



Royal College of Emergency Medicine

RCEM Survey on Physician Associates in Emergency Medicine

Academic Cluster, RCEM

Background

The NHS Long Term Workforce Plan (LTWP) has suggested an expansion of training and clinical posts for Physician Associates (PAs). This has created a significant level of concern around a range of issues including scope of practice, educational capacity, educational opportunity and remuneration.

PAs have been working in the UK for over two decades, but in relatively small numbers. It is thought that a few hundred PAs currently work in UK emergency departments.

Council approved a short life working group (SLWG) to look at the PA question and to produce a report to advise council on next steps. To support the SLWG a rapid online survey was conducted to canvass opinion from RCEM members, associate members and fellows.

This paper summarises the methodology and main findings.

Method

A short survey was designed by the Director of Education, the College Dean and the VP of Education of the College. The aim of the survey was to inform the SLWG on the experience, opinion and aspirations for Physician Associates in Emergency Medicine.

A number of iterations were undertaken to refine the question set. No external piloting was conducted.

The majority of questions were designed for quantitative analysis. A further two questions were free text to provide context. The free text questions were not intended to be subject to formal analysis.

The survey was distributed by email to all members and fellows of the College (including associate members). The survey was widely promoted via College communication channels. To protect its integrity, the survey was only accessible behind an RCEM member log in.

The survey was released on 9 March 2024 and closed on 25 March 2024.

Results

The results are presented below in tabular form.

Unless otherwise indicated the questions were in closed format with participants only able to answer predetermined categories.

The survey was sent to all 11,832 members. There were 2,906 responses. The survey therefore represents a 25% response rate.



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Question 1: Please choose the grade closest to your role below

Grade	Count
Advanced Clinical Practitioner	226
Consultant	899
Currently not in clinical practice	8
Locally employed doctor	233
Medical student	13
Physicians Associate	54
Postgraduate Doctor in Training	1151
Retired	8
SAS	311
(blank)	3
Total	2906

This data represents how respondents viewed their current working practice.

Although this question was intended to tell us what respondents were employed as, the wording appears to have been interpreted differently by some responders. This is evident by examining the answers to question 5 where the number of people identifying as a PA is different to the number answering as a PA above.

This has led to different numbers for PAs in different tables throughout the survey, as the response to this question has not been consistent and in some questions there have been non-responders.

Where a respondent has declared themselves as a PA in question 1 or question 5 we have considered them to be a PA. This equates to 77 individuals.

In retrospect the wording of question 1 could have been improved by simply asking what the respondents were employed as and/or job title.

The results above show that 23 PAs who identified themselves as a PA in question 5, chose an answer in question 1 that was a different role to that of a PA. The vast majority of these discrepancies were amongst PAs who were working in international settings.

Question 2: Which nation(s) do you work in?

Country	Count
England	2338
Europe	31
International	151
Northern Ireland	94
Scotland	168
Wales	123
(blank)	1
Total	2906



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Question 3: Where is your main area of work?

Area of work	Count
Adults only EM	515
Mixed adult and paediatric EM	2352
Paediatric only EM	32
(blank)	7
Total	2906

Question 4: What centre most closely aligns with where you practice?

Centre	Count
District General Hospital	963
Major trauma centre	868
Major trauma unit	948
Other	62
Urgent treatment centre	64
(blank)	1
Total	2906

Question 5: Please select from the most applicable below:

Experience with PAs	Count
I am a physicians associate in EM	69
I am currently clinically working with a physician associate/s within EM	1148
I have not clinically worked with a physician associate in EM	772
I have previously clinically worked with a physician associate/s within EM	912
(blank)	5
Total	2906

Question 6: If you are an educational supervisor, whom do you supervise?

Supervision Area(s)	Count
Undergraduate supervision	540
Postgraduate doctors in training	886
Advanced clinical practitioners	520
Physician associates	179
Not applicable	1715



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Question 7: What is the highest tier of practice you support for the role of physician associate?

Tier	Count
Tier 1: Physician associates – Require complete supervision. All patients must be signed off before admission or discharge	1281
Tier 2: Physician associates – Require access to advice or direct supervision, or practice independently but with limited scope	958
Tier 3: Physician associates – More senior / experienced clinicians, requiring less direct supervision. Generally fewer limitations in scope of practice	309
Tier 4: Physician associates- Senior clinicians able to supervise a department alone with remote support, possess some extended skills. Full scope of practice	40
Tier 5: Physician associates – Senior clinicians with accredited advanced qualifications in EM/ full set of extended skills	42
(blank)	276
Total	2906

The tier approach to clinical practice is taken from [RCEM Medical and Practitioner Staffing in EDs](#) (Feb 2015).

A number of sub-analyses were conducted with regard to question 7. These are shown on the next page.



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What level of support by grade of respondent:

	Tier 1: Physician associates – Require complete supervision. All patients must be signed off before admission or discharge	Tier 2: Physician associates - Require access to advice or direct supervision, or practice independently but with limited scope	Tier 3: Physician associates – More senior / experienced clinicians, requiring less direct supervision. Generally fewer limitations in scope of practice	Tier 4: Physician associates- Senior clinicians able to supervise a department alone with remote support, possess some extended skills. Full scope of practice	Tier 5: Physician associates – Senior clinicians with accredited advanced qualifications in EM/ full set of extended skills	not answered	Total
Advanced Clinical Practitioner	81	84	25	4	2	28	224
Consultant	372	278	133	15	19	78	895
Currently not in clinical practice	5	1	1	1	0	0	8
Locally employed doctor	111	64	18	1	3	30	227
Medical student	7	4	1	0	0	1	13
Physicians Associate	3	12	32	7	10	13	77
Postgraduate Doctor in Training	561	425	67	3	6	83	1145
Retired	4	3	1	0	0	0	8
SAS	135	87	31	9	2	42	306
not answered	2	0	0	0	0	1	3
Total	1281	958	309	40	42	276	2906



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Sub group analysis of suggested tier practice, as compared to past/current experience of working with PAs:

	Tier 1: Physician associates - Require complete supervision. All patients must be signed off before admission or discharge	Tier 2: Physician associates - Require access to advice or direct supervision, or practice independently but with limited scope	Tier 3: Physician associates - More senior / experienced clinicians, requiring less direct supervision. Generally fewer limitations in scope of practice	Tier 4: Physician associates- Senior clinicians able to supervise a department alone with remote support, possess some extended skills. Full scope of practice	Tier 5: Physician associates - Senior clinicians with accredited advanced qualifications in EM/ full set of extended skills	not answered	Total
I am a physicians associate in EM	3	11	32	7	10	13	76
I am currently clinically working with a physician associate/s within EM	411	427	183	25	22	76	1144
I have not clinically worked with a physician associate in EM	364	236	42	5	9	114	770
I have previously clinically worked with a physician associate/s within EM	502	282	52	3	1	71	911
not answered	1	2	0	0	0	2	5
Total	1281	958	309	40	42	276	2906



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Question 8: If (more) PAs were introduced into your department would you have the educational capacity to supervise and train them in addition to current educational responsibilities?

	If (more) PAs were introduced into your department would you have the educational capacity to supervise and train them in addition to current educational responsibilities?
No	1841
Not applicable	566
Yes	491
Not answered	8
Total	2906

Question 9: If more PAs were introduced to your department how would this affect training opportunities for current staff?

Response	Count
It would reduce training opportunities for current staff	2093
It would have no effect (or would be neutral)	433
It would improve them (e.g. by allowing more capacity to cover teaching sessions for current staff)	356
Total	2882

Question 10: Do you have any specific concerns about the introduction of PAs into emergency medicine? Respondents were able to provide multiple answers to question 10.

Concern	
I do not have concerns	246
Educational capacity	1666
Boundaries to scope of practice	2250
Replacement of current staff by PAs	1711
Supervision arrangements	2010
Lack of specialty specific training	1775
Unfair differentials of terms and conditions of service between PAs and other groups e.g. pay	1889
Registration issues (as not currently a registered practitioner)	1884
Inability of PAs or order ionising radiation	1766
Inability of PAs to prescribe	1917
Other	260



Question 11: Should RCEM develop a speciality specific PA credentialing programme?

Credentialling Programme	Count
Yes	953
Maybe	727
No	1219
(blank)	7
Grand Total	2906

Question 12: Do you support the expansion of PAs into the emergency department workforce?

	Count
No	1705
Maybe	631
Yes	567
Total	2903

Free text responses

A high volume of free text responses was received, amounting to 109 pages and over 74,000 words of commentary. These have not been formally analysed as part of this report, but were considered as part of the overall decision making.

Summary

The RCEM PA survey data shows how RCEM members, associate members and fellows view the current key questions relating to the role of PAs in Emergency Medicine.

The headline findings from this survey are shown below.

1. PA expansion is not supported into emergency medicine by the respondents to this survey
2. The majority of respondents state that practice should be limited to Tier 1 or 2 roles in emergency medicine
3. The possibility for a credentialing program for PAs requires further exploration as the answer to this question was inconclusive.
4. A range of concerns with regard to PA expansion have been articulated. Notably:
 - a. Educational capacity
 - b. Scope of practice
 - c. Supervision
 - d. Training