UMAPs
UNITED MEDICAL
ASSOCIATE PROFESSIONALS

Summary Report for the Leng Review

Evaluating the Supervision of Physician Associates in Secondary Care

CMAPs College of Medical Associate Professionals

March 2025

Authors: Brogan Guest[1], Stephen Nash[3], Emma Glen[1], Sandra Ukah[1], Alice Fitzpatrick[2], Michelle Reston[1], James Pawsey[1], Krishna Gnanaseelan[1], Laura Caroll[1], Sophie Newbold[1], Nell Redman[1], Emma Pelech[1], Mobashar Rashid[2], Maria Herdt[1]

1. UMAPs and CMAPs National Enquiry Research Group
2. Acting Co-President, Office of PAs- CMAPs, Leng Review Stakeholder, MAC Trustee, UMAPs & CMAPs National Enquiry Research Group Deputy Lead
3. General Secretary UMAPs TU, Leng Review Stakeholder, MAC Chief Executive, UMAPs & CMAPs National Enquiry Research Group Lead

Abstract

Secondary care PA supervisors completed a survey designed by the College of Medical Associate Professionals (CMAPs) to gather evidence on the opinions and experiences of clinicians with direct supervisory contact and clinical responsibility for PAs in secondary care. 62 supervisors of around 140 PAs submitted responses, making this an important addition to the current research base. Responses suggest that PAs help with workforce shortages and provide continuity of care. The majority reported working with PAs to be a positive and rewarding experience. Issues raised included the lack of a regulatory body, medicolegal uncertainties, and limitations in scope of practice, such as the inability to prescribe medication or order ionising radiation. Patient perceptions were positive although some highlighted the need for further patient education. There was significant variation in supervision processes suggesting that formal standardisation could enhance both supervisor and PA experiences, ultimately benefiting patient care. Results show that PAs provide a safe and valuable addition to the secondary care workforce and are well regarded by their clinical supervisors, but there is further work to be done to embed the role.

Introduction

Physician Associates (PAs) play a growing role in the UK's healthcare system, particularly within secondary care settings, where they support clinical teams under medical supervision (1). PAs in secondary care cover a wide range of specialties and tend to remain within their area longer-term, contributing to the stability of the workforce, continuity of care, and institutional and departmental memory which can be utilised to induct and support new staff (2,3). As well as reducing the workload of physicians (4) PAs can provide additional value as clinicians for example providing mental health support to the parents of neonatal patients (5) and providing physical health support in inpatient psychiatry (6). They increase the workforce in shortage areas such as paediatrics (3) and support the work of community-based mental health teams (7). Evidence shows that Emergency Department PAs have a positive impact and the perceptions of the PAs are high (8). A recent study has highlighted the scarcity of recent research into the efficacy and safety of PAs and used this to conclude erroneously that AAs are unsafe (9). However, 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 (10). 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 (11). Some studies show that the more junior colleagues and those lacking direct experience of PAs are more likely to hold negative viewpoints (10), possibly relating to the many challenges facing resident doctors in the current healthcare climate. 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 impact of PAs, this report presents new findings from a structured survey of clinicians who supervise PAs in secondary care. The survey aimed to assess supervisors' experiences, perceptions of the supervision process, and the integration of PAs within multidisciplinary teams (MDTs). 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.

Methodology

A survey was distributed via an online survey tool on the College of Medical Associate Professionals (CMAPs) website to collect insights from physicians who supervise Physician Associates (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, 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 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 62 responses from clinicians who supervise PAs in secondary care. 58/62 responses came from those who are the named supervisor for a PA, while 4 responses are from clinicians who supervise PAs in their daily role but indirectly or not as their main, named clinical supervisor. Most of the supervisors provide supervision for one PA (41/62) and 87% supervise less than 5 PAs. Only three supervise 10 PAs and no respondent supervises more than 10 PAs. The total number of PAs supervised by the respondents was 143 (a small number were indirectly supervised, and a few respondents stated 2-3 PAs so the lower number was used).

Nearly half of the supervisors (32/62) have been supervising PAs for less than 3 years, while the other half (30/62) have been supervising for more than 3 years. Fifteen respondents have been supervising PAs for 5 years or more.

Motivation to supervise PAs

Half of the respondents (31/62) reported difficulty in recruitment prior to hiring PAs. The remainder of the respondents did not report difficulty in recruitment (14/62) or were unsure / not involved in PA recruitment (17/62). Respondents were asked what motivated them to employ or supervise PAs. Themes from respondents suggest that PAs provide workforce stability and continuity while addressing workforce shortages. For example, one respondent stated, “They provide an alternative workforce outside traditional working model with a high level of knowledge and training. They provide continuity of care” and another stated, “The skill set of the PA complements those of our existing team and provides continuity of patient care.”

Supervision time and governance

Respondents were asked if their job plan included SPA time for PA supervision. The results were nearly split with 45% (28/62) reporting they did have SPA time and 55% reporting that did not have SPA time. The survey explored written governance or best practice documentation for supervising PAs. While 37.5% (24/64) did report some sort of documentation or governance in place, 43.5% (27/64) did not and the rest were unsure or did not fill in the question.

Satisfaction with PAs amongst respondents, peers, and patients

Supervisors were asked to describe their overall experience of supervising PAs, if their colleagues or peers had concerns about the PA role, and about patient response to PAs. The majority of respondents (55/62) reported a positive experience supervising PAs and highlighted with 7 respondents using the term ‘rewarding.’ Two respondents reported a negative experience stating that there is an ‘increasing amount of time required as processes become more formalised’ and ‘documentation has been more challenging.’ The other 5 respondents reported mixed views or neutral responses such as ‘been fine.’

In terms of colleague concerns, about 50% (33/62) respondents said their colleagues have not had concerns about the PA role and about 45% (28/62) said their colleagues do have concerns. Concerns included lack of regulatory body and medicolegal cover, questions about scope, inability to do certain tasks (such as ordering ionising radiation and prescribing). One respondent did not answer.

In terms of patients' attitude towards PAs, most respondents (56/62) were not aware of any issues from patients. One respondent reported that patients do not know the difference between doctors and PAs, one reported less than 5 complaints in 4 years, and 1 reported 1 complaint in 5 years. One respondent reported that new PAs have been given reviews that patients lack confidence in them, while their established PAs always receive good feedback. Two respondents did not answer this question.

Finally, respondents were asked if they had concerns about the PAs they work with. The majority of respondents had no concerns (56/62). Two other respondents said they have no concerns, but do need to ensure supervision of PAs. One expressed concerns about the viability of the profession. One respondent highlighted a variability in competence and one highlighted a lack of clarity about dispensing medications. One respondent did not answer this question.

Discussion

The initial findings of this study suggest that supervisors predominantly report positive experiences with PAs, noting their ability to provide continuity in patient care, alleviate workforce shortages, and enhance multidisciplinary team (MDT) integration. The motivations for employing or supervising PAs were largely centred around the need to address difficulties in recruitment, ensuring stability in medical teams, and improving service delivery.

However, the results also revealed a divergence in the formal governance and supervision structures for PAs. While nearly half of the respondents reported having SPA time allocated for PA supervision, the remainder did not, suggesting inconsistencies in institutional support for this role. Moreover, a considerable proportion of respondents indicated the absence of written governance or best practice documentation, which may hinder standardised supervision practices and professional development. Despite generally favourable attitudes towards PAs, concerns persist among some supervisors and their colleagues. Issues raised included the lack of a regulatory body, medicolegal uncertainties, and limitations in scope of practice, such as the inability to prescribe medication or order ionising radiation. These concerns highlight ongoing structural challenges that must be addressed to fully integrate PAs into the healthcare workforce.

Patient perceptions of PAs appeared overwhelmingly positive, with minimal recorded complaints or concerns. The few concerns that did arise were largely related to the initial confidence patients had in newer PAs, an issue that seemed to resolve with time and experience. This suggests that structured induction, supervision, and competency development programmes could further improve patient confidence and acceptance of the PA role.

A key takeaway from the responses is the variability in supervisory experiences, ranging from highly rewarding to more challenging due to increasing formalisation and documentation requirements. While most supervisors found PAs to be an asset to their teams, standardising supervision processes and ensuring regulatory clarity could enhance both supervisor and PA experiences, ultimately benefiting patient care.

Conclusion & Future Aims

Our data provides a snapshot of PA supervision, challenges and aspirations derived from the direct experience of 62 clinicians supervising around 40 qualified PAs. This constitutes a valuable addition to the existing limited research into the safety and efficacy of PAs in secondary care specialties.

This study provides valuable insights into the integration and supervision of PAs in UK secondary care settings. The majority of supervisors reported positive experiences, citing workforce continuity and improved service provision as key benefits. However, inconsistencies in supervision structures, regulatory uncertainty, and limitations in scope of practice remain ongoing challenges. Addressing these issues through clearer governance frameworks, enhanced institutional support, and regulatory development could further optimise the role of PAs in the NHS workforce.

Moving forward, further efforts will be made to increase the response rate. 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.

Declaration of Interest

All authors are MAPs with the exception of Maria Herdt.

References

1. Drennan VM, Halter M, Wheeler C, Nice L, Brearley S, Ennis J, Gabe J, Gage H, Levenson R, de Lusignan S, Begg P and Parle J. The role of physician associates in secondary care: the PA-SCER mixed-methods study. Southampton (UK): NIHR Journals Library; 2019 May. PMID: 31162917.
2. Roberts K, Drennan VM and Watkins J 2022. Physician associate graduates in England: a cross-sectional survey of work careers. Future Healthcare Journal. 9(1):5-10.
3. Daniels N 2020. The UK's first paediatric physician associate programme. BMJ Leader 2020;4(Suppl 1):A13–A14
4. Curran SP, Boyette M, Callison-Burch A, Hagloch J, Walsh R, Van Tassell C, et al. Physician assistant utilization in inpatient psychiatry: a qualitative study. Cureus 2020; 12(12): e11900.
5. Wile B, Skowronski K, Shariati K and Olagunju AT 2024. Promoting mental well-being among parents in the neonatal intensive care unit: a perspective on the role of Physician Associates. Journal of Perinatology (2024) 44:1069–1072.
6. Glen E 2024. The integration of Physician Associates into LSCFT: a new role to address the challenge of physical health in mental health. BJPsych Bulletin 2024. doi:10.1192/bjb.2024.127
7. Shah C, Singh P, Matin S, Farrow J, Magon R, Zia A, Tatt-Smith P, Watson C and Smith A 2021. A physician associate-led clinic for people with severe mental illness in the United Kingdom. JAAPA 34(8) August 2021.
8. King NMA, Habeeb M, and Helps S 2023. The contribution of physician associates or assistants to the emergency department: A systematic scoping review. Journal of the American College of Emergency Physicians open. 4(3):e12989, 2023 Jun.
9. Greenhalgh T and McKee M 2025. Physician Associates and Anaesthetic Associates in UK: rapid systematic review of recent UK based research. BMJ 2025;388:e084613
10. Theodoraki M, Hany TS, Singh H and Khatri M 2021. Multisource feedback for the physician associate role: How should the physician associate role develop to ensure team satisfaction? Royal College of Surgeons of England. DOI: 10.1308/rcsbull.2020.206
11. Hyland D and Uddin M. An analysis of the views of different members of the inpatient team on the role of the physician associate on the general adult psychiatric wards. BJPsych Open 2021; 7(Suppl 1): S140–1.

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 PA supervisor?
- 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 a PA, did your trust face challenges in the recruitment of equivalent roles?
- 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?
- Does your job plan include SPA for PA supervision?
- How frequently do supervision 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 a PA into your clinical area? Were there any challenges during this process?
- Have your colleagues or other employees expressed any concerns regarding the PA role?
- How have patients responded to consultations with a PA in your clinical area?
- What value does a PA add to your workplace as a colleague or employee?
- As a supervisor, what is your opinion of the training PAs receive at university?
- Do you feel that the PA(s) you supervise work consistently within their competencies?
- How have you utilised the PA role in your clinical area?
- Can you provide examples of how PAs have positively contributed to your clinical area?
- How has the addition of the PA affected patient access to care?
- Have you made any adjustments to PA supervision or scope of practice based on the RCP interim scope of practice guidance published in December 2024?
- Do you have any concerns about the PA(s) in your clinical area?
- How do you view the PA role in secondary care compared to other roles in the secondary care MDT?
- What do you believe the future holds for PAs within secondary care?
- What are your aspirations for the future practice and development of the PA role?
- Do you feel that recent national debate on the PA role has had an impact on the PAs in your clinical area? If so, what specific challenges or opportunities have arisen, and how have you supported PAs in navigating these?
- Do you have any additional comments or observations you would like to share?

UMAPs
UNITED MEDICAL ASSOCIATE PROFESSIONALS

UMAPs Ltd
Windsor House Troon Way Business Centre
Humberstone Lane
Leicester
United Kingdom
LE4 9HA

umaps.org.uk
info@umaps.org.uk

cmaps.org.uk
info@cmaps.org.uk

©UMAPs Ltd, 2025

CMAPs College of Medical Associate Professionals