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Summary Report for the Leng Review

Evaluating the Wellbeing of Physician Associates and Anaesthesia Associates

CMAPs College of Medical Associate Professionals

March 2025

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Abstract

This paper summarises the main findings of the 2025 College of Medical Associate Professionals (CMAPs) wellbeing survey of both student and qualified Medical Associate Professionals (MAPs), undertaken in support of the Leng Review (1). Almost 7.5% of the MAP workforce and a number of MAP students contributed to the survey (2, 3). To our knowledge, this survey is one of the most comprehensive studies conducted on the wellbeing of MAPs in the UK. Respondents were from varied backgrounds, experience levels and employment settings, representing a diverse cross-section of the MAP workforce. The results show that depression and anxiety are prevalent within the MAP profession, with 96% of respondents reporting that the anti-MAP campaign has impacted their mental health and around three-quarters reporting impacts on both home and work life. Respondents frequently cited media coverage of MAPs and the publication of professional scope of practice documents, such as those by the British Medical Association (BMA) (4), as factors that contributed to their reported experiences, although there were many other factors cited. Respondents expressed concerns that recent scope of practice guidance by royal colleges and the BMA has significantly impacted their roles. Some respondents reported that these changes may have contributed to challenges in patient care, including increased wait times, and potential impacts on service delivery. Around one-third of qualified MAPs reported feeling bullied and/or harassed both at work and online, with bullying and/or harassment of students on placements being even more prevalent at 40%. Some respondents have left the profession either by choice or through their role being terminated by their employer. Respondents described limited perceived support in the workplace, with only a minority feeling fully supported. A CMAPs-backed counselling service and a MAPs Mental Health Hub were felt by the majority of respondents to be desirable. Finally, the majority of MAPs felt that employer and professional bodies need to take more responsibility for advocating for MAPs. Proposals to address the challenges at the level of government policy are discussed.

Introduction

Physician Associates (PAs) and Anaesthesia Associates (AAs) are increasingly recognised as integral members of multidisciplinary teams (MDTs) within the NHS, supporting medical and anaesthetic teams in delivering high-quality patient care (5,6). With increasing focus on MAPs, discussions around their scope of practice, workforce integration, and professional governance have intensified.

In recent years, there has been growing discussion about the scrutiny, policies, and perceptions affecting MAPs, which some perceive as part of a broader 'anti-MAP campaign.' While this term is not officially defined, it reflects how some MAPs describe the cumulative impact of various challenges on their professional standing and workforce integration.

Discussions surrounding what some MAPs perceive as an 'anti-MAP campaign' include factors such as public debates on their role and scope, workforce policies, media portrayals, and increasing online criticism. Some MAPs have raised concerns that restrictive Scope of Practice (SOP) policies and limited involvement in workforce planning may contribute to challenges related to professional stability and workplace inclusion.

In response to the Leng Review (1), a national government review into the role and safety of MAPs, a survey was conducted to evaluate the wellbeing of PAs, AAs, and MAP students across the UK. This survey aims to examine how the current anti-MAP climate has influenced respondents' wellbeing and the actions they have taken in response to these challenges. It also explores the broader impact of workplace conditions, professional recognition, and public discourse on MAPs' mental health via evaluation of the anxiety and depression levels of MAPs, their experiences of workplace hostility, and the impact of the current climate on their wellbeing and career stability. By capturing these insights, the findings aim to inform policy recommendations that protect MAPs' mental health, mitigate workplace hostility, and foster a more inclusive and sustainable professional environment.

Methodology

A survey was distributed via an online survey tool on the CMAPs website to collect insights from both qualified and student MAPs in the UK (Appendix 1). The survey was designed to capture meaningful insights into their experiences and wellbeing including PHQ-9 and GAD-7 scores for anxiety and depression (7).

The PHQ-9 and GAD-7 questionnaires were chosen for their international validation and widespread use in assessing emotional well-being. These tools are known for their reliability in screening for depression and anxiety symptoms across various settings, including general and mental health care as well as in the general population.

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.

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.

Informed Consent, Disclaimers, and Participant Wellbeing

The survey employed a multi-layered consent process to ensure that participants were fully informed about the study's purpose, data handling, and limitations. Recognising the sensitivity of assessing professional wellbeing, the instrument included detailed consent statements alongside explicit guidance to protect participants' mental health.

Verification and Inclusion Criteria

The survey required identifiable information (name and PAMVR number, GMC number, or work email) to ensure responses were authentic and representative of the practicing MAP workforce in the UK.

Data Analysis

Descriptive statistics were calculated using Microsoft Excel. Incomplete responses were included in the analysis. Although there were respondents from students, and qualified AAs and PAs, the MAPs were analysed as one group with the exception of the bullying data that was separated into students and qualified MAPs.

Results

Demographics

The survey received a total of 337 responses. Forty-seven responses came from students (44 PA students and 3 AA students), 10 came from practicing AAs, and 280 came from practicing PAs. The majority of respondents self-identified as female (77%), heterosexual (84%), white (68%), and British (72%). Most were born in the UK (79%) and resided in England (89%), although the survey also captured perspectives from across the United Kingdom, with 23 respondents from Wales, three from Scotland, and three from Northern Ireland.

Among the respondents, 77% identified as female, 21% identified as male. With regard to sexual orientation, 84% identified as heterosexual, 5.65% identified as bisexual, 2.97% as homosexual. The respondents represented a cross section of ethnic backgrounds, with 68% identifying as white,17% identifying as Asian or Asian British, 6% identifying as Black, Black British, Caribbean, or African and 3% identifying as belonging to mixed or multiple ethnic groups. 4% preferred not to disclose their ethnicity, and 2% reported other ethnic backgrounds.

The respondents from England represented a diverse geographical distribution. Specifically, 17% were employed in London, 18% in the North West, and 18% in the South East. Additionally, 9% of respondents were employed in Yorkshire and the Humber, 8% in the South West, 7% in the West Midlands, and 6% in the East of England. Fewer than 5% of respondents were employed in the East Midlands and the North East.

The majority of respondents are working fulltime (216/337) or part time (30/337), while a small proportion of respondents are on sick leave (5 respondents), maternity leave (6 respondents), unemployed (46 respondents), other (28 respondents), or chose not to respond (5 respondents). Respondents were asked how long they have been practicing as a MAP. The respondents came from a wide range of experience with 64 practicing less than one year, 104 practicing for 1-3 years, 119 practicing for 4-7 years, 37 practicing for 8 or more years and 13 respondents not specifying their time in role. There was a fairly even split between respondents working in primary care (120/336) and secondary care (134/336) and a small proportion working in education/academia (19/336) or the private sector (2/336). Multiple specialities were represented in secondary care including A&E, Acute Medicine, Anaesthesia, Breast Surgery, Care of the Elderly, Dermatology, ENT, General Medicine, General Surgery, Gynaecology, Haematology, Infectious Diseases, Mental Health, Neurology, Neurosurgery, Oncology, Paediatrics, Respiratory, Trauma & Orthopaedics, and Urology.

Depression Scores with PHQ-9

Participants were asked about their depression and anxiety levels using the PHQ9 and GAD 7 questionnaires. Results are shown in Figure 1A and B. One-fifth of respondents (65/336) reported experiencing a mental health crisis in the last 12 months. Of those reporting a mental health crisis, 22 sought private therapy or counselling and 43 spoke to their GP or other healthcare professionals.

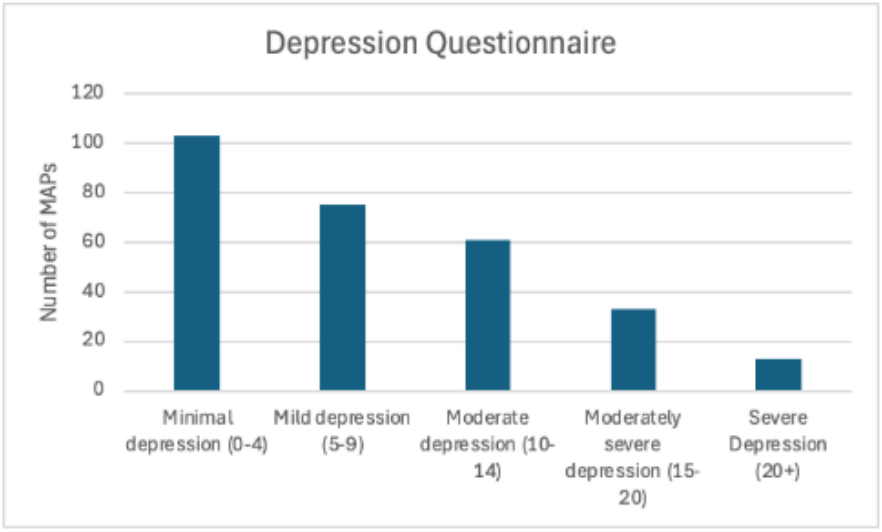

Figure 1A. Responses to depression questionnaire

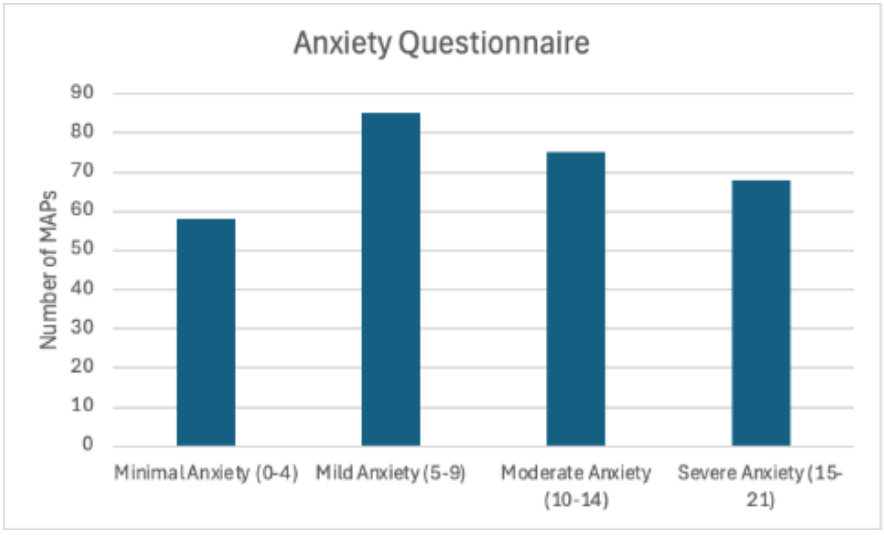

Figure 1B. Responses to anxiety questionnaire

Respondents were asked if the current anti-MAP campaign has impacted their mental health, their home life, and their work life. These results show that the vast majority of MAPs have felt some impact on their lives by the anti-MAP campaign, with 96% of respondents stating that it has had an impact on their mental health. The results of these questions are shown in Figure 2.

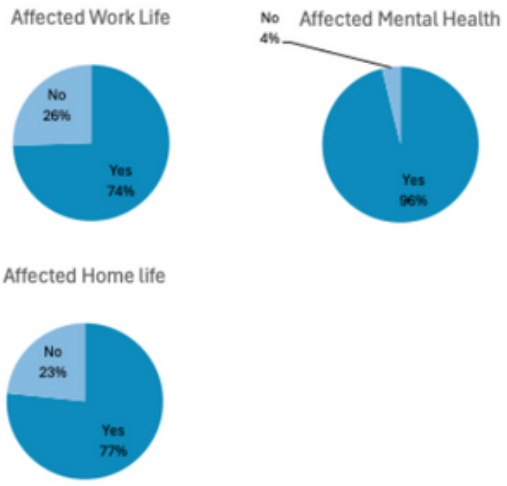

Figure 2. Responses to “Has the current anti-MAP campaign affected your home life, mental health, and work life”

Respondents were asked what they believed caused the negative effects on their mental health and the breakdown of responses is seen in Figure 3. Media coverage of the profession and the BMA scope of practice (4) were felt to be the two most detrimental.

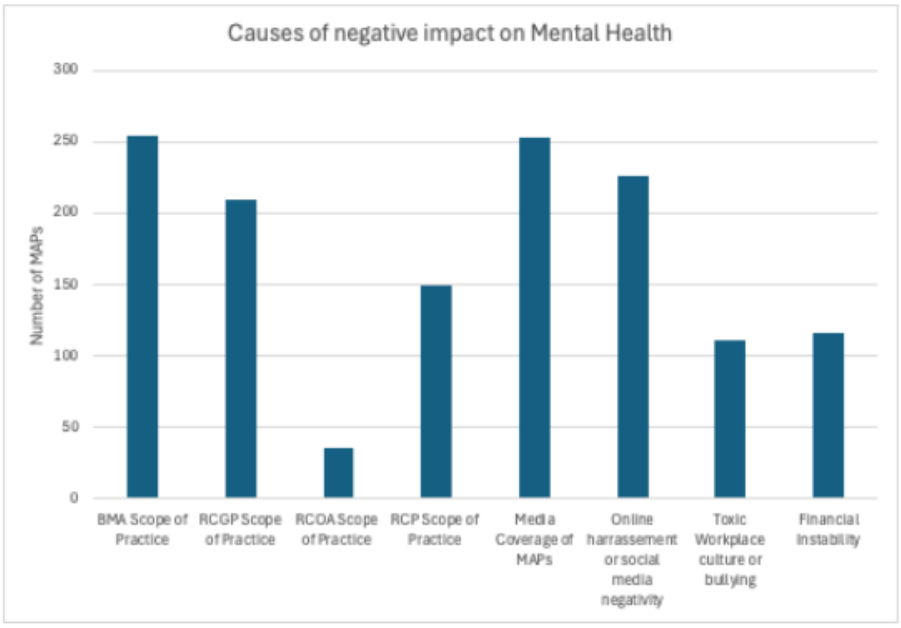

Figure 3. Self-reported causes of negative impact on mental health

While many respondents cited direct impacts on their day-to-day functioning, others noted specific triggers that were not fully captured by predefined survey options.

Factors Contributing to Negative Mental Health Effects

Respondents were asked what they believed had caused the negative effects on their mental health, and the breakdown of responses is shown in Figure 3. The survey data highlights that MAPs perceive multiple external factors—including professional guidance, media narratives, and workplace culture—as contributing to their professional challenges and mental wellbeing.

Respondents were given an option to answer 'Other' about what caused the negative effects on their mental health. A total of 30 respondents selected "Other" and provided free-text explanations for the negative impact on their mental health. These responses included themes about job insecurity and financial strain, hostile or dismissive attitudes from medical colleagues, fear of media scrutiny, and a perceived lack of institutional support.

Actions Taken to Address Mental Health

Respondents were asked what steps they have taken to cope with the negative effects on their mental health and results are shown in Figure 4.

Figure 4. Actions taken to Address Mental Health

Perceived Workplace Support

Participants rated the support they received from their workplaces on a scale of 1 (lowest) to 10 (highest). Of the total 337 survey participants, 288 answered this question. A majority – nearly 26% - rated their workplace support at 1, indicating very limited perceived assistance. Fewer than 9% felt fully supported (rating of 10) (Figure 5).

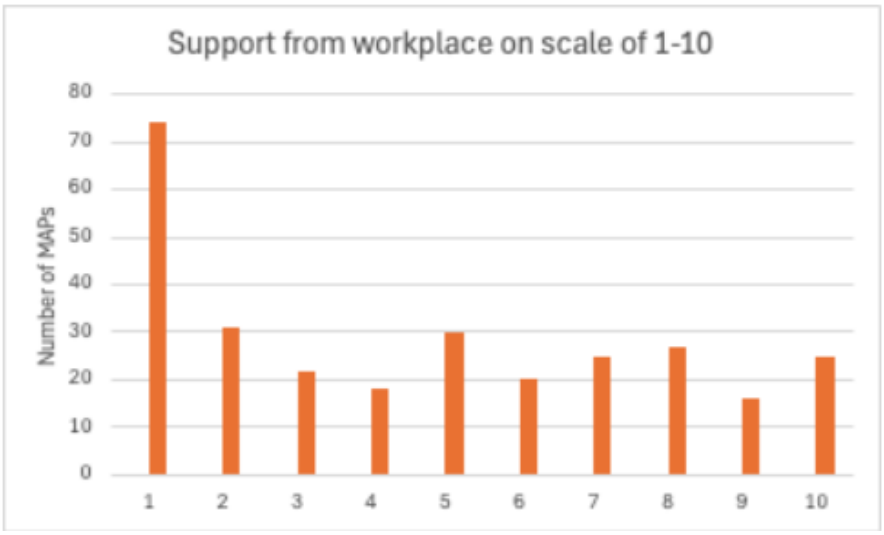

Figure 5. Self-reported support from workplace on a scale of 1-10.

Participants were asked if the BMA scope of practice (4) and the RCGP scope of practice (8) have negatively impact their ability to perform their roles. The results and the breakdowns of the causes of the impact are shown in Figures 6 and 7.

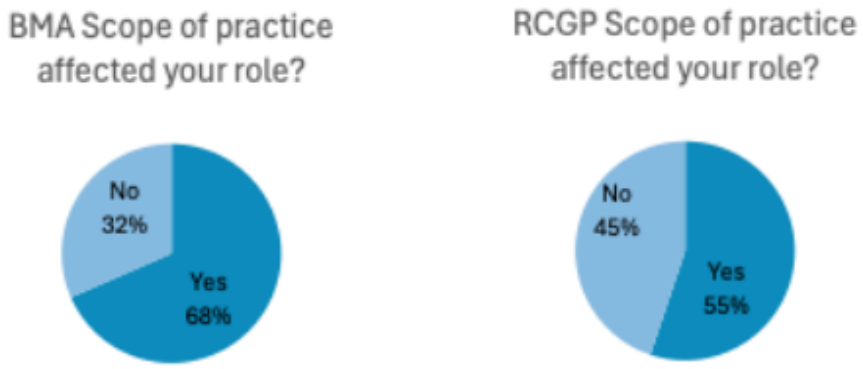

Figure 6. Has the BMA and RCGP scope of practice affected your current role?

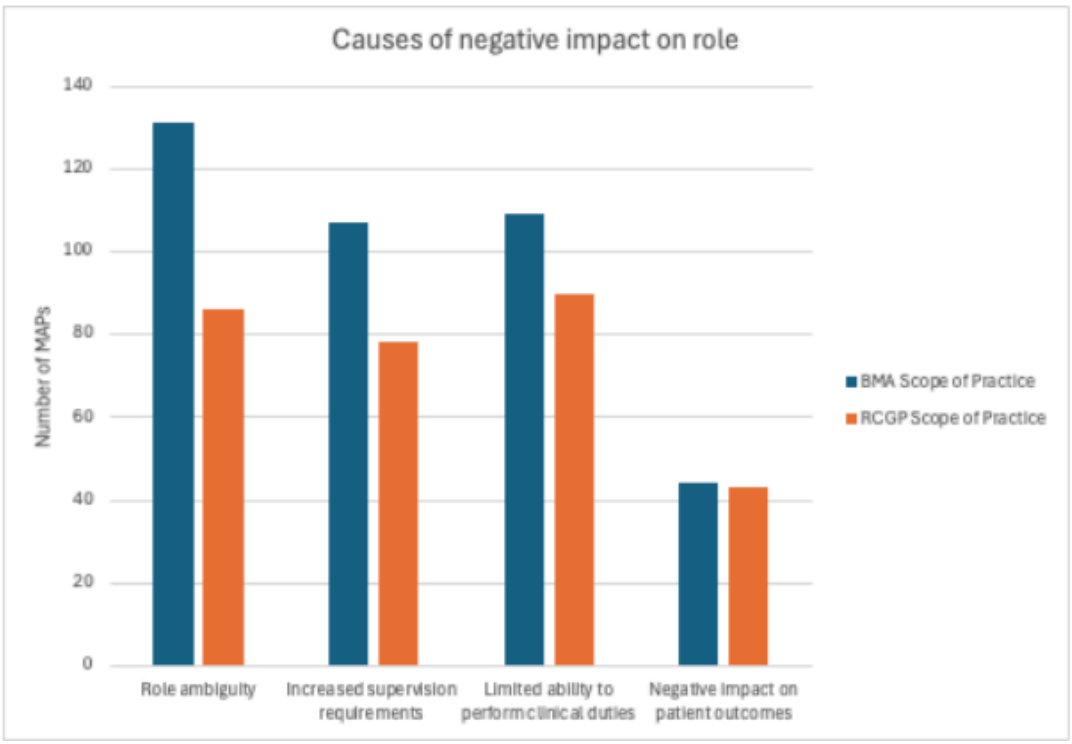

Figure 7. How have the BMA and RCGP scope of practices affected your role?

Participants were asked if there were any effects on patients due to the changes in their role. Results are shown in Figure 8 and the breakdown of these effects are shown in Figure 8.

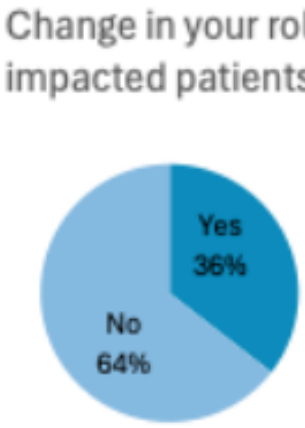

Figure 8. Has the change in your role affected patients?

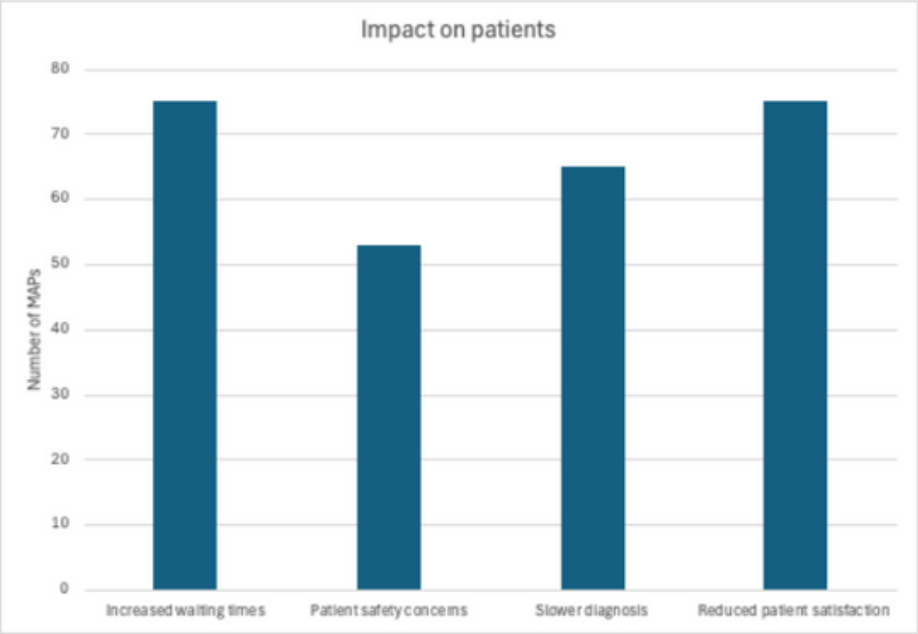

Figure 9. How have the changes in your role impacted patients?

Bullying and harassment of MAPs

Qualified MAPs were asked whether they had experienced bullying and harassment for their role, both online and at work. Student MAPs were asked whether they had experienced bullying on their placements. The results show that 36% of qualified MAPs reported online bullying; 38% reported bullying in the workplace, and 40% of students reported bullying on placements (Figure 10a,b,c).

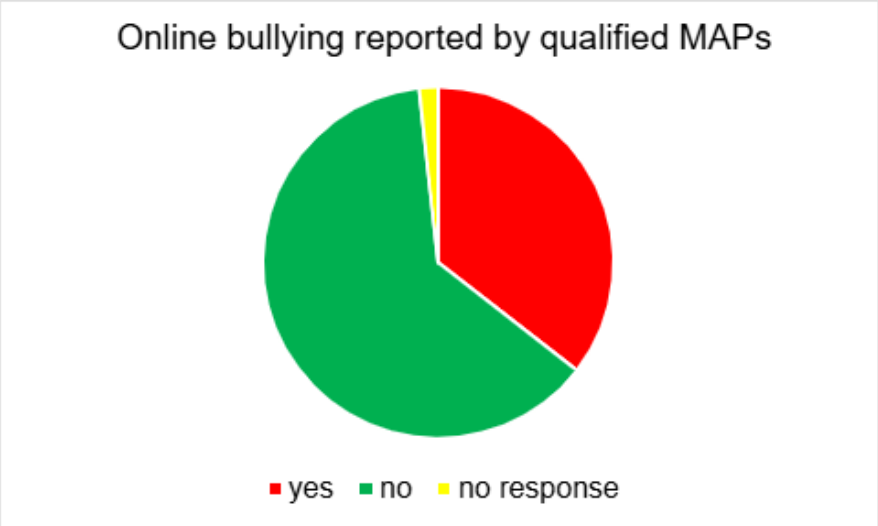

Figure 10a. Online bullying reported by qualified MAPs

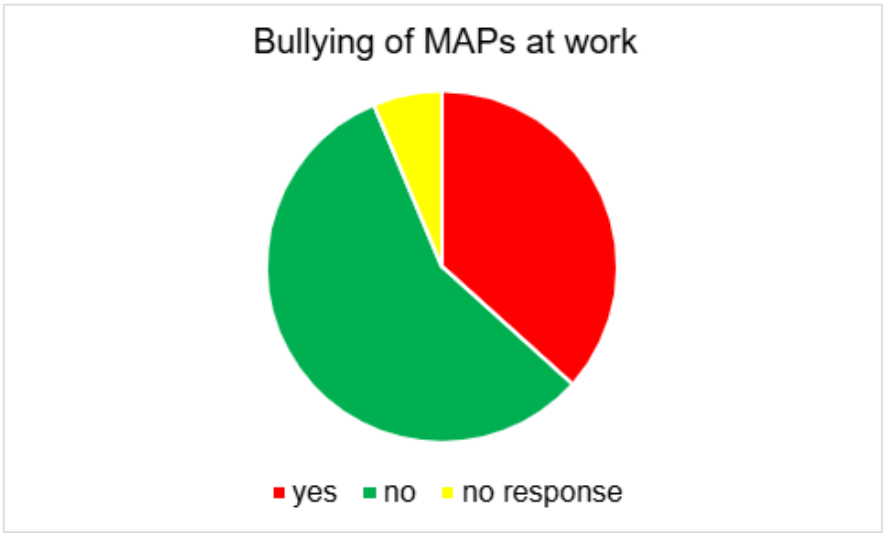

Figure 10b. Bullying of MAPS in the workplace

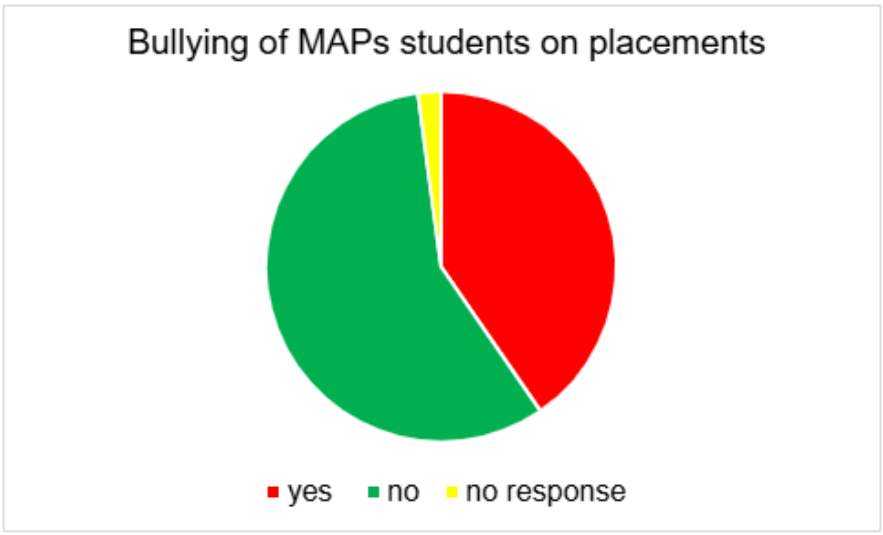

Figure 10c. Bullying of student MAPs on placements

Many respondents identified multiple factors that they felt contributed to their experience of bullying, including scopes of practice introduced by the BMA (4) and the Medical Royal Colleges (8,9,10), the negative media narrative and adverse workplace culture around MAPs (Figure 11).

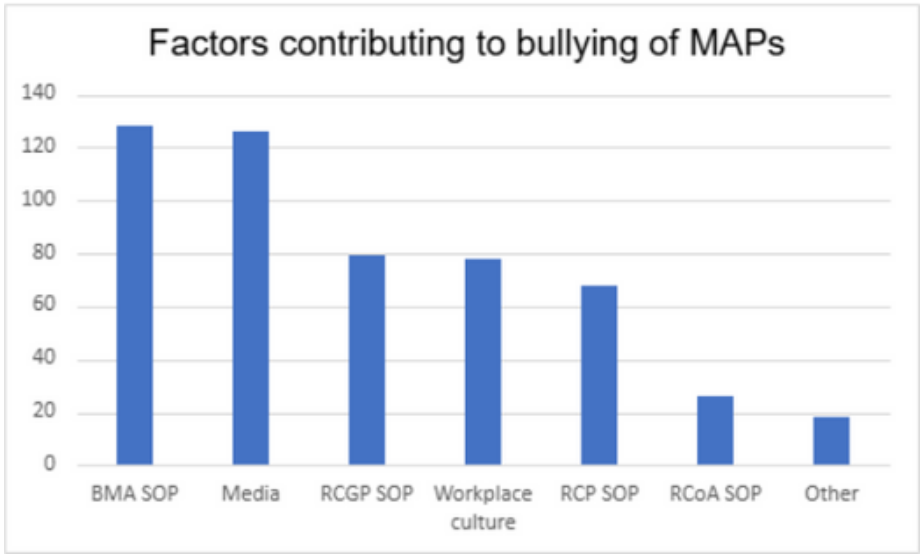

Figure 11: Factors MAPs believe lead to bullying and harassment

Sixteen MAPs added free text comments to detail the reasons they have felt bullied. These focussed on the lack of consequences for professionals engaging in bullying; failure of doctors to follow their own GMC Good Medical Practice, and negative online discourse: One respondent stated: “The BMA have been behaving in a way that goes against GMC Good Medical Practice and have faced no ramifications from the GMC or other bodies, allowing the hateful and misleading campaigns to continue”. Another MAP stated that after disclosing their role, whilst a patient themself in an emergency department, it affected the care they received. Yet another MAP stated their supervisor was anxious about the role, and another that the updated Royal College of Emergency Medicine position statement on PAs (11) contributed to bullying.

46% of qualified respondents reported suffering a negative workplace experience that they associated with bullying or professional challenges, with some reporting redundancy, dismissal, voluntary resignation, or considering leaving their post.

26 respondents reported dismissal or redundancy, 75% of whom were female (Figure 12). Seventy-nine respondents stated they were considering leaving the profession, 72% of whom were female.

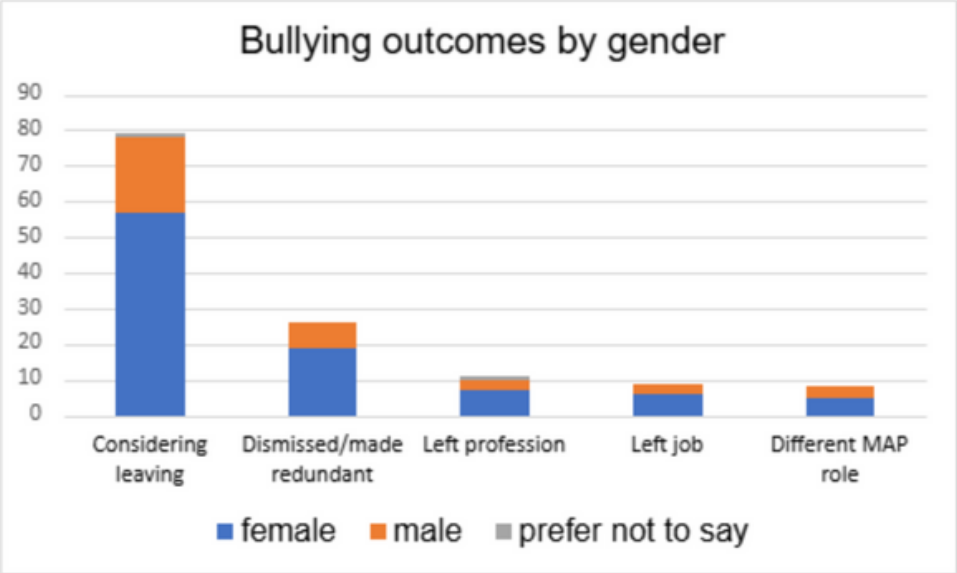

Figure 12: Bullying outcomes (not including ‘other’) by gender.

The data on bullying outcomes by ethnicity is shown below. 35% of those made redundant were from Black, Asian and Minority Ethnic groups (Table 1).

Ethnicity	Considering leaving	Dismissed/ made redundant	Left job	Left profession	Different MAP role
White	52	15	6	7	5
Black, Black British, Caribbean, or African	9	2	0	0	1
Asian/Asian British	8	5	1	0	2
Other Ethnic Group	4	1	0	2	0
prefer not to say	2	2	2	2	0
Mixed or Multiple Ethnic Groups	3	1	0	0	0

Table 1: Bullying outcomes by ethnicity.

Sixty qualified MAPs left free text responses in 'other' for how they had been negatively affected by bullying and harassment in the workplace. Many of these related to losing jobs or job offers. The range of responses was variable, with many different consequences for individuals. Some detailed distressing situations that demonstrate the severity of the situation for MAPs:

"Nasty comments were left ... The comments were incredibly hurtful and felt very personal. It led me to seek counselling as it severely knocked my confidence, and I found it hard to deal with".

"...There was ... who was anti-PA therefore she always limited what I was allowed to do ... She'd say you do jobs only."

"You have to learn who to avoid. You stop offering to help or train juniors because you know they will gossip about you or use your interaction to fuel toxic behaviour. You ask other colleagues to refer in to certain specialties on your behalf so that you don't have to deal with bullying and belittling."

"The generalised bullying from other professionals online has an impact daily on how I feel as a PA"

"I am BROKEN"

"Sucking it up, got bills to pay"

Proposed solutions to bullying and harassment in the workplace

Taking a solution-focussed stance, MAPs were asked what they felt would be useful for them to deal with the described bullying and harassment in the workplace.

A CMAPs-backed counselling service was very appealing to respondents, with 80% of respondents who answered the question being in favour, or maybe in favour, of this option (Figure 13).

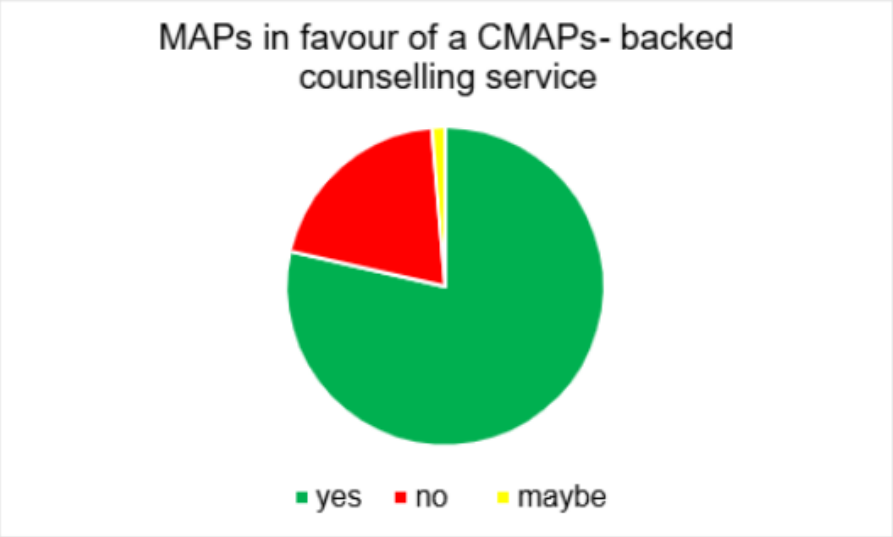

Figure 13: MAPs in favour of a CMAPs – backed counselling service

In terms of the desired features of such a service, the most popular options were confidential and accessible sessions (196 respondents), free or subsidised services (183 respondents), access to mental health professionals familiar with MAP-specific challenges (148 respondents), virtual/online availability (136 respondents), peer support or group therapy sessions (156 respondents) and a crisis hotline (77 respondents). These figures are not expressed percentages because, more respondents selected desirable features than said they were in favour of the counselling service

Eighty-three percent of respondents who answered the question were in favour, or maybe in favour, of a MAPs Mental Health Hub that provides resources and support (Figure 14), showing that this solution is even more appealing to MAPs as a potential source of support for well-being.

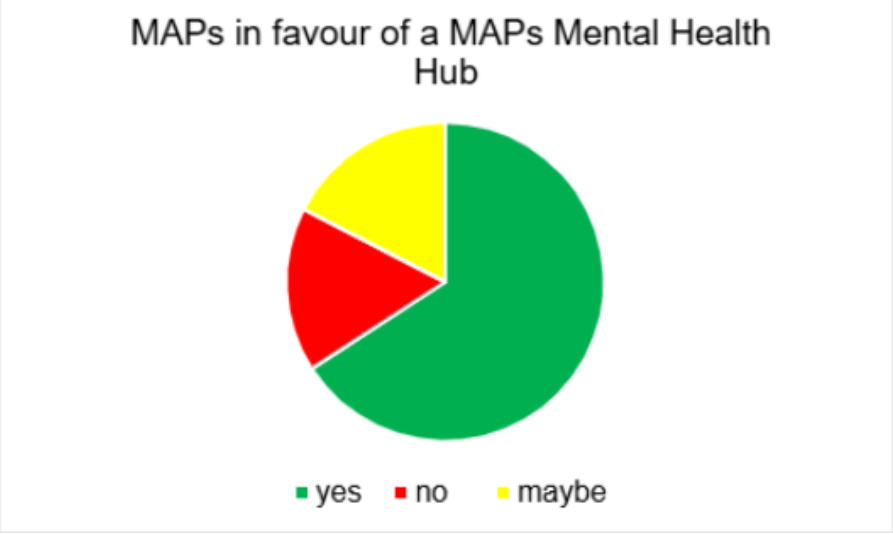

Figure 14: MAPs in favour of a MAPs Mental Health Hub

In terms of services or resources, the most popular options were self-help resources (e.g. guides, articles, videos) (163 respondents), access to licensed therapists and mental health professionals (207 respondents), workshops or webinars on stress and stress management (156 respondents), peer support networks (156 respondents), and a crisis support hotline (77 respondents).

MAPs were asked what type of support they would find most valuable from CMAPs to help address current challenges. Suggested support mechanisms from CMAPs were popular with all respondents including those who did not explicitly declare they were affected by bullying or harassment at work or online. Advocacy and promotional mechanisms were the most popular (Table 2).

Suggested CMAPs support mechanism	Number of respondents	% of respondents
Advocacy for fair treatment and improved working conditions	255	76
Recognition and promotion of MAP roles in healthcare	249	74
Career development opportunities (e.g., leadership training, CPD courses)	235	70
Regular communication about advocacy efforts and progress	198	59
Networking events and peer support initiatives	196	58

Table 2: Suggested CMAPs support mechanisms most valuable to MAPs

Results showed that MAPs felt strongly that the wider stakeholder group had great potential to better support MAPs. Advocacy for improved working conditions and respect for MAP roles was the most popular option, with recognition and promotion of MAP roles in healthcare a close second (Table 3).

Suggested MAP employer and professional bodies support mechanisms	Number of respondents	% of respondents
Advocacy for improved working conditions and respect for MAP roles	259	77
Public awareness campaigns to improve understanding of MAP contributions	256	76
Inclusion in decision-making and scope of practice discussions	250	74
Additional funding for mental health and wellbeing resources in the workplace	159	47

Table 3: Suggested MAP employer and professional bodies support mechanisms most valuable to MAPs

Discussion

To our knowledge, this survey is one of the most comprehensive studies conducted on the wellbeing of MAPs in the UK, capturing responses from a diverse workforce across different specialties and career stages. The findings highlight widespread workplace stress, professional instability, and deteriorating mental health, which survey respondents linked to systemic workforce governance challenges and a difficult professional climate.

Demographics

The findings from this wellbeing and professional climate survey provide critical insights into the mental wellbeing of MAPs as well as their current professional environment.

The survey captured responses from practicing AAs, PAs, and students across all four nations of the UK. Students and practicing AAs and PAs were considered as one group and analysed collectively as 'MAPs', except for bullying and harassment data which was separated out. Respondents represented a broad geographical distribution across the UK, with participants from all four nations, though the majority were based in England. The demographics of the respondents align with the known demographics of PAs in the UK (as most respondents are PAs) with the majority being female, white, British, and living in England) (2). Most respondents were employed full-time and have been working between 1-7 years, reflecting the relatively new and evolving nature of the MAP workforce.
Data from those who have already left the profession was not captured.

Mental Wellbeing: Depression and Anxiety Among MAPs

Participants were asked about their depression and anxiety levels using the PHQ-9 and GAD-7 questionnaires, both of which are widely recognised for assessing mental health (7). This choice provided a validated measure of mental health status among respondents. Depression and anxiety were both prevalent amongst MAPs, with one-fifth reporting a mental health crisis in the last year, 99 having sought counselling, and 50 MAPs starting on medication for anxiety and/or depression. These findings reinforce that the professional climate surrounding MAPs has had a negative impact on mental health and workplace experiences, necessitating urgent intervention to ensure MAPs can work in a safe, supportive, and sustainable environment.

Effect of Anti-MAP Campaign on Wellbeing

The National Health Service (NHS) continues to experience significant workforce pressures, with chronic underfunding, increased patient demand, and staff burnout contributing to an increasingly challenging working environment (12). Within this climate of workforce strain, MAPs have reported concerns about workplace challenges, job security, and mental health impacts. Workforce pressures, combined with profession-specific debates regarding MAP roles, may contribute to feelings of professional instability and psychological strain.

Amidst these ongoing workforce challenges, some MAPs perceive a negative professional climate surrounding their roles, which they associate with workplace difficulties. The cumulative effect of systemic workforce pressures and professional debates may contribute to heightened stress, workplace dissatisfaction, and concerns about long-term career stability. Addressing these issues proactively through clearer governance, stronger professional advocacy, and improved workplace policies could help create a more sustainable and supportive working environment for MAPs.

The survey explored how the current anti-MAP climate affects the wellbeing of MAPs, examining its impact on mental health, home life, and work life. As shown in Figure 2, the majority of respondents reported that they had been affected in these three areas, with 96% stating that the anti-MAP campaign had negatively impacted their mental health. Media narratives and professional discourse, particularly coverage of MAP roles, were commonly cited as contributing factors, with 252

respondents attributing media coverage and 227 identifying online harassment or social media hostility as reasons for their distress.

Beyond mental health concerns, workplace culture was also a significant issue. Reports of bullying and harassment were prevalent, with 38% of qualified MAPs experiencing workplace bullying, while 36% reported online bullying. Among MAP students, 40% reported experiencing bullying during their placements or training. The consequences of such experiences were substantial, with 46% of qualified MAPs stating that bullying or harassment led them to leave their jobs or consider leaving the profession altogether.

These findings underscore the cumulative impact of workplace challenges, media narratives, and professional hostility on MAP wellbeing. The widespread experiences of workplace stress, bullying, and mental health strain highlight the need for targeted interventions to ensure a more supportive and sustainable working environment. Addressing these issues through workforce protections, mental health resources, and professional advocacy may help mitigate the negative consequences and improve retention within the MAP workforce.

The introduction of various interim scopes of practice (SOPs) by royal colleges was widely perceived as having a significant impact on MAP roles and their well-being, raising concerns about patient outcomes, waiting times, and professional autonomy. Respondents frequently reported that these changes contributed to delayed diagnoses, increased patient dissatisfaction, and a sense of professional instability. Many respondents described experiencing reduced job satisfaction, with 122 MAPs linking this to the RCGP SOP (8) and 255 respondents believed the BMA scope of practice (4) has significantly contributed to negative treatment of MAPs.102 respondents reported feeling excluded, undervalued, or unsupported, suggesting that these policies may have reinforced professional barriers and challenges in workplace integration. The impact on mental health and wellbeing was also evident, with 133 respondents identifying increased stress or burnout following the implementation of the RCGP SOP (8). Although fewer respondents cited the RCoA scope of practice (9), this should be interpreted in the context of the smaller number of AAs in the workforce. Despite representing 36 responses, the proportional impact on AAs may be considerable.

Concerns about workforce retention and job security were also highlighted. A substantial proportion of respondents considered leaving their roles, with 95 MAPs attributing this decision to the RCGP SOP (8). Reports of dismissal or redundancy were also noted, with 24 respondents identifying these experiences as linked to SOP changes. These findings suggest that policy decisions surrounding MAP roles have had a broader impact on career stability, with potential implications for workforce sustainability.

These findings highlight the need for greater clarity in professional governance, improved support structures, and a more collaborative approach to workforce integration. Addressing these challenges proactively may help mitigate workforce dissatisfaction and retention issues, ensuring a more stable and sustainable working environment for MAPs.

A standardised SOP framework, such as those developed by CMAPs and United Medical Associate Professionals (UMAPs), could help address the impact of varied SOP policies on MAP wellbeing, and workforce stability by providing consistency and clarity in defining MAP roles across different healthcare settings. Documents such as the Base Scope of Practice (13) and Scope Mapping Tool (13) offer structured guidance to support effective MAP integration. Concerns about bullying and harassment have been raised within the MAP workforce, with potential implications for mental health, workforce retention, and professional well-being. Survey responses suggest that many MAPs have encountered challenging workplace and online interactions, with broader professional discourse and media narratives perceived as influencing these experiences.

Around one-third of qualified MAPs reported feeling bullied and/or harassed both at work and online, with bullying and/or harassment of students on placements being slightly more prevalent at 40%. It is a worrying trend that more students reported bullying than did qualified MAPs, perhaps reflecting the changing environment towards MAPs in recent years having a stronger impact on students than those MAPs already established in their roles. However, the figures overall represent a highly concerning level of negativity towards both MAPs and student MAPs.

Incivility in the healthcare workplace (which includes lower-level negativity than that which would be classed as bullying) has been demonstrated to have a detrimental impact on patient safety (14). At least one third of NHS staff in general have experienced incivility in the workplace, and this incivility can contribute to direct medical errors occurring (14). The anti-MAP campaign has constructed a narrative centred on concerns regarding patient safety in relation to MAPs. This survey highlights the necessity of examining the detrimental impact on patient safety that arises because of the direct targeting of MAPs. Human factors contribute largely to adverse events in healthcare, and safe efficient patient care requires all parties to work together in a mutually respectful manner (15).

Our data shows that bullying of MAPs is worryingly frequent, with over a third of qualified MAPs reporting bullying both online and at work, and 40% of student PAs report having been bullied on student placements. Medical and Royal College interim scopes of practice, as well as negative media attention and workplace culture, were cited by respondents as reasons for bullying and discrimination. Leaving jobs, either voluntarily or by termination of employment were frequent outcomes. Further clarification is needed regarding the nature of reported employment terminations. Some respondents reported redundancies or dismissals but did not specify the legal circumstances surrounding these changes. Many more MAPs stated they were considering leaving due to bullying and discrimination at work and online.

Supportiveness of the Workplace

Approximately 61% of respondents reported low or moderate support (rated 1 to 5) in the workplace, while 39% perceived moderate to high support (rated 6 to 10). This dichotomy gives a quick overview of overall patterns but does mask some nuances, such as the notable spike at the lowest rating of 1, with the remaining ratings of two or more being fairly even. This indicates that there are some more supportive workplaces although unfortunately these are not in the majority.

In summary, these data points highlight a complex mental health landscape. Many individuals have pursued various forms of support or taken major steps (e.g., job changes), while a sizeable portion have not sought help. Furthermore, workplace support ratings vary considerably, with a significant percentage of respondents feeling minimally supported, indicating a pressing need for more robust organisational initiatives and resources.

Bullying Outcomes by Ethnicity

This study highlights workplace challenges faced by PAs and AAs, particularly in relation to wellbeing and job stability. While concerns are evident across the workforce, differences emerge when analysed by ethnicity.

MAPs from ethnic minority backgrounds comprised 28% of survey respondents (17% Asian or Asian British, 6% Black, Black British, Caribbean, or African, and 3% Mixed or Multiple Ethnic Groups). However, they were overrepresented in dismissals, accounting for 34.6% of cases. These findings indicate that MAPs from ethnic minority backgrounds experience a higher proportion of dismissals relative to their representation in the workforce. This pattern raises important questions about the factors influencing job stability, which warrant further investigation.

Workplace factors such as bullying, online harassment, and restrictive scope of practice policies contribute to workforce instability. Given the higher representation of MAPs from ethnic minority backgrounds in categories associated with job loss, further research is needed to assess whether workplace discrimination or lack of institutional support exacerbates these disparities.

While MAPs from White backgrounds still form the majority of those affected by workplace instability, the findings indicate potential structural inequalities. Future studies should explore how workplace policies, leadership support, and professional biases impact job retention among different ethnic groups. Additionally, policies affecting PAs should be assessed for their impact based on the gross number of protected characteristics in the workforce.

A larger sample size and formal statistical analysis are needed to determine whether these disparities are statistically significant. A qualitative approach could also provide deeper insights into perceived support, career progression, and workplace relationships, helping to identify targeted interventions. Addressing these concerns is essential to ensuring that all MAPs feel valued, supported, and integrated within healthcare teams.

Actions Taken to Address Mental Health

When experiencing workplace stress and mental health challenges, MAPs reported using a range of coping strategies. Many participants sought professional or medical support, such as private counselling or medication, while a substantial number (115 respondents) reported taking no formal action. This may reflect barriers to accessing support or a normalisation of distress within the workforce. Meanwhile, 72 respondents selected “Other,” indicating more individualised approaches.

Survey findings suggest that employer-led wellbeing initiatives may not fully address the mental health and workplace stress concerns reported by MAPs. Many respondents highlighted the need for greater institutional support and tailored mental health services to mitigate these challenges. A significant proportion expressed that access to mental health professionals familiar with MAP-specific challenges would be beneficial, while others saw value in a dedicated MAPs Mental Health Hub offering resources and support. Counselling services tailored to MAPs, particularly those backed by professional bodies, were also noted as a potential solution. Confidential and accessible support options were frequently cited as essential, alongside calls for increased funding for workplace mental health resources, including free or subsidised services. These findings highlight the importance of structured, long-term mental health support in promoting workforce wellbeing and retention.

Addressing MAP Wellbeing with Bespoke MAP Services

The findings suggest a strong demand for targeted mental health support tailored to the specific challenges faced by MAPs. Many respondents expressed a preference for a CMAPs-backed counselling service and a dedicated MAPs Mental Health Hub, viewing these as valuable resources to provide structured and ongoing support. The need for confidential and accessible mental health

services was also a recurring theme, with respondents emphasising the importance of professional support that understands the unique pressures associated with the MAP role.

Beyond individual mental health resources, there was a broader expectation that employers and professional bodies should take greater responsibility in advocating for MAPs and improving workplace conditions. Many respondents believed that these organisations play a key role in securing funding for workplace wellbeing initiatives, ensuring access to mental health services, and creating an environment where MAPs feel respected and valued. This highlights concerns that advocacy efforts in recent years may have fallen short, reinforcing the perception that MAPs require stronger institutional support.

The wider stakeholder group, including healthcare leadership, policymakers, and professional bodies, was identified as having significant potential to support MAPs more effectively. Key areas for improvement included advocating for better working conditions, enhancing recognition of the MAP role, and promoting its value within the healthcare system. These perspectives indicate that MAPs do not merely seek individual wellbeing interventions but also structural changes that promote long-term professional inclusion and support.

While further work is needed to develop sustainable solutions, these findings demonstrate both the need and the demand for a more tailored approach to MAP wellbeing. Addressing these concerns proactively, through dedicated mental health services, improved professional advocacy, and workplace reforms, may help mitigate stress, burnout, and workforce retention issues, ensuring a more stable and supportive professional environment for MAPs.

Systemic Responsibility for MAP Wellbeing

The findings of this survey reinforce that the wellbeing crisis among MAPs is not a reflection of individual resilience or isolated workplace conditions but a structural failure in how the profession has been integrated into the healthcare workforce. While MAPs are expected to function as integral members of multidisciplinary teams, the absence of a clear regulatory framework from the outset, including delayed statutory regulation and lack of prescribing rights, has created professional instability.

Delays to fundamental regulatory issues and workforce safeguards have left MAPs exposed to uncertainty, professional marginalisation, and workplace hostility. Although the government has consistently supported the role of MAPs, these delays have contributed to an environment of instability which has continued after GMC regulation in December 2024.

Survey findings suggest that the publication of restrictive scope of practice guidance may have influenced workplace dynamics, with some respondents reporting increased stress among MAPs and instances of workplace tension as a result. Several participants attributed these challenges to the spread of misinformation and restrictive professional narratives, highlighting the need for further clarification and a more professional dialogue within the communities in which MAPs work.

These challenges cannot be solved in isolation. Those who shaped the profession's current reality, policymakers, regulators, and workforce leaders, must take accountability and implement sustainable measures to ensure MAPs can work fairly, and without fear of discrimination or exclusion.

Recommendations for Government and Systemic Change

Addressing Bullying

- Legislative protections: Implement legal frameworks to address bullying and professional harassment not only for MAPs but all healthcare professions, with targeted measures to combat online bullying from anonymous sources.
- Institutional safeguards: Establish workplace policies to prevent and manage bullying, incorporating robust reporting mechanisms, clear accountability structures, and independent oversight.
- Regulatory oversight: Develop national guidelines to mitigate the impact of targeted bullying of MAPs, ensuring coordinated responses across healthcare institutions and professional bodies.

Ensuring Accountability Among Professional Bodies and Unions

- Formal policy review: Conduct a systematic review of scope of practice guidance documents, led by an independent advisory panel in collaboration with Royal Colleges and workforce regulators. This review should assess whether existing policies contribute to discrimination, workplace hostility, or professional exclusion and recommend necessary revisions to ensure fair workforce representation and career sustainability. Additionally, policies affecting PAs should be evaluated for their impact on the diverse workforce, with particular consideration for protected characteristics.
- Implement a standardised Scope of Practice framework with MAP involvement such as those developed by CMAPs and UMAPs, to ensure consistency, clarity, and workforce stability in defining MAP roles across healthcare settings, and to mitigate the negative impact of varied SOPs on MAPs wellbeing.
- MAP-led Workforce Integration Strategy: Develop a MAP-led Workforce Integration Strategy in collaboration with NHS workforce leaders, healthcare regulators, and MAP professional bodies to safeguard workforce stability, career progression, and role integration.
- Evidence based, MAP-led workforce guidance: Workforce guidance related to MAPs is welcomed from recognised MAP-affiliated bodies (e.g., CMAPs) and governmental organisations (e.g., DHSC) to ensure policies are evidence-based and aligned with patient needs and workforce needs. Royal Colleges may provide advisory input in collaboration with key stakeholders but should not publish MAP workforce policies without the engagement of MAP workforce leaders and MAP professional bodies. Recommendations made by trade unions and professional bodies that do not represent MAPs are of limited value and should be discouraged going forward.

Investment in MAP Mental Health Support

- Establish a nationally funded MAP Mental Health Hub and Support Programme, ensuring free and confidential access to counselling services for MAPs by professionals familiar with MAP-specific challenges.
- Create a DHSC-led MAP Wellbeing Fund to support long-term mental health initiatives, including peer support networks, crisis support hotlines, and subsidised therapy.

MAP Advocacy and Inclusion

- Ensure MAPs are included in workforce planning, embedding representation in NHS decision-making.
- Implement structured consultation processes, allowing MAP perspectives to shape workforce policies and scope of practice guidance.
- Launch targeted public awareness campaigns, addressing misinformation and misrepresentation of MAP roles.

Limitations

In keeping with the compressed timeframe required by the Leng Review, this report presents an initial analysis highlighting the most significant findings from the survey. Further exploration and statistical analysis of the data is warranted. The results included in the study reflect the most relevant themes.

It is important to acknowledge the limitations of the study, particularly the small sample size. This may mean that the findings are not fully representative of the entire MAP community, and certain groups may be underrepresented. Future efforts should focus on improving engagement and broadening the respondent pool to ensure a more comprehensive understanding of the workforce.

This survey reflects self-reported experiences and perceptions of respondents regarding their professional climate and mental wellbeing. While it captures the impact of external factors, including the anti-MAP campaign, it does not attempt to attribute mental health outcomes to a single cause or adjust for pre-existing conditions.

Given concerns around workplace culture and potential fear of retaliation, a small number of responses (n=11) could not be fully verified. These include anonymous submissions (n=5) and responses without sufficient identifying details (n=6). While these responses do not meet strict verification criteria, they have been included in the analysis to ensure all voices are represented, with appropriate caveats where necessary. The impact of these unverifiable responses on overall findings is minimal due to their small proportion of the total dataset (approximately 3%).

Conclusion

This study provides a detailed examination of the wellbeing of PAs and AAs in the UK, shedding light on the challenges they face within their professional environments. The results indicate that a significant proportion of MAPs experience considerable mental health strain, with anxiety and depression being prevalent among the respondents. Key stressors identified include workplace culture, the impact of multiple SOP documents, and online bullying, all of which appear to contribute to a heightened sense of professional instability.

The introduction of various SOP guidance from professional bodies, including the BMA and the Royal Colleges, has been noted by many respondents as having an impact on their roles. The respondents highlighted concerns that these documents, alongside negative media portrayals and workplace attitudes, have led to challenges in their professional lives and personal lives. These factors appear to influence both the workplace climate and the relationships between MAPs and other healthcare professionals, contributing to a broader sense of dissatisfaction.

Online bullying and negative discourse surrounding the MAP profession were also reported as significant issues. A substantial portion of respondents indicated that they had experienced online harassment related to their professional role, with some reporting that these negative interactions had an impact on their overall wellbeing. Additionally, workplace bullying was a common theme, particularly among students on placements, further highlighting the need for systemic changes to ensure a respectful and supportive environment.

The findings suggest that MAPs would benefit from targeted support services, such as a MAPs-specific counselling service and a Mental Health Hub, both of which were strongly supported by respondents. These services could help address the ongoing mental health challenges faced by MAPs and contribute to creating a more positive and inclusive professional environment.

Ultimately, the survey underscores the need for greater collaboration between MAPs, professional bodies, employers, and policymakers to address the challenges outlined in this study. Clearer communication, more effective support structures, and ongoing advocacy are essential to improving the professional environment for MAPs and ensuring that their contributions to healthcare are valued. Further research is needed to evaluate the long-term effects of current workforce policies on MAPs and to explore additional strategies for supporting MAPs in their roles and on students on placements. A further literature review study is also needed to identify recognised and evidenced approaches to tackle bullying and incivility, specifically within the NHS. Looking to other industries, and leadership professional bodies, to begin to unravel the causes of negativity and pilot possible solutions to tackle this ongoing issue.

Declaration of Interest

All authors are MAPs with the exception of Maria Herdt.

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Appendix 1: Survey Questions

- Name (first, last)
- Method of validation (GMC number, MVR number, work email)
- Did you complete our wellbeing survey last year?
- Are you a member of UMAPs (the Union)?
- Are you a member of CMAPs (the professional college)?
- Are you a student?
- Profession
- Employment
- Duration of practice
- What is your gender?
- What is your sexual orientation?
- What is your religion or belief system?
- Any other religion: (please state)
- What is your ethnicity?
- What is your national identity?
- Where were you born? Please specify your location and, where applicable, select your region
- Where do you work?
- Please specify your workplace location and, where applicable, select your region
- Which sector do you primarily work in?
- Anxiety scale: GAD7
- Depression scale: PHQ9
- Have you experienced a mental health crisis in the past 12 months?
- If yes, what actions did you take to address the crisis? (Select all that apply):
- Accessed university counselling services
- Accessed workplace counselling services
- Sought private therapy or counselling
- Contacted crisis helplines (e.g., Samaritans, NHS Mental Health Services)
- Spoke to my GP or another healthcare professional
- Relied on support from family or friends
- Admitted to psychiatric hospital
- Took no action
- Other (please specify))
- Has the current Anti-MAP campaign had a negative effect on your mental health?
- If yes, what do you believe caused these negative effects?
- BMA scope of practice
- RCGP scope of practice
- RCOA scope of practice
- RCP scope of practice
- Media coverage of MAP roles
- Online harassment or social media negativity
- Toxic workplace culture or bullying
- Financial instability
- Other (please specify))
- What steps, if any, have you had to take to address your mental health?
- Accessed workplace counselling services
- Sought private therapy or counselling
- Started or increased medication (e.g., antidepressants, anti-anxiety medication)
- Left my role or changed sector
- No steps taken
- Other steps taken (specify)
- On a scale of 1-10, how much support have you had from your workplace in regard to the current climate?
- Has the Anti-MAP campaign affected your home life?

- Has the Anti-MAP campaign affected your home life?
- If yes, what do you believe caused the negative impact on your personal life?
- RCGP scope of practice
- RCOA scope of practice
- BMA scope of practice
- RCP scope of practice
- Media coverage of MAP roles
- Online harassment or social media negativity
- Strain on relationships with partner or spouse
- Struggling to provide financial support to family members
- Increased isolation or withdrawal from social interactions
- Impact on parenting or caregiving responsibilities
- Other (please specify)
- Has the current antiMAP campaign affected your workplace?
- Has your ability to perform your role been negatively impacted by recent challenges?
- Do you believe the BMA scope of practice has negatively impacted your ability to perform your role?
- How have recent challenges impacted your ability to perform your role?
- Role ambiguity or lack of clarity about responsibilities
- Increased supervision requirements or decreased autonomy
- Limited ability to perform clinical duties
- Negative impact on patient outcomes or safety (please specify):
- Do you believe the RCGP scope of practice has negatively impacted your ability to perform your role?
- If yes, how has the RCGP scope of practice specifically impact your role?
- Role ambiguity or lack of clarity about responsibilities
- Increased supervision requirements or decreased autonomy
- Limited ability to perform clinical duties
- Negative impact on patient outcomes or safety (please specify):
- Have there been changes in the way colleagues have been treating you?
- Have there been changes in the way patients have been treating you?
- Have there been any organisational changes to your work?
- Do you feel your current role allows you to perform the duties you were trained for as a PA?
- Do you feel your role as a PA has been undervalued or diminished in your current workplace?
- Do you believe the RCOA scope of practice has negatively impacted your ability to perform your role?
- If yes, how has the RCOA scope of practice specifically impact your role?:
- Role ambiguity or lack of clarity about responsibilities
- Increased supervision requirements or decreased autonomy
- Limited ability to perform clinical duties
- Negative impact on patient outcomes or safety (please specify):
- Have there been changes in the way colleagues have been treating you?
- Have there been changes in the way patients have been treating you?
- Have there been any organisational changes to your work?
- Do you feel your current role allows you to perform the duties you were trained for as an AA?
- Do you feel your role as an AA has been undervalued or diminished in your current workplace?
- Have these effects in work had any negative material effect on patients?
- If Yes, please describe
- Increased waiting times: Delays in scheduling appointments or consultations may have caused prolonged suffering or anxiety for patients.
- Patient safety concerns: Reduced staff availability or resource limitations might have led to missed follow-ups or medication errors, impacting patient outcomes.
- Patient safety concerns: Reduced staff availability or resource limitations might have led to missed follow-ups or medication errors, impacting patient outcomes.
- Slower diagnosis: Challenges in workflow could have delayed identifying critical conditions, potentially worsening patient prognosis.

- Reduced patient satisfaction: Longer waiting times or fragmented care may have led to frustration or diminished trust in the healthcare system.
- On a scale of 1 to 10, how much has this impacted your ability to continue providing patient care?
- Have you experienced online bullying or harassment for your role as a MAP?
- Have you experienced bullying or harassment at work in your role as a MAP?
- If yes, what do you believe caused the bullying or harassment?
- RCGP scope of practice
- BMA scope of practice
- RCP scope of practice
- RCOA scope of practice
- Media coverage of MAP roles
- Workplace culture
- Other (please specify):
- What has been the outcome of the bullying or harassment?
- I left my job
- I was dismissed or made redundant
- I sought a role as a MAP in another sector (e.g., private, secondary care)
- I left the profession entirely
- No outcome yet, but I am considering leaving
- Other (please specify):
- Did the BMA scope of practice directly cause any of these outcomes at your workplace?
- Dismissal or redundancy
- Reduction in usual contracted duties
- Reduction in pay
- Placed on performance improvement plans or under additional supervision
- Considering leaving your role or profession
- Strained relationships with colleagues or supervisors
- Increased stress or burnout
- Feeling excluded, undervalued, or unsupported in your workplace
- Reduced job satisfaction or fulfilment
- Other (please specify):
- None of the above
- Did the RCGP scope of practice directly cause or contribute to any of these outcomes at your workplace?
- Dismissal or redundancy
- Reduction in usual contracted duties
- Reduction in pay
- Placed on performance improvement plans or under additional supervision
- Considering leaving your role or profession
- Strained relationships with colleagues or supervisors
- Increased stress or burnout
- Feeling excluded, undervalued, or unsupported in your workplace
- Reduced job satisfaction or fulfilment
- Other (please specify):
- None of the above
- Did the RCOA scope of practice directly cause or contribute to any of these outcomes at your workplace?
- Dismissal or redundancy
- Reduction in usual contracted duties
- Reduction in pay
- Placed on performance improvement plans or under additional supervision
- Considering leaving your role or profession
- Strained relationships with colleagues or supervisors
- Increased stress or burnout
- Feeling excluded, undervalued, or unsupported in your workplace
- Reduced job satisfaction or fulfilment

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- Other (please specify):
- None of the above
- Additional Comments or Suggestions:
- Student Survey
- Has the Anti-MAP campaign affected your experience as a student? If yes, in what ways has it impacted your experience?
- Increased stress or anxiety about career prospects
- Feeling undervalued as a future MAP
- Negative attitudes or treatment from faculty or peers
- Reduced motivation to complete the program
- Concerns about future employment opportunities
- Other (please specify):
- Has the Anti-MAP campaign affected your ability to secure or complete placements? If yes, how have your placement opportunities been affected?
- Difficulty finding placement opportunities
- Reduced placement hours or experience due to changes in scope of practice
- Negative attitudes from supervisors or clinical staff
- Limited exposure to autonomous clinical tasks
- Other (please specify):
- Anxiety scale: GAD7
- Depression scale: PHQ9
- Have you experienced a mental health crisis in the past 12 months?
- If yes, what actions did you take to address the crisis?
- Has the Anti-MAP campaign negatively impacted your mental health as a student?
- If yes, what challenges have you faced?
- Stress related to career uncertainty
- Anxiety about public or professional perceptions of MAPs
- Feelings of isolation or lack of support
- Burnout or fatigue from managing academic and external pressures
- Other (please specify):
- Have you sought support for these challenges?
- If yes, what type of support have you accessed?
- University counselling services
- Peer support groups
- Faculty mentorship or advice
- External professional counselling or therapy
- Other (please specify):
- Have you experienced bullying or harassment during your placements?
- If yes, what do you believe caused the bullying or harassment?
- Negative perceptions of MAP roles by clinical staff
- Unfair treatment compared to other healthcare students
- Hostility or discrimination from patients
- Workplace culture issues
- Other (please specify)
- Did you report the bullying or harassment?
- If no, what prevented you from reporting it?
- Fear of retaliation or further mistreatment
- Belief that it wouldn't be taken seriously
- Lack of clarity on reporting mechanisms
- Other (please specify):
- Are you worried about your ability to secure a job as a MAP after graduation?
- If yes, what concerns you most about future job security?
- Lack of available job opportunities
- Concerns about salary or financial stability
- Negative public or professional perceptions of MAPs
- Limited roles or responsibilities due to scope of practice changes

- Other (please specify):
- Has the Anti-Map campaign influenced your career aspirations or confidence in pursuing a career as a MAP?
- If yes, how has it influenced your aspirations?
- Reduced confidence in job security after graduation
- Concerns about public or professional respect for MAPs
- Consideration of alternative career paths outside of healthcare
- Other (please specify):
- What type of support would you find most beneficial as a MAP student?:
- Advocacy for MAP students at the national level
- Improved communication from universities about MAP career prospects
- Access to tailored mental health and wellbeing resources
- Opportunities for networking with practicing MAPs
- Additional academic or clinical support from faculty
- Other (please specify):
- Are there specific challenges you face as a student MAP that you feel are not currently addressed by existing support systems?
- What additional services or initiatives would you like to see from CMAPs or other stakeholders to support your mental health and professional wellbeing?
- Would you find a CMAPs-backed counselling service beneficial?
- If a counselling service were introduced, what features would you find most valuable?
- Confidential and accessible sessions
- Free or subsidised services
- Access to mental health professionals familiar with MAP-specific challenges
- Virtual/online availability
- Peer support or group therapy sessions
- Crisis support hotline
- Other (please specify):
- Would you use a MAPs Mental Health Hub that provides resources and support?
- Reason:
- What services or resources should the MAPs Mental Health Hub provide?:
- Self-help resources (e.g., guides, articles, videos)
- Access to licensed therapists and mental health professionals
- Workshops or webinars on stress management and resilience
- Peer support networks
- Crisis support hotline
- Other (please specify):
- What type of support would you find most valuable from CMAPs to help address current challenges?:
- Advocacy for fair treatment and improved working conditions
- Recognition and promotion of MAP roles in healthcare
- Career development opportunities (e.g., leadership training, CPD courses)
- Networking events and peer support initiatives
- Regular communication about advocacy efforts and progress
- Other (please specify):
- How can the wider stakeholder group (e.g., employers, professional bodies) better support MAPs?:
- Advocacy for improved working conditions and respect for MAP roles
- Public awareness campaigns to improve understanding of MAP contributions
- Additional funding for mental health and wellbeing resources in the workplace
- Inclusion in decision-making and scope of practice discussions
- Other (please specify):
- Are there specific challenges you face as a qualified MAP that you feel are not currently addressed by existing support systems?
- What additional services or initiatives would you like to see from CMAPs or other stakeholders to support your mental health and professional wellbeing?

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