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Summary Report for the Leng Review

Evaluating the Supervision of Physician Associates in Primary Care

CMAPs College of Medical Associate Professionals

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Abstract

Primary care PA supervisors completed a survey designed by the College of Medical Associate Professionals (CMAPs) to gather evidence on the opinions and experiences of physicians with direct supervisory contact with PAs in primary care. 40 supervisors supervising a total of 80 PAs submitted responses. All respondents believe that the PAs in their practice provide safe patient care, and their PAs work within their competences. None expressed patient safety concerns. Most had formal supervision time allocated, and many had governance surrounding supervision. PAs provided valuable input into the large primary care caseload. Concerns related to patients' lack of understanding of the role. Results show that PAs provide a safe and valuable addition to the primary care workforce and are well regarded by their clinical supervisors.

Introduction

In response to the Leng Review—a national government inquiry into the role and impact of Physician Associates (PAs)—this report presents findings from a structured survey of physicians who supervise PAs in primary care. Research on PA safety in primary care is sparse. A recent rapid review found that the current published evidence base pertains to very small numbers of primary care PAs and dating prior to the recent expansion of PA numbers in primary care (1). This report used this lack of evidence to conclude erroneously that the PA role is unsafe. Cottrell *et al* (2) demonstrate that a bespoke internship scheme can safely integrate PAs into primary care and highlight some of the development opportunities for workforce leaders. Our survey assesses supervisors' experiences, the structure and content of PA supervision, perceptions of the supervision process, supervisors' experience of PA safety and whether they have any concerns, and the integration of PAs within multidisciplinary teams (MDTs). Our survey of PA supervisors therefore represents the largest to date, providing a considerable addition to the current evidence base with relevant opinions on primary care PAs from those physicians with direct experience and a formal supervisory role. By analysing these insights, this report seeks to inform policy decisions and workforce planning with evidence-based recommendations on PA supervision, effectiveness, and patient safety.

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Methodology

A survey was distributed via an online survey tool on the CMAPs website to collect insights from physicians who supervise PAs working in secondary care in the UK. The survey contained 39 open-ended questions and was designed by PAs and supervising physicians to capture meaningful insights into their professional experiences, supervision structure and challenges (Appendix 1). The survey included all open-ended questions about number of PAs supervised, how long they have been supervising, motivations to hire PAs, understanding of PA role, supervision process, safety and any issues of concern, and overall experience of supervising PAs.

The survey link was shared through email and social media platforms, ensuring broad accessibility to the target population. PAs could request their supervisor fill out the form or supervisors 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 28/02/25. To maintain data integrity, prevent duplicate responses, and ensure all responses were authentic, the survey required identifiable information, including name and a GMC number or work email.

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

Supervision Experience

The survey received a total of 40 responses from physicians who supervise PAs in primary care. All responses came from those who supervise at least one PA. About half (19/40) supervise only one PA and all of them provide supervision for five or less PAs. The total number of PAs supervised by the respondents was 80. The respondents have been supervising PAs for a range of time, from 1 year to 5 years with most respondents with more than half (24/40) supervising PAs for more than 3 years.

Motivation to Supervise PAs

Supervisors were asked if they had difficulties with recruitment prior to hiring PAs. 15/40 reported difficulty with recruitment prior to hiring PAs, while 19/40 did not. The remainder were unsure, not involved in PA recruitment or did not respond. Respondents were asked what motivated them to employ or supervise PAs. Themes from respondents suggest that PAs help with the workload and allow GPs to focus on more complex cases. For example, one respondent stated, “In the current climate of patient demand, we needed to find ways in which to meet this demand and physician associates + other ARRS roles have been valuable.” Another stated, “We felt they would be able to help with our workload and improve access to our patients” and they were hired as there was a “need for more minor illness clinical input to free up GPs for more complex work.”

Supervision Time and Governance

Respondents were asked if they had allocated supervision time. Almost all respondents (36/40) have allocated supervision time, and most respondents (24/40) have written governance or best practice documentation for supervising PAs. Respondents highlight that there is usually a named doctor who is supervising the PA and is available for immediate debriefs. For example, “There is a doctor each day whose role it is to supervise and support PAs and clinical pharmacists. They are available to debrief and prescribe as well as pop in for an opinion at the time the patient consults if needed” and “We have a daily debrief - sometimes twice a day. Cases are discussed/reviewed and prescriptions issued. As well as a regular debrief daily, our PA regularly comes to ask for advice during her clinic.”

Satisfaction with PAs Amongst Respondents, Peers, and Patients

Supervisors were asked to describe their overall experience of supervising PAs and answer specific questions about concerns and patient safety. When describing their overall experience supervising PAs, the majority of responders (38/40) reported a positive experience supervising PAs. One respondent did not answer the question, and one responded, ‘Fine.” Six respondents included the word ‘rewarding’ in their responses. All respondents believe that the PAs in their practice provide safe patient care, and their PAs work within their competences. When asked about concerns about PAs in their practice, none expressed any concerns about patient safety. One expressed concern about their PAs’ wellbeing and anxiety and one stated, “Only that the legislation/registration process needs to catch up with on the ground operation.”

The respondents were asked about patient satisfaction with their PAs. The majority (37/40) of the respondents say that feedback from patients has been positive. Several respondents raised a concern of patients not knowing the difference between a PA and a GP. For example, one stated, “Despite PA being clear of her role to the patient the patients still will refer to her as a doctor” while another states, “We have had more compliments about the PAs than about GPs. The PAs ensure that patients are aware that they are not a GP.” Two respondents state that occasionally patients do not want to be seen by the PA.

Discussion

This UMAPs survey represents the largest dataset to date obtained directly from primary care physicians with a formal PA supervisory role (and therefore responsible for their supervisee/s) and with direct experience of the skills, competency and safety of primary care PAs.

The findings from our survey provide valuable insights into the supervision of PAs within primary care settings in the UK. Overall, the responses suggest that supervising physicians generally have positive experiences overseeing PAs and view them as beneficial contributors to multidisciplinary teams (MDTs). The primary motivation for integrating PAs into clinical practice appears to be addressing workload pressures and improving patient access.

A high proportion of supervisors reported allocated supervision time (36/40), with most having structured governance or best practice guidelines in place. This suggests that supervision is formally integrated into practice structures, enhancing the safety and effectiveness of PA contributions. The presence of a named supervising physician available for debriefs and consultation reinforces the structured approach to ensuring clinical oversight. The majority of supervisors (38/40) expressed satisfaction with their PAs, with six explicitly describing their experience as "rewarding." Furthermore, there were no reported concerns regarding patient safety, indicating that the current supervision model can support safe clinical practice.

Despite these positive findings, the study highlights some challenges. One issue noted by several respondents was patient confusion regarding the role of PAs. Although PAs inform patients about their professional title, some patients still mistakenly refer to them as doctors. This finding suggests a need for further public education and communication strategies to enhance awareness of the PA role within primary care. Additionally, while most feedback regarding PAs was positive, two supervisors mentioned that some patients preferred to see a GP, indicating that patient perceptions and preferences still influence service utilisation. It is possible that recent media attention directing negative press at PAs may have contributed to their reluctance.

Another potential limitation of this study is its reliance on self-reported data, which may introduce response bias. As participation was voluntary, there may be an overrepresentation of supervisors with particularly positive experiences. Additionally, with only 40 responses, the sample size is relatively small, and findings may not be fully generalisable to all primary care settings. Future research with a larger and more diverse sample would be beneficial in further validating these findings and identifying any regional or practice-based variations.

Conclusion

This study highlights the positive experiences of supervisors overseeing PAs in primary care, reinforcing their valuable role in addressing workforce challenges and enhancing patient access. With 80 PAs being supervised in total, this represents a large addition to the previously limited data (1). The findings support existing research demonstrating similar patient outcomes between PAs and GPs in primary care albeit at a lower cost (3). The presence of structured supervision time and governance frameworks supports safe practice, with no reported concerns regarding patient safety. However, challenges related to patient awareness and acceptance of the PA role persist, suggesting a need for targeted communication strategies. While these findings contribute to the ongoing policy discourse surrounding the integration of PAs into primary care, the timeframe of the Leng review was a limiting factor. Although the data is a significant addition to the research evidence on primary care PAs, larger sample sizes would be beneficial to further refine workforce planning and ensure sustainable supervision models.

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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)
- Are you currently, or have previously been, a General Practitioner (GP) trainer? What roles do you supervise within your practice?
- How many PAs do you currently supervise?
- How long have you been supervising your PA(s)?
- What motivated you to employ or supervise a PA?
- Prior to hiring PAs, did your practice face challenges in recruitment?
- How would you describe your initial understanding of the PA role when you began supervising? How has this understanding evolved over time?
- What does the supervision process for your PA(s) involve?
- Do you allocate dedicated supervision time?
- How frequently do these sessions occur, and how long do they typically last?
- What topics are covered in supervision sessions (e.g., clinical cases, professional development?)
- Do you audit or maintain records of supervision activities?
- Do you have a written governance or best practice documentation for supervising PAs?
- How would you describe your overall experience of supervising a PA?
- What challenges or limitations have you encountered in supervising your PA(s)?
- How did you approach integrating the PA into your practice? Were there any challenges during this process?
- Can you describe any training or orientation programs your practice has for PAs? How effective have these been in integrating them into your team?
- What value does a PA add to your workplace as a colleague or employee?
- Have your colleagues or other employees expressed any concerns regarding the role of PAs?
- How have patients responded to consultations with a PA in your practice?
- Have there been notable differences in treatment outcomes when care is provided by PAs compared to other healthcare providers?
- Are patient trust and comfort levels when being treated by PAs any different to being treated by doctors?
- How have PAs influenced continuity of care and follow-up practices in your practice?
- How have PAs contributed to patient education and preventive health measures in your practice?
- As a supervisor, what is your opinion of the training PAs receive at University?
- Do you believe the PA(s) at your practise provide safe patient care?
- Do you feel that your PA(s) consistently work within their competencies?
- How do you assess PA competency (e.g., through development plans, case based discussions, educational supervision meetings, or review of case notes)?
- How have you utilised your PA(s) in practice?
- What specific duties or responsibilities does the PA perform?
- What types of clinical cases or patient demographics does the PA typically handle?
- How have your PA(s) contributed to improved patient care within your practice?
- How have your PA(s) impacted team dynamics and cooperation within your practice?
- What organisational benefits have your PA(s) contributed to, such as cost savings or process efficiencies? Please specify.
- Have you made any adjustments to your practice based on the RCGP scope of practice guidance?
- If so, what are these changes, and what prompted them specifically?
- Do you have any concerns about the PA(s) in your practice?
- How do you view the role of PAs in general practice compared to other primary care roles?
- What do you believe the future look like for PAs within primary care?
- What are your aspirations for the role of PAs in terms of their practice and development?
- Do you feel that the current PA landscape has had an impact on the PA(s) in your practice? If so, what specific challenges or opportunities have arisen, and how have you supported your PA(s) in navigating these?
- Do you have any additional comments or observations you would like to share?

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