

ABCD MAP survey Jan 2024

70 completed responses

Do you employ a Physician Associate (PA) as part of your multidisciplinary team (MDT)?

Yes 18 (26%)

No 52 (74%)

Do the PAs provide care for:

In-patients only 8 (47%)

Out-patients only 1 (6%)

Both in-patients and out-patients 8 (47%)

What were the reasons for appointing a PA?

The major reasons given were:

- Offered a funded PA by trust/organisation.
- Continuity of care
- To support ward work
- Staff shortages/lack of doctors in training

Other reasons given were:

- Increase diversity in MDT
- To fill rota gaps
- To help with clinic reviews
- To support doctors in training to get to their teaching sessions
- For a specific role-defined endocrine clinic case load

What have been the biggest benefits to appointing a PA?

The responses given most often were continuity of care and providing support to doctors in training.

Other responses were to deliver specific clinic protocols and supporting endocrine investigation unit.

One respondent said the benefit was “uncertain”.

Have there been any unforeseen difficulties with the role?

Common responses included:

- No
- The lack of ability to prescribe and request radiology, several respondents reported a better experience with ANPs who can do these things

Other responses included:

- Inability to obtain ongoing funding once initial funding had ceased.
- Variability in quality and training of PAs
- Reducing junior doctor training opportunities e.g. to learn procedures.
- The need for very close supervision
- As PAs became more experienced, they wanted to move away from ward work and towards out-patient work which meant the benefit of continuity for ward patients was lost and friction was created with junior doctors who also wanted to spend time in clinic.

Who supervises the PA/s?

76% are supervised by consultants.

24% also by SpRs and SAS doctors

What are the daily contact hours?

This question was not clear. Responses included that the PAs worked 9-5 and also that the amount of time they spend working without direct supervision is very limited. Respondents reported a consultant present for circa 75% of the PAs working hours.

Who deputises for this work if supervisor is away?

Another consultant or an SpR or SAS doctor.

Are you considering employing a PA in the future?

Yes 4 (6%)

No 28 (40%)

Don't know 18 (26%)

Left blank 20 (29%)

If yes, what are the reasons for this?

Continuity of care

Help with ward work

Link between ward and clinic

If no, what are the reasons for this?

There were two major responses given:

Value not clear

Not required in MDT as not perceived to add value over those disciplines already employed in the MDT including DSN, dietitians, podiatrists and pharmacists

Other common responses included

Expensive for the skill set they bring

Need for supervision and limited scope of practice

Would prefer to spend what time they have available supervising doctors in training or other doctors rather than PAs

Other responses included:

Taking training opportunities from junior doctors

Poor experience working with PAs to date