

WORKFORCE The career aspirations and expectations of student physician associates in the UK

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ABSTRACT

The *NHS five year forward view*¹ supports the development of a flexible workforce. Expanding the traditional medical workforce using physician associates (PAs) is increasing in popularity. This study explores the career aspirations and expectations of student PAs from a large PA school in England. Thematic analysis of qualitative data from an online survey examined the personal motivations and career aspirations of student PAs. Finally, we make nine recommendations to enhancing recruitment, retention and development of PAs post qualification. Lessons learnt from this data set are generalisable.

KEYWORDS: Physician associates, careers, NHS workforce

Background

The *NHS five year forward view*¹ supports the development of a flexible workforce. Expanding the traditional medical workforce using physician associates (PAs) is increasing in popularity. Health Education England has invested heavily in the training of student PAs and the first cohort of PAs graduated in January 2018.

Understanding the experiences and managing the expectations of the PAs is vital for recruitment, retention and development of this extended medical workforce member into the local NHS. This research examines the influences, experiences, motivations and expectations of the student PAs, in an attempt to assist with the Health Education England future investment strategy and the task of retaining and developing qualified PAs in the local healthcare economy. Lessons learnt from this project are generalisable.

The key principles in this report examine the personal motivations of student PAs:

- 1 What motivates this group to come to and remain in their location?

- 2 How ready they feel the present context of the NHS is for them and how ready they themselves feel working in the NHS?
- 3 What they see as a suitable job and how might we support their development?

Method

Perceptions were sought from PAs across the north west of England (NW) by use of Bristol online survey (BOS). The questions were designed in advance by discussion between the authors and from understanding of the present literature. The question framework was piloted with 10 respondents, no difficulties were identified from its use, and so the same question framework was thus used for all respondents. 284 training PAs were contacted via email and invited to participate in the survey. Consent for data collection was taken at time of recruitment. The 284 training PAs contacted formed cohort 1 and cohort 2 of the PA training pilot within the NW; those contacted include all those training at the three higher education institutions; University of Central Lancashire, University of Manchester and University of Liverpool. All those who were invited to complete the survey were on clinical placements at the time of completion of the survey. One email reminder was sent after 2 weeks to those who had not completed the survey at first invitation. The survey was open for 4 weeks. Of the training PAs cohorts contacted cohort 1 were expected to graduate from their programme of study in January 2018 and cohort 2 in January 2019. Qualitative thematic analysis of the data submitted in the survey responses, was carried out by the authors via an inductive approach.²

Results

The survey took place in July 2017. At the time of closure of the survey, 91 training PAs had completed the survey. A response rate of 30% of the total possible which was felt to be adequate given the volume of surveys PAs are expected to complete at this time. Analysis occurred both within and across questions, to allow identification of central themes running through the data collected. Data saturation was felt to be achieved when the authors coding the data found no new themes for coding and felt the themes identified represented the data sample.

The demographic distribution of those responding to the survey invitation is shown in Figs 1–3. Age (Fig 1), gender (Fig 2) and cohort (Fig. 3) at the time of completion of the survey are shown against the number of respondents. The demographic data presented reflects an accurate representation of the distribution of age/gender within the two cohorts surveyed.

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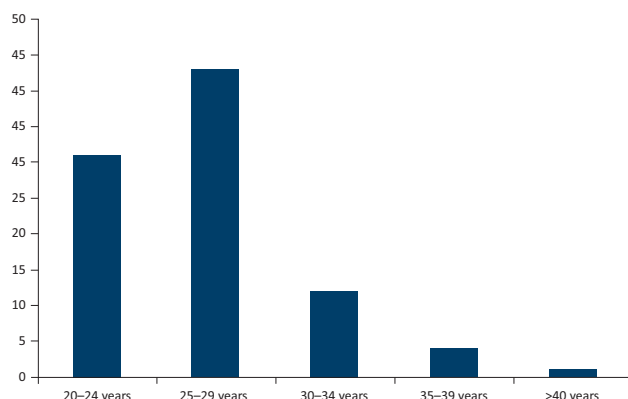


Fig 1. Age of respondents.

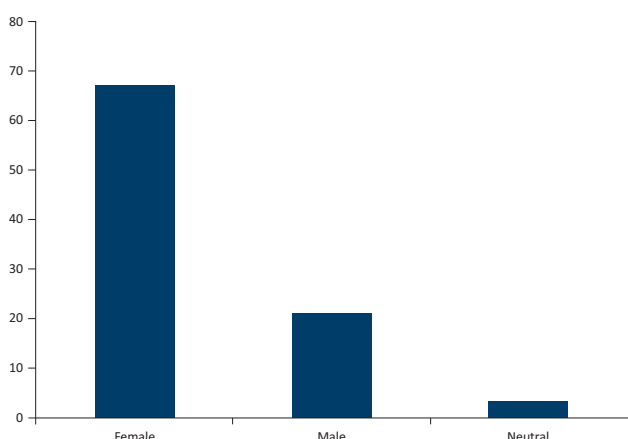


Fig 2. Declared gender of respondents.

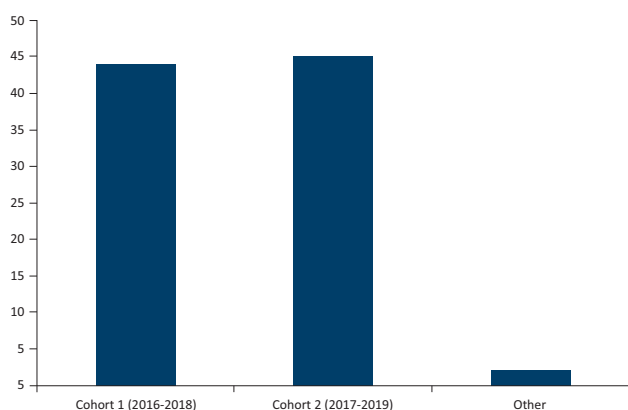


Fig 3. Cohort distribution of respondents.

Table 1. Personal motivations for becoming a PA

Answer theme	Illustrative quote
Direct interest in caring for patients	I am a caring and compassionate person, I want to help people.
Embracing change and opportunity	New challenging career within an evolving NHS.
For flexibility in future clinical practice	I like that you can easily change between specialties – right now I am interested in emergency medicine but when I am 50, I may be more interested in general practice.
The perception of work life balance	To have a career within medicine which is flexible with my home life
To complement previous studies	Previously, the only option seemed to be medicine which after doing an anatomy degree I couldn't afford. The PA program is perfect for me.

Thematic analysis of survey responses

Twelve open questions were asked in the survey. Questions are displayed with the dominant themes found by the thematic analysis (Tables 1–9, Figs 4 and 5). Qualitative quotations from the survey data set support the answers. Answers' themes to questions 11 and 12 are displayed in Table 7.

Q. Why do you want to become a PA?

Five dominant motivational themes were exhibited within the responses (Table 1).

Q. Why did you choose to train in this location?

Three dominant themes were exhibited (Table 2). The student PAs appeared to value financial support to aid their ability to study and studying in a place where they have social support networks.

Q. What will your ideal job content be as a qualified PA?

Dominant themes were displayed by the respondents (Table 3).

Q. What do you see, hear and feel about PAs working in primary and community care?

Three main themes were described (Table 4).

Table 2. Motivations for choosing to train in the NW

Answer theme	Illustrative quote
To be close to family	It is where I and my partner and family live and I did not want to relocate elsewhere.
Financial support to allow training	I would not have been able to pay to do the course as I already have student loans and need to be working full time.
Financial support to allow living costs	Because of salary, this would be the only way I would be able to do the course as I need money to live off – no student loan available.

Table 3. Desired job content post-graduation as perceived by the training PA

Answer theme	Illustrative quote
Integrated working between primary and secondary care	Portfolio career between a ward based secondary care job, with time spent in primary care also.
Flexibility in clinical work; allowing progression in general skills while finding areas of clinical interest	I would like flexibility as I have a few interests: obstetrics and gynaecology, general practice, accident and emergency, and gastroenterology.
Longitudinal progression of interests/opportunity	Opportunities for development and progression, to make a valid and effective contribution within the multidisciplinary teams.
Learning and practising leadership	Varied duties – a mix of ward work and outpatients and working in acute settings alongside some teaching of perhaps medical and PA students.
Working directly with patients	I would like to work somewhere where I have the opportunity to work with a good variety of patients such as patients with conditions that are treated by multiple specialties.

Q. What would attract you into a career in primary care?

Four dominant themes were exhibited (Table 5).

Q. What would attract you into secondary/tertiary care?

More free text was recorded in response to this question in comparison to that of career attractions to primary care. The narrative of attraction to 'secondary/tertiary care' appeared more

Table 4. PA experiences of working in primary and community care

Answer theme	Illustrative quote
Confusion about the PA role	We haven't been told what we are supposed to do in primary care or how we fit into the current system, meaning most people I've met aren't sure about why the role has been introduced.
A feeling of 'hope' from the PA to be able to expand primary care services	We help to meet the demands placed upon community and primary services.
Mixed emotions experienced by the PA	I have felt there is a mixed reception for PAs in primary care. Some GPs I have met have been very positive, feeling that we would fit in well with the structure of their surgery and that they would feel comfortable supervising us. However some GPs I have spoken to regard us as more of a burden as we cannot prescribe. It is very much a mixed picture.

Table 5. PA motivations for a career in primary care

Answer theme	Illustrative quote
A desire for career development	A clear plan of progression and varied workload.
Flexible working across primary and secondary care	Opportunity to combine it with a special interest/time in secondary or tertiary care.
Building relationships with patients and supervisors; continuity of care	Developing of patient relationships over time [and] having positive personal experiences with GPs helped me, I would like to be able to help others.
The working context; a good team and flexible hours	A good, structured support package and flexible working hours.

positive. The text is highlighted below by the authors to show the themes of positivity used in the narrative for example 'more':

*I feel there is **more scope** for PAs to be utilised in hospitals at present.*

*Exposure to **more interesting** cases.*

***Keen supervising doctors** who are given time to help you with your continued learning.*

Other themes that were demonstrated in response to this question are shown in Table 6.

Q. Following qualification where do you see yourself working?
See Fig 4.**Q. Which specialties would interest you as a career?**

Specifically within surgery the most popular career destination choice was obstetrics and gynaecology followed by general

Table 6. PA motivations for a career in secondary/tertiary care

Answer theme	Illustrative quote
The maturity of support available to them	Good education and support. A trust that on a whole understands our strengths and limitations.
The variety of workload	Opportunity to learn more specialised healthcare practises, more diverse and complex patients, more emphasis on team work.
The possibility of rotating through specialties	Preceptorship, teaching, good training opportunities in rotation, a role that would benefit from PAs and really value them in the team.
Increased career opportunity	The variety and pace of working would have more opportunity to learn new things. In a secondary care setting I would probably have more opportunity to keep up to date with my knowledge and skills which would be helpful with recertification.
An ability to work in acute and urgent care	I also think it is important to have some hands on experience of emergency medicine and more complex cases, as would be found in these areas.

Table 7. Present needs of respondents at the time of completion of the survey

Answer theme	Illustrative quote
Improved understanding about PAs	For the PA role to be more widely heard about! Very few people know what we do!
Support for the national exam	Need more national exam guidance and practice.

Table 8. Desires of training PAs post qualification

Answer theme	Illustrative quote
Opportunities for career development	Career development and progression opportunities.
Opportunities for ongoing training	Continued support with specified teaching days and relevant courses during a 'preceptorship' year.

surgery. Within medicine, the most popular career destination choice was acute and general medicine followed by care of the elderly and palliative care (Fig 5).

Within 'Other' the most desired career choice was for PA education followed by NHS management.

Q. Considering your career what do you want now?

The words **more** and **better** were used repetitively and frequently throughout the responses.

Specific themes included in Table 7.

Q. What do you want as a qualified PA?

PAs in their responses described a desire to be supported in a positive context; specifically they recognise the need for a supportive team, clinical and educational supervision, 'An encouraging team of people working with me and supportive staff around me.' Table 8 provides further understanding of their forward desires.

Q. What would encourage you to stay in a locality?

There seemed to be two distinct encouragements for staying in the NW region these are seen in Table 9.

Table 9. Reasons given for wanting to stay in the locality post qualification

Answer theme	Illustrative quote
Those that feel loyalty to the region as they are 'geographically close to home'	I live in the north west, I wouldn't need too much persuasion. However, good job opportunities is a must.
Career development, specifically, a) preceptorship training programme b) quality assurance of such a programme	Strong preceptorship programmes to support the band 6 pay, perhaps a rotational role in the first year to get a wide experience. Assurance that preceptorship year will include lots of additional training opportunities.

Discussion

Throughout the responses to questions dominant personality traits can be seen; early adopters to system change, valuing flexibility and work-life balance. These sentiments should not come as a surprise for PAs at the demographic age shown.

The funding support of the PA programmes appears to allow widening participation, as demonstrated by the text comments and age of the cohort. In addition student PAs valued being in their home geographical location. Much energy is shown among respondents for a desire to work in an integrated way between primary and secondary care – the motivation seems to be to develop clinical confidence and, in turn, competence. Respondents value placements in a succession of specialties to allow informed career choice and to help them consolidate programme learning. They desire direct clinical patient contact in a medical model of communication, diagnosis and management. They also yearn for flexible job plans containing continuous professional development, specifically in leadership, management and education.

Feelings of relative isolation are expressed by PAs when working in primary care. The desire for working in secondary care focus on access to clinical variety, contextual support and the ease of gaining continued professional development. Feelings of being more in a team in secondary care, surrounded by support appear to be linked to their ability to feel confident.

The PAs most commonly see themselves working in both primary and secondary care. They portray an ideal picture of work in the secondary care in the early postgraduate period in order to improve skills and confidence with clinical emergencies. They recognise the value of primary care for use of their generic skills and the sheer variety of the work.

Conclusions and recommendations

Nine specific actionable recommendations can be made from the data collected (Box 1).

Box 1. Forward recommendations for action

Develop post-qualification preceptorship training for PAs, specifically rotational preceptorships, which would include rotation through specialties and primary care.

Support onward development of qualified PAs, with training in clinical leadership, NHS management and medical education.

Push for national standards of continuous professional development for PAs, including annual appraisal.

Consider tailoring financial support to challenged workforce and geographical areas to aid recruitment and widening participation.

Market future university recruitment for PAs focusing on local university graduates and those already living within the region.

Invest in education of the front line staff specifically in primary care, surrounding the usability of PAs within primary care.

Train the PAs in personal resilience to reduce the impact on them of others emotional projections.

Improve public awareness on the role of PAs.

Establish and evaluate adequate support for the post-qualification PA workforce.

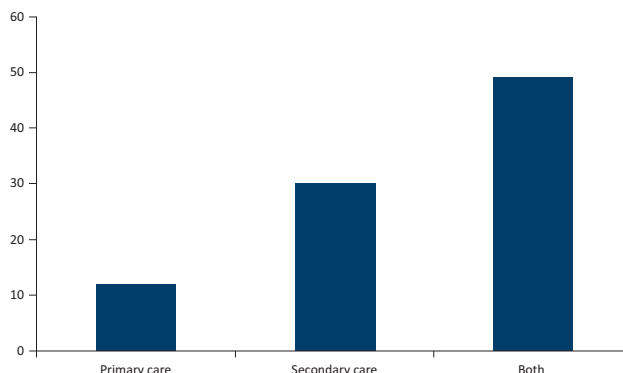


Fig 4. Desired career destination by sector.

From this work, recruitment of PAs onto training programmes should focus on offering opportunity to those within the local geographical location; local university graduates, school leavers, and those working in the local biomedical science industries.

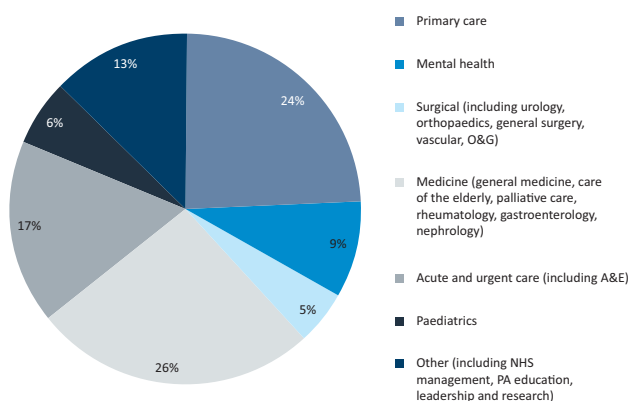


Fig 5. Percent of respondents mapped against desired career specialty. A&E = accident and emergency; PA = physician associate; O&G = obstetrics and gynaecology.

Retention and development of PAs post qualification would benefit from financial investment. An early years' post-qualification PA preceptorship model, focusing on collaboration between primary and secondary care and a rotation of specialities is needed. Capitalising on their desires to work across both primary and secondary care would help the workforce crisis in primary care settings. In addition consideration should be given to training pathways for PAs post qualification in clinical leadership, NHS management, research and medical education. Capitalise on PAs' motivations and negotiating with them their career expectation will support their retention for the locality and the wider NHS.

It may be useful to repeat this survey at a future time to allow a higher response rate. ■

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