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Summary Report for the Leng Review

Evaluating the Role of Physician Associates

CMAPs College of Medical Associate Professionals

March 2025

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Abstract

Physician Associates completed a survey designed by the College of Medical Associate Professionals (CMAPs) to gather meaningful insights into their professional experiences, supervision, and career development. 146 practicing UK Physician Associates participated, representing approximately 4% of the workforce. Key findings show that PAs play a significant role in service delivery, governance, and quality improvement. However, discrepancies in training, supervision, and workplace integration persist. The findings indicate the need for standardised pathways for advanced skills training and a structured, yet adaptable, supervision model that accommodates both experience levels and specialty-specific needs. PAs remain committed to their roles despite external uncertainties. Addressing concerns about professional recognition, scope of practice limitations, and workforce sustainability will be essential for ensuring long-term stability.

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). New healthcare roles present many challenges in their integration, and MAPs are no exception (5). Several studies report that a strong institutional leadership and vision, motivation for positive change, and a robust framework for the integration of PAs significantly aids their establishment (3,6).

In response to the Leng Review, a national government inquiry into the role and safety of PAs, this report synthesises findings from the UMAPs survey of practicing UK PAs. The survey explored their responsibilities, governance, prior experience, advanced skills, supervision, service contributions, and perceptions of the profession's current and future landscape. This report aims to provide evidence-based insights into the contributions and challenges faced by PAs, with an emphasis on patient safety and professional integration.

Methodology

A survey was distributed via an online survey tool on the College of Medical Associate Professionals (CMAPs) website to collect insights from practicing Physician Associates (PAs) in the UK. The survey was developed by the UMAPs research team to capture meaningful insights into the professional experiences, supervision, and career development of UK PAs. The survey comprised open-ended questions about their personal information, current role, previous experience, qualifications and training, supervision, contributions to service improvement, and future outlook (Appendix 1).

The survey link was shared through email lists and social media platforms, ensuring broad accessibility. Participation was entirely voluntary, with no incentives provided for completion. The data portal was open to submissions from 19/01/25 to 28/02/25. To maintain data integrity, prevent duplicate responses, and ensure the respondents were qualified PAs, the survey required identifiable information, including name and either an MVR number, GMC number, or work email. This approach ensured that all responses were authentic and representative of the practicing PA workforce in the UK.

Descriptive statistics were calculated using Microsoft Excel. Incomplete datasets were included in the analysis. A thematic analysis was performed by coding the qualitative responses and confirmed by two independent researchers.

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

Demographics

The survey received a total of 146 responses from practicing Physician Associates (PAs) across the UK, representing approximately 4% of PAs working for the NHS (7). The respondents represented a diverse range of experience levels, with the number of years qualified as a PA spanning from newly qualified professionals to those with over a decade of experience. The average number of years qualified among participants was approximately 4.8 years. Respondents were distributed across various locations in the UK, with a significant representation from different NHS trusts, general practices, and healthcare organisations. About a third of respondents (51/146) had no prior healthcare experience before training as a PA.

Scope of Practice

Participants were asked to describe their scope of practice. Respondents reported a wide range of scope of practice covering patient assessments (undifferentiated, acute, and chronic), supervision of students and peers, teaching, ordering and interpreting diagnostic tests, ward rounds, discharging patients, referrals, procedures, assisting in surgery, administrative tasks, writing notes, clerking patients, auding, and research. Half of participants (573/146) have written governance documentation describing their scope of practice. About half (75/146) of respondents have been trained in advanced skills. These skills vary significantly and include procedures such as lumbar puncture, drain insertions, nerve blocks, advanced wound suturing, biopsies, joint injection, joint reduction, plastering, and implant and coil insertion. They also include advanced diagnostic skills such as diagnostic ultrasound, gastroscopy, and spirometry. Finally, some PAs report advanced skills or additional training in certain areas such as mental health.

Supervision

Participants were asked about their supervision experience and approximately 70% have dedicated supervision time (105/146). About a quarter (35/146) report they have no dedicated supervision time. (The remaining participants left the question blank or provided ambiguous answers). PAs were asked how often they meet with their supervisor. Nine % of respondents meet with their supervisor more than once a day, 20% meet with their supervisor daily, 12.3% meet weekly and 20% meet less than weekly. Supervision frequency was further stratified by years of experience as a PA. On average, those who meet with their supervisors more than once a day tend to be the least experienced, with an average of 3.4 years qualified. In contrast, those who have weekly or less than weekly supervision are more experienced, with 4.6 to 5.1 years of experience.

Participants were asked to describe how opportunities for urgent debrief of complex case discussion are managed. Most PAs (135/146) describe a clear, easy process to seek help from their clinical supervisors on complex or urgent cases. Only four PAs report difficulty in seeking help and seven did not respond to this question. Many PAs report an “open door policy” with their supervisors.
Service Improvement Initiatives

PAs’ involvement in service improvement initiatives were explored. The majority of respondents (118/146) have participated in service improvement initiatives including conducting and collecting data for audits, writing practice guidelines, creating processes for inducting and onboarding staff, and quality improved projects aimed at improving workflow efficiency.

Current Climate and Effect on Practice

PAs were asked about the current PA landscape and the effects of it on their own practice (if any). Nearly half of respondents (66/146) have described a negative effect on their practice, either through a change in their scope of practice, their job roles, the patients they can see, or change in their relationships with their medical colleagues or patients. About 30% (45/146) reported no impact, one

reported a positive impact, and six did not complete the question. Of those who reported an impact, many included information about how their role has changed due to recent guidance. For example, “mental health patients are my particular strong suit and I spent a large amount of my training on this. However, following the recent guidance, this has been reduced” and “I am now unable to do night shifts or work in the ED without a consultant present. I also am required to discuss every patient with a consultant before discharge, even for very simple cases such as an uncomplicated finger laceration.”

About 38% of respondents (56/146) reported feelings of worry, anxiety, or fear. More than a third of those with fear, anxiety or worry had no impact on their clinical role but still described these feelings.

Discussion

With 146 PAs providing data submissions (approximately 4% of all UK PAs), this represents a large addition to the previously limited data (8). The geographical spread of participants highlights the broad reach of the survey, capturing insights from PAs working in both urban and rural settings across the UK in primary and secondary care. This ensures that the findings represent diverse healthcare environments and various NHS trusts, which strengthens the generalisability of the results. A key takeaway from the demographic data is that approximately a third of respondents entered the PA profession without prior healthcare experience. This highlights a critical distinction between PAs and other advanced clinical practitioners (ACPs), who typically enter their roles following careers in nursing or allied health professions. The PA profession, therefore, serves as a gateway for individuals from diverse academic backgrounds to enter the healthcare system, potentially increasing the supply of skilled clinical professionals without depleting other workforce streams.

The scope of practice findings highlight the wide range of roles that PAs fulfil within the NHS, addressing critical workforce shortages by performing patient assessments, carrying out procedures, participating in ward rounds, engaging in teaching and supervision, conducting research, and managing administrative responsibilities. This role variation underscores the adaptability of PAs in diverse clinical environments.

The role variation also suggests that PA employers need clear, universal frameworks for induction, supervision, and continuing professional development for PA posts would help ensure consistency and enhance patient safety and care quality. One option for this may be through preceptorships or specialty specific post-graduate training pathways.

The supervision data presents an interesting trend regarding experience levels and oversight frequency. As anticipated, newly qualified PAs tend to have more frequent supervisory interactions, while those with greater experience generally transition to less frequent oversight. However, the finding that some experienced PAs (5.2 years average) continue to receive daily supervision suggests that workplace policies, specialty requirements, and individual competence play a role in determining supervision needs. This indicates that supervision models should be flexible, adapting to both the PA's experience and the clinical setting's demands rather than being solely experience-based.

Importantly, the data highlights that the vast majority of PAs (94%) have easy access to their supervisors and readily seek guidance when needed, reinforcing the safety of PAs within clinical settings. Only a small number of respondents reported difficulty in reaching a senior clinician, suggesting that support structures are largely effective in ensuring patient safety.

PAs have also demonstrated a strong engagement in service improvement initiatives, with the majority contributing to audits, quality improvement projects, and operational efficiency efforts. This reflects the profession's commitment to not only patient care but also the enhancement of healthcare systems.

Perhaps the most concerning finding relates to the current climate for PAs, with nearly half of respondents reporting a negative impact on their practice. The reported effects range from restrictions in scope of practice to strained relationships with medical colleagues and patients. Furthermore, 38% of PAs report feelings of anxiety or fear, which may stem from external criticisms of the profession or uncertainty regarding its long-term integration into the NHS. Notably, some respondents experiencing these emotions do not report direct changes in their clinical roles, suggesting that broader professional uncertainties and media scrutiny may be contributing to these concerns.

Conclusion

This report highlights the role of PAs within the NHS, emphasising both their contributions and the challenges they face. While PAs play a significant role in service delivery, governance, and quality improvement, discrepancies in training, supervision, and workplace integration persist. The findings indicate the need for standardised pathways for advanced skills training and a structured, yet adaptable, supervision model that accommodates both experience levels and specialty-specific needs.

Additionally, the data suggests that PAs remain committed to their roles despite external uncertainties. However, addressing concerns about professional recognition, scope of practice limitations, and workforce sustainability will be essential for ensuring long-term stability. Further research and policy interventions may be necessary to optimise the PA role within the NHS and safeguard its contributions to multidisciplinary healthcare teams.

The timeframe of the Leng review was a limiting factor. Although the data is a significant addition to the research evidence on PAs, a larger sample would be beneficial to further refine workforce planning and ensure sustainable supervision models. It would be useful to continue the surveys moving forwards to monitor any changes in PAs' perceptions and experience following GMC regulation and any workforce planning changes that may impact PAs following publication of the Leng Review.

Declaration of Interest

All authors are MAPs with the exception of Maria Herdt.

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Appendix 1: Survey Questions

- Name (first, last)
- Email
- Method of validation (GMC number, MVR number, work email)
- Name of supervisor (if willing to provide) (first, last)
- How many years have you been qualified as a Physician Associate (PA)?
- Employer Name
- Employer Address
- Current Employment Start Date
- What is your current scope of responsibilities or job plan?
- Do you have written governance documentation for the above?
- File Upload
- Do you have previous experience as a PA prior to your current role?
- Do you have any prior non-PA healthcare experience?
- Do you have any additional qualifications or training?
- Have you been trained in any advanced skills?
- How have you evidenced your competence in these advanced skills?
- Do you have dedicated supervision time?
- How frequently do you meet with your supervisor?
- How are opportunities for urgent debrief or complex case discussion managed?
- Have you contributed to any service improvement initiatives?
- What do you believe the future holds like for Physician Associates?
- What are your aspirations for your role as PA in terms of your practice and development?
- Do you feel that the current PA landscape has had an impact on your practice? If so, what specific challenges or opportunities have arisen, and how have you navigated these?
- Do you have any additional comments, observations or reflections you would like to share?

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