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Summary Report for the Leng Review:

Evaluating Physician Associate Colleague Multi-Source Feedback

CMAPs College of Medical Associate Professionals

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Abstract

Multi-disciplinary team (MDT) members working with Physician Associates (PAs) submitted Colleague Multi-Source Feedback forms to CMAPs, to inform evidence to be submitted to support the Leng independent review into the safety and efficacy of PAs. With over 700 submissions from over 100 verifiable PAs, these results reflect colleague MSF from the largest number of PAs together in one survey.

Most MSFs were from colleagues working frequently (daily or weekly) with PAs, had recent experience of working with a PA (current or within the last two years), and were from a range of professional groups including consultants, supervisors, doctors, nurses, support workers, administrative staff and pharmacists.

Ninety-nine percent of responses stated that they considered the PA to be fit to practice.
Nine out of 15 aspects of practice were rated Good or Very Good by 95% or more of responses, and six of these by 99% of responses. Attributes that were most highly praised were those relating to patient safety and effective practice, including honesty and trustworthiness, respect for patient confidentiality, working effectively with colleagues, communicating with patients and relatives, supervising colleagues, and medical record keeping.

Many responses contained highly complementary additional comments, showing that colleagues of PAs are passionate about their contributions to the MDT. There were no comments from colleagues with less than complimentary feelings about PAs.

Rather than expressing concerns about patient safety, colleagues working closely with PAs are passionate about their skills and contributions and highly value their inclusion within the MDT. This should help establish firm public confidence in MAPs, and promote widespread acceptance both in healthcare, and by the wider public.

Introduction

Physician Associates (PAs) are increasingly recognised as integral members of multidisciplinary teams (MDTs) within the NHS (1). PAs work across many disciplines and specialties in primary care, secondary care and mental health (2). PAs are valued for their stability and continuity of care, supporting new staff, and reducing the workload of physicians (2,3,4). Despite recent controversy surrounding the PA role, there has been little published data on how other members of the MDT perceive the value of PAs within the MDT. Existing research shows that feedback from the multi-disciplinary team (MDT) regarding PAs is positive, finding no issues with their clinical practice and most survey participants feeling that PAs are useful members of the MDT (5). PAs have been shown to be well regarded by their colleagues in inpatient psychiatry, with all 23 MDT respondents directly working with a PA rating them 10/10 (6). Some studies show that the more junior colleagues and those lacking direct experience of PAs are more likely to hold negative viewpoints (5), possibly relating to the many challenges facing resident doctors in the current healthcare climate. These studies comprise data from relatively small numbers of individual PAs (5,6). This report presents findings from the largest ever national survey of feedback from colleagues working directly with PAs.

Methodology

A colleague feedback questionnaire was distributed via an online survey tool on the College of Medical Associate Professionals (CMAPs) website to collect insights from multi-disciplinary team (MDT) members working with PAs. The survey was based on the GMC survey for colleague Multi-Source Feedback (MFS) and contained 18 questions using a Likert scale to provide response choices (Very Good, Good, Satisfactory, Less than Satisfactory, Poor, Don't Know), and one question (Is the PA fit to practice?) gave the options Yes, No, Don't know. Questions were designed to assess various aspects of professional practice and included one free choice question to elicit any additional comments and opinions (Appendix 1). The framework was a standard format based around MSF used by GMC portfolio and revalidation purposes following the standard areas of care.

The survey link was shared through email and social media platforms, ensuring broad accessibility to the target population. PAs could request their colleagues fill out the form, or respondents could have filled the form voluntarily. Participation was entirely voluntary, with no incentives provided for completion. The data portal was open to submissions from 19/01/25 to 09/03/25. To maintain data integrity, prevent duplicate responses, and ensure responses were authentic, the survey required identifiable information, including name and a GMC number or work email.

Descriptive statistics were calculated using Microsoft Excel, using coding of Likert grades to quantify responses (Very good = 5; Good = 4; Satisfactory = 3; Less than satisfactory = 2; Poor = 1; Don't know = ungraded). Means of Likert scores were calculated collectively for each aspect graded, both collectively and by colleague type. Three key parameters pertaining to PA safety and efficacy (clinical decision making, commitment to care and wellbeing of patients, and recognising and working within limitations) have been shown separated by colleague type. Ungraded scores were not included in the analysis, to avoid bringing down the mean values from respondents who weren't sure. The free text responses were analysed by a first pass basic thematic analysis looking at key themes, with representative feedback used to illustrate the themes with direct quotes, anonymised where necessary.

Use of the NHS REC Tool and Ethical Considerations

In alignment with best practices for research governance, the NHS Research Ethics Committee (REC) decision tool was applied to assess whether this project required formal NHS ethics approval. Based on the tool's guidance, the activities undertaken in this project do not fall within the scope that mandates NHS REC oversight. Consequently, no formal submission to an NHS Research Ethics Committee was necessary.

Results

Verification of feedback

There were 703 individual MSF forms submitted, of which 696 were from valid email addresses. AGMC and MVR numbers identified 115 verifiable individual PAs whose colleagues submitted feedback. Some responses were difficult to validate as incorrect information was submitted (e.g. they were asked for their PA's AGMC/MVR number but had submitted their own). One response was identified as vexatious, due to the uniformity of all aspects graded at 'poor' with no further information submitted in the free text to support the reasoning, lack of validation of the submitting person, and the 14 other submissions for that PA which were overwhelmingly positive. All responses have been included in the analysis, to avoid selection bias.

Demographics of colleagues providing feedback

A wide range of MDT members were represented by the feedback, including doctor colleagues (317) and doctor supervisors (190), nurses, health care assistants, administrative staff and pharmacists (Figure 1). No responses were obtained from midwives or community nurses. The majority of responses were from contemporaneous colleagues (67%) with another 14% being from the last two years (Figure 2). Almost two-thirds of responses were from colleagues with daily contact with PAs, with 94% having at least weekly contact with PAs (Figure 3).

MDT Members Providing PA MSF

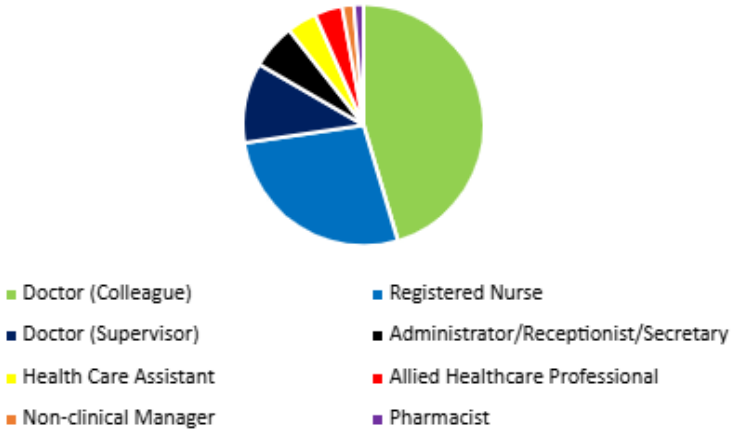

Figure 1: Types of MDT members providing MSF

Colleague Status - Recency of Contact

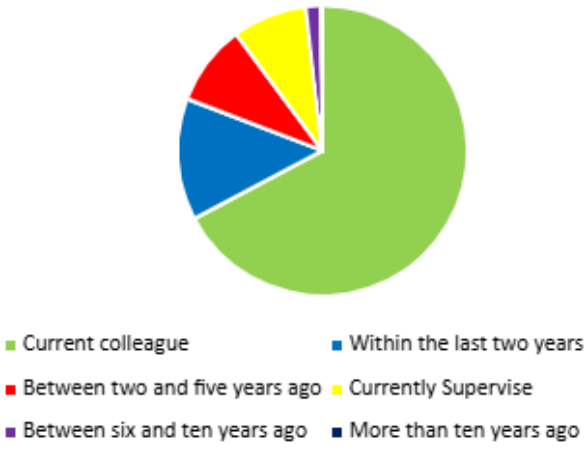

Figure 2: Colleague status in terms of recency of contact and experience with PA

Interaction Frequency

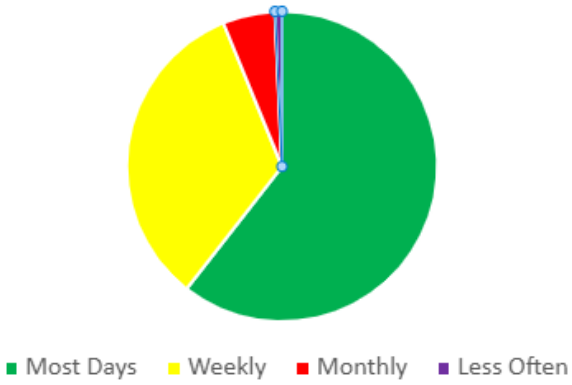

Figure 3: Interaction frequency between PAs and colleagues submitting MSF

Results have been described for each aspect of the PA's practice assessed in the MSF. Responses by Likert category were separated by profession/colleague type, although there was little variation in the mean Likert scores by profession, and due to time constraints no statistical analysis of differences in scores between colleague professional group was attempted.

Clinical Knowledge

The mean Likert score for all scored responses rating clinical knowledge was 4.80. 97% of responses graded their PA's clinical knowledge as either Good or Very Good (Table 1).

PA Grading	Number of Responses	%
Very Good	573	82
Good	102	15
Satisfactory	17	2
Less than Satisfactory	0	0
Poor	1	0
Don't Know	7	1

Table 1: Likert scores for Clinical knowledge

Diagnosis

The mean Likert score for all scored responses rating diagnostic skills was 4.75. 92% of responses graded their PA's diagnostic skills as either Good or Very Good (Table 2).

PA Grading	Number of Responses	%
Very Good	521	74
Good	127	18
Satisfactory	20	3
Less than Satisfactory	0	0
Poor	1	0
Don't Know	31	4

Table 2: Likert scores for Diagnosis

Clinical Decision Making

The mean Likert score for all scored responses rating clinical decision making was 4.76. 95% of responses graded clinical decision making as either Good or Very Good (Table 3a and b). Nurses and healthcare assistants rated PAs' clinical decision making slightly more highly than did doctors, although no statistical significance has been calculated (Table 3b).

PA Grading	Number of Responses	%
Very Good	544	78
Good	117	17
Satisfactory	23	3
Less than Satisfactory	1	0
Poor	1	0
Don't Know	12	2

Table 3a: Likert scores for Clinical decision making

Professional	Mean score
Doctor (Supervisor)	4.59
Doctor (Colleague)	4.72
Registered Nurse	4.80
Administrator/Receptionist/Secretary	4.76
Non-clinical Manager	4.91
Allied Healthcare Professional	4.73
Pharmacist	4.67

Table 3b: Mean Likert scores for Clinical decision making by profession. Ungraded 'don't know' responses omitted from calculation.

Treatment (including practical procedures)

The mean Likert score for all scored responses rating treatment (including practical procedures) was 4.77. 94% of responses graded treatment (including practical procedures) as either Good or Very Good (Table 4).

PA Grading	Number of Responses	%
Very Good	531	76
Good	123	18
Satisfactory	13	2
Less than Satisfactory	2	0
Poor	1	0
Don't Know	31	4

Table 4: Likert scores for Treatment (including practical procedures)

Prescribing Suggestions

The mean Likert score for all scored responses rating prescribing suggestions was 4.69. 69% of responses graded prescribing suggestions as either Good or Very Good, with 27% of respondents saying they did not know (Table 5).

PA Grading	Number of Responses	%
Very Good	373	53
Good	114	16
Satisfactory	18	3
Less than Satisfactory	1	0
Poor	2	0
Don't Know	189	27

Table 5: Likert scores for Prescribing suggestions

Medical Record Keeping

The mean Likert score for all scored responses rating medical record keeping was 4.88. 95% of responses graded medical record keeping as either Good or Very Good (Table 6).

PA Grading	Number of Responses	%
Very Good	605	86
Good	61	9
Satisfactory	8	1
Less than Satisfactory	1	0
Poor	1	0
Don't Know	23	3

Table 6: Likert scores for Medical record keeping

Recognising and Working Within Limitations

The mean Likert score for all scored responses rating recognising and working within limitations was 4.87. 95% of responses graded recognising and working within limitations as either Good or Very Good (Table 7a). Nurses and managers rated PAs' recognising and working within limitations slightly more highly than did doctors, and pharmacists rated this lowest at 4.67, although no statistical significance has been calculated (Table 7b).

PA Grading	Number of Responses	%
Very Good	612	87
Good	59	8
Satisfactory	12	2
Less than Satisfactory	0	0
Poor	1	0
Don't Know	14	2

Table 7a: Likert scores for Recognising and working within limitations

Professional	Mean score
Doctor (Supervisor)	4.84
Doctor (Colleague)	4.89
Registered Nurse	4.92
Administrator/Receptionist/Secretary	4.86
Non-clinical Manager	5.00
Allied Healthcare Professional	4.81
Pharmacist	4.67

Table 7b: Mean Likert scores for Recognising and working within limitations. Ungraded 'don't know' responses omitted from calculation.

Keeping Knowledge and Skills up to Date

The mean Likert score for all scored responses rating keeping knowledge and skills up to date was 4.84. 92% of responses graded keeping knowledge and skills up to date as either Good or Very Good (Table 8).

PA Grading	Number of Responses	%
Very Good	563	80
Good	86	12
Satisfactory	9	1
Less than Satisfactory	0	0
Poor	1	0
Don't Know	41	6

Table 8: Likert scores for Keeping knowledge and skills up to date

Reviewing and Reflecting on own Performance

The mean Likert score for all scored responses rating reviewing and reflecting on own performance was 4.82. 87% of responses graded reviewing and reflecting on own performance as either Good or Very Good, with 11% not knowing (Table 9).

PA Grading	Number of Responses	%
Very Good	523	75
Good	84	12
Satisfactory	14	2
Less than Satisfactory	0	0
Poor	1	0
Don't Know	78	11

Table 9: Likert scores for Reviewing and reflecting on own performance

Teaching (students, trainees, others)

The mean Likert score for all scored responses rating teaching was 4.78. 71% of responses graded teaching as either Good or Very Good, with 26% not knowing (Table 10).

PA Grading	Number of Responses	%
Very Good	416	59
Good	87	12
Satisfactory	11	2
Less than Satisfactory	1	0
Poor	1	0
Don't Know	183	26

Table 10: Likert scores for Teaching (students, trainees, others)

Supervising Colleagues

The mean Likert score for all scored responses rating supervising colleagues was 4.78. 66% of responses graded supervising colleagues as either Good or Very Good, with 30% not knowing (Table 11).

PA Grading	Number of Responses	%
Very Good	388	55
Good	77	11
Satisfactory	14	2
Less than Satisfactory	2	0
Poor	1	0
Don't Know	213	30

Table 11: Likert scores for Supervising colleagues

Commitment to Care and Wellbeing of Patients

The mean Likert score for all scored responses rating Commitment to care and wellbeing of patients was 4.92. 99% of responses graded commitment to care and wellbeing of patients as either Good or Very Good (Table 12a). Nurses and managers rated PAs' Commitment to care and wellbeing of patients slightly more highly than did doctors, although no statistical significance has been calculated (Table 12b).

PA Grading	Number of Responses	%
Very Good	650	93
Good	41	6
Satisfactory	6	1
Less than Satisfactory	0	0
Poor	1	0
Don't Know	0	0

Table 12a: Likert scores for Commitment to care and wellbeing of patients

Professional	Mean score
Doctor (Supervisor)	4.87
Doctor (Colleague)	4.91
Registered Nurse	4.96
Administrator/Receptionist/Secretary	4.88
Non-clinical Manager	5.00
Allied Healthcare Professional	4.96
Pharmacist	4.89

Table 12b: Mean Likert scores for Commitment to care and wellbeing of patients. Ungraded 'don't know' responses omitted from calculation.

Communication with Patients and Relatives

The mean Likert score for all scored responses rating communication with patients and relatives was 4.90. 99% of responses graded communication with patients and relatives as either Good or Very Good (Table 13).

PA Grading	Number of Responses	%
Very Good	627	90
Good	60	9
Satisfactory	4	1
Less than Satisfactory	0	0
Poor	1	0
Don't Know	9	1

Table 13: Likert scores for Communication with patients and relatives

Working Effectively with Colleagues

The mean Likert score for all scored responses rating working effectively with colleagues was 4.91. 99% of responses graded working effectively with colleagues as either Good or Very Good (Table 14).

PA Grading	Number of Responses	%
Very Good	642	92
Good	52	7
Satisfactory	3	0
Less than Satisfactory	0	0
Poor	1	0
Don't Know	0	0

Table 14: Likert scores for Working effectively with colleagues

Effective Time Management

The mean Likert score for all scored responses rating effective time management was 4.83. 94% of responses graded effective time management as either Good or Very Good (Table 15).

PA Grading	Number of Responses	%
Very Good	572	82
Good	87	12
Satisfactory	10	1
Less than Satisfactory	0	0
Poor	2	0
Don't Know	28	4

Table 15: Likert scores for Effective time management

This PA Respects Patient Confidentiality

The mean Likert score for all scored responses rating respect for patient confidentiality was 4.90. 99% of responses graded respect for patient confidentiality as either Good or Very Good (Table 16).

PA Grading	Number of Responses	%
Very Good	644	92
Good	51	7
Satisfactory	2	0
Less than Satisfactory	0	0
Poor	4	1
Don't Know	0	0

Table 16: Likert scores for This PA respects patient confidentiality

This PA is Honest and Trustworthy

The mean Likert score for all scored responses rating honesty and trust was 4.91. 99% of responses graded honesty and trust as either Good or Very Good (Table 17).

PA Grading	Number of Responses	%
Very Good	645	92
Good	48	7
Satisfactory	1	0
Less than Satisfactory	0	0
Poor	4	1
Don't Know	0	0

Table 17: Likert scores for This PA is honest and trustworthy

This PA's Performance is not Impaired by ill Health

The mean Likert score for all scored responses rating no impairment due to ill health was 4.87. 98% of responses graded no impairment due to ill health as either Good or Very Good (Table 18).

PA Grading	Number of Responses	%
Very Good	609	87
Good	74	11
Satisfactory	14	2
Less than Satisfactory	0	0
Poor	4	1
Don't Know	0	0

Table 18: Likert scores for This PA's performance is not impaired by ill health

This PA is fit to Practice

Ninety-nine percent of responses stated that the PA was fit to practice, with the remaining 1% stating they did not know (Table 19). No responses stated that the PA was not fit to practice.

Fit to Practice?	Number of Responses	%
Yes	686	99
No	1	0
Don't know	9	1

Table 19: Responses to Is this PA fit to practice?

A summary of the Likert-scaled aspects of PA practice has been summarised in Table 20, to enable cross comparison between these.

Aspect of practice	% Good or Very Good	% Satisfactory	% Less Than Satisfactory or Poor	% Don't Know
Honesty and trustworthiness	99	0	1	0
Respect for patient confidentiality	99	0	1	0
Working effectively with colleagues	99	0	0	0
Communicating with patients and relatives	99	0	0	1
Supervising colleagues	99	1	0	0
Medical record keeping	99	1	0	3
Not impaired by ill health	98	2	1	0
Recognising and working within limitations	95	2	0	2
Clinical decision making	95	3	0	2
Effective time management	94	0	0	4
Treatment (including practical procedures)	94	2	9	4
Keeping knowledge and skills up to date	92	1	0	6

Aspect of practice	% Good or Very Good	% Satisfactory	% Less Than Satisfactory or Poor	% Don't Know
Reviewing and reflecting on own performance	87	2	0	11
Prescribing suggestions	69	3	0	27
Teaching	62	2	0	30

Table 20: Aspect of practice rated by Likert scale, show in order of highest to lowest rated. Percentages may not add to 100 due to rounding discrepancies.

'Please add any other comments you want to make about this PA' Free Text Responses

Over half of the colleague MSFs included a free text comment about the PA. These were broadly either complementary (for example using terms such as 'hard working', 'safe', 'valuable', 'reliable', 'competent', 'honest' and 'respectful'. A substantial number gave excellent feedback, using descriptors such as 'outstanding', 'vital', 'exemplary', 'incredible', 'wonderful' and 'faultless'. Comments indicated that PAs were generally felt to be not just safe and efficacious, but highly valued and well-regarded assets to the MDT. A small number expressed frustration that the PA had been limited by external pressures in terms of what they were able to do. No comments were less than complimentary about the PA. A selection of illustrative comments is shown below:

"X has been a colleague for several years and it has been a privilege seeing her develop into an excellent clinician within her physician associate role. She is utterly reliable, hard working , organised and is super personable. She has developed her advanced skills in cannulation with the use of US. Her role beautifully complements that of the medical and AHP team. She is incredibly well regarded by consultant and resident doctor colleagues. X enhances the learning for all the team and always passes on her knowledge to help and support new clinical staff on EAU onto their role. I have nothing but very good things to say about her and also about physician associates in general who are a vital part of effective and safe running of our medical department, enhancing the health giving and learning environment for all. Keep up the great work X - I am proud to be your colleague."

"An absolute asset to the acute medical department. Hard working, very sensible decision maker, always safely and appropriately escalates to seniors when required."

"I have taught this PA while they were a student and clinically supervised them once qualified. There clinical knowledge and skills are at least equal to medical students who qualified at the same time (I am Director of Undergraduate Medical Education for our trust and teach and examine medical students from two medical schools). They are a highly valued member of the team respected by medical and nursing staff alike. There have been absolutely no issues when they have been seeing a wide range of undifferentiated patients in the emergency department. They fully understand when they need to escalate care to a middle grade or senior member of staff."

"As an ENT consultant, I have worked with Y since she started over 5 years ago. She is exemplary in every way including her knowledge, clinical acumen and procedural abilities. She has led several protocolised patient pathways and management including nasal fractures and thyroid cancer follow up. She has done this successfully with no safety incidents whatsoever."

"Z is an amazing PA - her knowledge and skills are outstanding. She has worked as a PA in our department for several years now and she is an asset to the team. I would be very happy for her to care for a member of my family - I would feel confident that with her clinical acumen they would be in great hands. Z supports her colleagues and works within her limitations."

Discussion

With over 700 submissions from over 100 verifiable PAs, these results reflect colleague MSF from the largest number of PAs together in one survey. The submissions cover a wide range of MDT professional groups, including doctors, nurses, support workers, administrative staff and pharmacy, and most are from colleagues with current contact with PAs on at least a weekly, and many a daily, basis. This shows that results reflect the opinions of MDT members currently working in close and frequent contact with PAs, and therefore whose opinions can be expected to be factually informed, being based on valid experience and not assumptions or prejudice.

The results show that a large majority of responses grade all aspects of PA practice as either Good or Very Good. Skills and attributes that were most highly praised were honesty and trustworthiness, respect for patient confidentiality, working effectively with colleagues, communicating with patients and relatives, supervising colleagues, and medical record keeping, all of which were rated at 99% Good or Very Good. This indicates that aspects relating to patient safety and effective practice are present in the majority of PAs. Those aspects of practice that had lower percentage ratings for Good and Very Good were those that had a higher frequency of responses stating Don't Know, which suggests that it is only lack of knowledge of that attribute that lowers the rating, rather than respondents giving the PA a rating below satisfactory. This may reflect that not all colleagues have experience of these aspects such as teaching or prescribing suggestions, as they may not have been taught by the PA, or may not be a party to discussions about prescribing recommendations if they are not the PA's clinical supervisor and therefore not taking responsibility for the prescribing suggestions of the PA.

Eleven of the 15 practices rated had zero or less than one percent 'less than satisfactory' or 'poor' ratings, and of the remaining four, three had only one percent rated as 'less than satisfactory' or 'poor'. Treatment (including practical procedures) was the only aspect that had more than one percent rating as 'less than satisfactory' or 'poor', at nine percent. This suggests that practical procedures are one aspect of PA practice that would benefit from more training and education, although it is not clear from the responses whether these procedures refer to basic skills that all PAs are expected to be competent in such as venepuncture, or advanced skills that require additional training such as lumbar puncture.

Limitations and further work

Limitations include the verification process which, due to the submission of incorrect data, meant that that some responses could not be verified to individual PAs (as, for example, the colleague had entered their own email or GMC number). Further work on this dataset could include statistical analysis of significant differences between colleague type, and a fully coded and detailed thematic analysis of the large volume of free text answers.

Ongoing national-scale data collection from colleague MSF (perhaps fed from annual appraisal of PAs) would be beneficial. This would support further demonstration of the safety and efficacy of PAs which this study undoubtedly demonstrates, aiding in the establishment of firm public confidence in the MAP profession, and widespread acceptance both in healthcare, and by the wider public.

Conclusion

The results show that a range of healthcare professionals working with frequent and close association with PAs rate them extremely highly in all aspects of feedback collated by the colleague MSF. Ninety-nine percent of responses stated that they considered the PA to be fit to practice. Eleven of the 15 domains were rated as Good or Very good by 94% of responses, and six of these by 99% of responses. Aspects relating to patient safety and efficacy of PAs (including working effectively with colleagues, and honesty and trustworthiness) were amongst the most highly rated. Of the three domains lower than 90% (reviewing and reflecting on own performance, prescribing suggestions and teaching), the difference can be explained by the increase in number of respondents who did not know.

Many respondents praised their PAs in extremely flattering terms for their excellent standards of work.

These opinions are highly significant because, as they are gained from healthcare professionals working closely with PAs, in many cases taking responsibility for their clinical practice on a daily basis and therefore can be expected to be a reliable source of factual and informed experience regarding the safety and efficacy of PAs.

Declaration of Interest

All authors are MAPs with the exception of Maria Herdt.

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Appendix 1: Questions Listed on Colleague Feedback Questionnaire

- Your NHS Email
- PA's PAMVR/GMC Number
- Clinical knowledge
- Diagnosis
- Clinical decision making
- Treatment (including practical procedures)
- Prescribing suggestions
- Medical record keeping
- Recognising and working within limitations
- Keeping knowledge and skills up to date
- Reviewing and reflecting on own performance
- Teaching (students, trainees, others)
- Supervising colleagues
- Commitment to care and wellbeing of patients
- Communication with patients and relatives
- Working effectively with colleagues
- Effective time management
- This PA respects patient confidentiality
- This PA is honest and trustworthy
- This PA's performance is not impaired by ill health
- This PA is fit to practise
- Please add any other comments you want to make about this PA (free text option)

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