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Royal College of Emergency Medicine

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Revised statement on PAs in Emergency Medicine following the Leng Review

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Executive Summary

This revised statement presents the Royal College of Emergency Medicine's (RCEM) position on the role of PAs in Emergency Departments (EDs), in light of the Leng Review (2025). This statement supersedes all previous RCEM statements on this matter.

This statement reflects the recommendations of the Short Life Working group on PAs in EM (established in September 2023) following meetings on 30 July 2025 and 14 August 2025 and was approved by RCEM council on 11 September 2025.

RCEM acknowledges the review and reaffirms that PAs must only work under direct supervision and must not assess undifferentiated patients.

As stated in June 2024 following a survey with our membership, RCEM does not currently support the expansion of the PA workforce in Emergency Medicine (EM).

The Leng Review makes it clear that PAs are dependent, not autonomous practitioners.

This statement addresses key elements of the review recommendations relevant to Emergency Medicine. Where Leng recommendations are not specifically mentioned, this does not imply acceptance. RCEM reserves the right to issue further guidance in due course. This document aims to support safe clinical practice, protect patient safety, and assist members in aligning practice with national guidance.

RCEM acknowledges that this statement may prompt changes in the practices of those working in Emergency Medicine. The College encourages employers to manage these transitions effectively and to ensure that individuals are appropriately supported throughout. The College recognises that these changes may feel difficult, and we are committed to listening to the experiences of both departments where PAs are based and of individual PAs through the PA Short Life Working Group, ensuring these perspectives inform future consideration of practice in Emergency Medicine.

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Background

RCEM's tiered workforce framework has guided Emergency Department staffing since 2015 and was revised in 2025. PAs were integrated into this framework in recognition of their potential to support clinical teams. However, increasing concerns over role clarity, training, and safety has necessitated a re-evaluation. The Leng Review provides a national mandate to reset expectations and protect patients through clear boundaries around the PA role.

The following outlined in June 2024 in reference to the current EM PA workforce remains:

- **Addressing Workforce Shortages:** PAs cannot replace EM doctors or Advanced Clinical Practitioners (ACPs).
- **Prioritising EM Training:** During a time of significant workforce challenges in Emergency Medicine, funding, resources, and learning opportunities must prioritise the training and retention of all EM doctors, and credentialling and credentialed ACPs.
- **Rotas:** PAs should be considered a distinct workforce group and should not be used to replace EM doctors and ACPs. *see clarification point 1.*
- **Supervised Practice:** *see clarification point 2.*
- **Public Awareness:** PAs must be clearly identifiable and identify themselves as a PA to members of the public and other clinicians.
- **Adequate Resourcing:** Training, induction and supervision of PAs within Emergency Department settings must be appropriately designed, job-planned, staffed and funded.
- **Undifferentiated Patients:** *see clarification point 3*

Background Clarifying Supervision and Scope

RCEM makes the following principles explicit:

1. PAs should identify and explain their role as such, and their function should be explained to patients and other members of the MDT
    a. Standardised measures, including national clothing, badges, lanyards and staff information, should be employed to distinguish PAs from doctors.
2. Direct Supervision is Mandatory:
    a. PAs should be directly clinically supervised in line with the RCEM Workforce Tiers document (2025), at Tier 1.

b. Supervision includes the supervising clinician having responsibility for diagnosis and management planning.

3. With Regards to PAs, undifferentiated patients must be seen by a Tier 3 clinician or above first:
    a. Patients triaged by paramedics, RATs, reception teams, triage nurses or patients referred into an ED from other clinical services remain undifferentiated until subsequently seen by a Tier 3 clinician or above who has seen, reviewed and formulated a differential diagnosis and management plan for the patient.

4. The PA is a dependant role:
    a. The Leng Review states that PAs should be positioned as assistants to doctors. PAs should not conduct early clinical assessments, initiate diagnostics, or formulate management plans independently.
    b. PAs are not substitutes for doctors
    c. PAs must not assume clinical management responsibilities within the department

The College appreciates the difficult and challenging time that PAs are experiencing and the high level of animosity and hostility they are continuing to suffer. RCEM remains committed to support its existing PA members and will be contacting them directly following the publication of this revised statement.

***Note**: PAs refers to Physician Associates and Physician Assistants as different organisations adopt different terms. The College will hereby refer to PAs as Physician Assistants in line with the review.*

References

1. Royal College of Emergency Medicine. Updated position on PAs in Emergency Medicine. https://rcem.ac.uk/update-on-royal-college-of-emergency-medicines-positionregarding-physician-associates-in-emergency-medicine/
2. Leng G. The Leng Review: An Independent Review into the Physician Associate and Anaesthesia Associate Professions. DHSC, July 2025. https://www.gov.uk/government/publications/independent-review-of-the-physician-associate-and-anaesthesia-associate-roles-final-report