was with but no detailed explanation is / was / should be provided on different roles
- All staff (should) wear / wore badges with their name and role
- Names and role are / should be stated on consultation room doors
- Detailed information is / was / should be available on our website about the PA role and how they work within the MDT
- When a patient is / was given an appointment, written information is / was / should be provided on who it is with and what their role is

Please note, respondents were able to select multiple options.
Section 4: Benefits and risks of PAs in General 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.
Q37. What benefits (if any) do you consider there to be from having a PA in general practice?

- Reducing clinical workload of GPs by delivering specific clinical tasks: 42%
- Taking bureaucratic tasks e.g. referral administration away from GPs: 41%
- Expanding patient access and enabling patients to be seen sooner: 29%
- Providing additional patient services in the practice: 25%
- Other: 8%
- I cannot identify any benefits: 33%

Please note, respondents were able to select multiple options.
Q37. What benefits (if any) do you consider there to be from having a PA in general practice?

- Reducing clinical workload of GPs by delivering specific clinical tasks
- Taking bureaucratic tasks e.g. referral administration away from GPs
- Expanding patient access and enabling patients to be seen sooner
- Providing additional patient services in the practice
- Other
- I cannot identify any benefits

Please note, respondents were able to select multiple options.
Q37. What benefits (if any) do you consider there to be from having a PA in general practice?

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Total</th>
<th>I currently work with PAs in general practice</th>
<th>I have worked with PAs in general practice previously but do not at present</th>
<th>I have never worked with PAs in general practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reducing clinical workload of GPs by delivering specific clinical tasks</td>
<td>54%</td>
<td>39%</td>
<td>26%</td>
<td>23%</td>
</tr>
<tr>
<td>Taking bureaucratic tasks e.g. referral administration away from GPs</td>
<td>41%</td>
<td>37%</td>
<td>30%</td>
<td>23%</td>
</tr>
<tr>
<td>Expanding patient access and enabling patients to be seen sooner</td>
<td>42%</td>
<td>29%</td>
<td>26%</td>
<td>23%</td>
</tr>
<tr>
<td>Providing additional patient services in the practice</td>
<td>33%</td>
<td>25%</td>
<td>23%</td>
<td>22%</td>
</tr>
<tr>
<td>Other</td>
<td>8%</td>
<td>7%</td>
<td>8%</td>
<td>9%</td>
</tr>
<tr>
<td>I cannot identify any benefits</td>
<td>33%</td>
<td>25%</td>
<td>23%</td>
<td>22%</td>
</tr>
</tbody>
</table>

Please note, respondents were able to select multiple options.
Q38a. What challenges (if any) do you consider there to be with the use of PAs in general practice?

Lack of clarity on scope of practice: 90%
Lack of public understanding of the PA role: 85%
Lack of time / resourcing for supervision: 85%
Negative impact of supervision requirements on GP workload: 84%
Regulation not yet implemented: 83%
Lack of clarity on induction and supervision requirements and standards: 82%
Risk of PAs being deployed in under doctored areas exacerbating health inequalities: 81%
Negative effects on patient safety: 81%
Risk of medical students and GP registrars losing out on training opportunities: 79%
Role substitution causing risk of GP job losses: 76%
Lack of cost-effectiveness of employing PAs vs other roles: 68%
Impact of tasks being undertaken by PAs and other roles on continuity of care and the GP patient relationship: 62%
Other: 9%
I cannot identify any challenges: 0%

Please note, respondents were able to select multiple options.
Q38a. What challenges (if any) do you consider there to be with the use of PAs in general practice?

- Lack of clarity on scope of practice
- Lack of public understanding of the PA role
- Lack of time / resourcing for supervision
- Negative impact of supervision requirements on GP workload
- Regulation not yet implemented
- Lack of clarity on induction and supervision requirements and standards
- Risk of PAs being deployed in under doctored areas exacerbating health inequalities
- Negative effects on patient safety
- Risk of medical students and GP registrars losing out on training opportunities
- Role substitution causing risk of GP job losses
- Lack of cost-effectiveness of employing PAs vs other roles
- Impact of tasks being undertaken by PAs and other roles on continuity of care and the GP patient relationship
- Other
- I cannot identify any challenges

Base: Total (5,111); GP Partner (1,328); Salaried GP (1,232); Locum (504); Registrar/AiT (1,626). Please note, respondents were able to select multiple options.
Q38a. What challenges (if any) do you consider there to be with the use of PAs in general practice?

- Lack of clarity on scope of practice
- Lack of public understanding of the PA role
- Lack of time / resourcing for supervision
- Negative impact of supervision requirements on GP workload
- Regulation not yet implemented
- Lack of clarity on induction and supervision requirements and standards
- Risk of PAs being deployed in under doctored areas exacerbating health inequalities
- Negative effects on patient safety
- Risk of medical students and GP registrars losing out on training opportunities
- Role substitution causing risk of GP job losses
- Lack of cost-effectiveness of employing PAs vs other roles
- Impact of tasks being undertaken by PAs and other roles on continuity of care and the GP patient relationship
- Other
- I cannot identify any challenges

Please note, respondents were able to select multiple options.
Q37. What benefits (if any) do you consider there to be from having a PA in general practice? Base: Asked to all (5,111 respondents); I currently work with PAs in general practice (1,562); I have worked with PAs in general practice previously but do not at present (1,220); I have never worked with PAs in general practice (2,244); GP partner (886), Salaried GP (973); Locum (429); Registrar/AiT (1,409).

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)
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

"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

"Basic pharmacology knowledge is zero with PAs. So, it is challenging to manage highly complex patients."

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

Q38c. Are you aware of any specific examples of negative effects on patient safety? Based: Asked to those who selected 'negative effects on patient safety at Q38 and then said they are aware of specific issues (2,074 free text comments left).
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

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

Registrar/AiT, England, Previously worked 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

Q38c. Are you aware of any specific examples of negative effects on patient safety? Based: Asked to those who selected ‘negative effects on patient safety at Q38 and then said they are aware of specific issues (2,074 free text comments left).
Q38d. Are you aware of any specific examples of PAs being deployed in under doctored areas exacerbating health inequalities?

Experience with PAs

- I currently work with PAs in general practice
- I have worked with PAs in general practice previously but do not at present
- I have never worked with PAs in general practice

Clinical Role

- Total
  - Yes: 25% (20%), 42% (47%), 40% (39%)
  - No: 25% (23%), 35% (32%), 23% (41%)
  - Don’t know: 25% (22%), 42% (36%), 23% (46%)

- GP partner: 17% (20%)
- Salaried GP: 42% (36%)
- Locum: 26% (41%)
- Registrar/AIT: 46% (41%)

Q38d. Are you aware of any specific examples of PAs being deployed in under doctored areas exacerbating health inequalities? Base: Asked to those who selected ‘Risk of PAs being deployed in under doctored areas exacerbating health inequalities’ at Q38a (4,142); I currently work with PAs in general practice (1,162); I have worked with PAs in general practice previously but do not at present (1,029); I have never worked with PAs in general practice (1,886); GP partner (1,041); Salaried GP (1,020); Locum (435); Registrar/AIT (1,309).
Q38e. Are you aware of any specific examples of GP job losses due to role substitution by PAs?

**Clinical Role**

- **Yes**
  - 37% GP partner
  - 57% Salaried GP
  - 71% Locum
  - 61% Registrar/AiT

- **No**
  - 23% GP partner
  - 14% Salaried GP
  - 16% Locum
  - 43% Registrar/AiT

- **Dont know**
  - 19% GP partner
  - 15% Salaried GP
  - 21% Locum
  - 23% Registrar/AiT

**Experience with PAs**

- **Yes**
  - 66% I currently work with PAs in general practice
  - 43% I have worked with PAs in general practice previously but do not at present
  - 30% I have never worked with PAs in general practice
  - 27% Don’t know

- **No**
  - 20% I currently work with PAs in general practice
  - 20% I have worked with PAs in general practice previously but do not at present
  - 14% I have never worked with PAs in general practice
  - 19% Don’t know

- **Dont know**
  - 14% I currently work with PAs in general practice
  - 19% I have worked with PAs in general practice previously but do not at present
  - 27% I have never worked with PAs in general practice
  - 61% Don’t know

Base: Asked to those who selected ‘Role substitution causing risk of GP job losses’ at Q38a (3,878); I currently work with PAs in general practice (1,115); I have worked with PAs in general practice previously but do not at present (985); I have never worked with PAs in general practice (1,709); GP partner (788); Salaried GP (965); Locum (421); Registrar/AiT (1,420).
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?

<table>
<thead>
<tr>
<th>Experience with PAs</th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>I currently work with PAs in general practice</td>
<td>31%</td>
<td>14%</td>
<td>44%</td>
</tr>
<tr>
<td>I have worked with PAs in general practice previously but do not at present</td>
<td>37%</td>
<td>28%</td>
<td>32%</td>
</tr>
<tr>
<td>I have never worked with PAs in general practice</td>
<td>39%</td>
<td>34%</td>
<td>24%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinical Role</th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP partner</td>
<td>16%</td>
<td>24%</td>
<td>35%</td>
</tr>
<tr>
<td>Salaried GP</td>
<td>30%</td>
<td>36%</td>
<td>34%</td>
</tr>
<tr>
<td>Locum</td>
<td>40%</td>
<td>40%</td>
<td>28%</td>
</tr>
<tr>
<td>Registrar/AiT</td>
<td>28%</td>
<td>30%</td>
<td>44%</td>
</tr>
</tbody>
</table>

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? Base: Asked to all (5,112); I currently work with PAs in general practice (1,562); I have worked with PAs in general practice previously but do not at present (1,220); I have never worked with PAs in general practice (2,245); GP partner (1,328); Salaried GP (1,232); Locum (504); Registrar AIT (1,627).
Q40. Are you aware of cases where GP Registrars / AiTs have been asked to supervise PAs?

Experience with PAs

- Yes: 15% (1,562)
- No: 67% (2,245)
- Don't know: 18% (1,220)

Clinical Role

- GP partner: 24% (1,328)
- Salaried GP: 63% (1,232)
- Locum: 48% (504)
- Registrar/AiT: 6% (1,627)

Q40: Are you aware of cases where GP Registrars / AiTs have been asked to supervise PAs? Base: Asked to all (5,112); I currently work with PAs in general practice (1,562); I have worked with PAs in general practice previously but do not at present (1,220); I have never worked with PAs in general practice (2,245); GP partner (1,328); Salaried GP (1,232); Locum (504), Registrar AIT (1,627).
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 general practice: 55%
- 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 practice: 50%
- 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 practice safe: 1%
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 general practice
- Total: 56%
- GP partner: 60%
- Salaried GP: 61%
- Locum: 46%
- Registrar/AiT: 57%

Greater clarity about the medicolegal implications of supervising PAs
- Total: 54%
- GP partner: 60%
- Salaried GP: 60%
- Locum: 44%
- Registrar/AiT: 54%

Implementation of regulation
- Total: 51%
- GP partner: 60%
- Salaried GP: 60%
- Locum: 42%
- Registrar/AiT: 51%

Additional resourcing for supervision time
- Total: 52%
- GP partner: 61%
- Salaried GP: 60%
- Locum: 52%
- Registrar/AiT: 58%

Additional training provision and requirements for PAs in general practice
- Total: 36%
- GP partner: 50%
- Salaried GP: 57%
- Locum: 39%
- Registrar/AiT: 54%

Other
- Total: 6%
- GP partner: 9%
- Salaried GP: 6%
- Locum: 6%
- Registrar/AiT: 7%

Don’t know
- Total: 1%
- GP partner: 2%
- Salaried GP: 2%
- Locum: 2%
- Registrar/AiT: 1%

Nothing would make employing PAs in general practice safe
- Total: 36%
- GP partner: 35%
- Salaried GP: 32%
- Locum: 47%
- Registrar/AiT: 0%

Nothing further is required to make employment of PAs in general practice safe
- Total: 47%
- GP partner: 40%
- Salaried GP: 39%
- Locum: 40%
- Registrar/AiT: 39%

Please note, respondents were able to select multiple options.
### Q41. What would need to be in place to ensure the safe and effective employment of PAs in general practice?

<table>
<thead>
<tr>
<th>Category</th>
<th>Total</th>
<th>I currently work with PAs in general practice</th>
<th>I have worked with PAs in general practice previously but do not at present</th>
<th>I have never worked with PAs in general practice</th>
</tr>
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<tbody>
<tr>
<td>Greater clarity on what activities PAs can and cannot undertake in general practice</td>
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<td>Implementation of regulation</td>
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<tr>
<td>Additional training provision and requirements for PAs in general practice</td>
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<tr>
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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, Previously worked 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 burnt-out, 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.

“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

“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
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

Q42. Do you have any other comments you have not had the opportunity to include above? Base: All respondents (2,111 respondents who left a free text comment).
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