



Royal College
of Physicians

Physician associates

Interim guidance on
titles and introductions
in the medical
specialties

December 2024

Introduction

This document sets out titles and introductions guidance for physician associates (PAs) aimed at supervising clinicians, employers and organisations. This guidance applies to PAs working in the medical specialties (also known as the physician specialties).

To ensure patient safety, PAs must be supported with supervision, professional regulation, and a nationally agreed scope of practice. PAs must support – not replace – doctors, have a nationally defined ceiling of practice, and have a clearly defined role in the multidisciplinary team (MDT). They should only be supervised by consultants, specialist or associate specialist doctors.

This guidance was originally published in October 2023; this update sits alongside interim guidance on scope of practice, supervision and employment of PAs, and explains how PAs should describe their role. It aims to increase understanding among patients, employers, other healthcare professionals and the public. This guidance applies to verbal interactions, clinical notes, clinic letters, clinical websites, social media platforms where people state their role as a PA, or any other setting relating to clinical practice and/or interactions with patients.

1 What is a PA?

A PA carries out basic clinical and administrative tasks at the direction, and under the supervision, of a consultant physician / associate specialist / specialist doctor. In this way, they work as part of the clinical team and contribute to safe and effective care for patients. PAs are not doctors. They should not be regarded as replacements for doctors, and they should never replace a doctor on a rota.

As part of their education and training, PAs gain a focused understanding of the diagnosis and initial management of common medical conditions. This permits their incorporation into the medical team and supervised provision of continuity of care. PAs are not trained to undertake definitive, independent diagnosis and management of patients in secondary care settings or to provide a general or specialist medical opinion.

PAs are trained to recognise – but not manage – complexity, risk and uncertainty. They will therefore always remain a dependent practitioner. Overall clinical responsibility for patient care will always remain with the supervising consultant physician / associate specialist / specialist doctor.

2 Titles and introductions

PAs must always take all reasonable steps to inform patients and staff of their role and to avoid confusion of roles. This includes considering the potential for verbal and written role titles to be misunderstood and taking the time to explain their role in any clinical interaction.

When a PA introduces themselves to a patient or staff member, they must make it clear at the start of the interaction that they are a physician associate, as well as explain the use of the term 'PA' as a recognised abbreviation of the title.

PAs should offer patients and staff the opportunity to ask for more information about their role. They should take sufficient time to explain the role of a PA, including their training and qualifications. They should be clear that they are not a doctor, that they work under the supervision of a named senior doctor (consultant / associate specialist / specialist doctor), and that they work to RCP interim guidance on scope of practice for PAs. The time required for this to be covered in sufficient detail must be factored into patient consultation scheduling.

PAs must proactively correct patients and staff if they directly or indirectly refer to them (ie through implication) as a registered doctor, nurse or other professionally protected role title. This includes communication via verbal, written and other forms of communication.

PAs, employers and organisations should not use the following terminology when referring to PAs and the PA profession:

- > resident
- > trainee
- > foundation
- > specialist/specialty
- > consultant.

Below is an example of how PAs should introduce themselves to patients:

'Hello, my name is [forename surname] and I am a physician associate working in [specialty]. Physician associates are commonly referred to as PAs. I work in a team led by a doctor, and my supervisor is [named consultant / associate specialist / specialist doctor], but I am not a doctor.'

PAs should not use prefixes that imply medical training in clinical interactions, clinical notes or letters.

PAs must always use the full title 'physician associate' when they first interact with a patient or staff member, followed by the abbreviation PA, followed by the specialty in which they work. This is to ensure that patients hear and understand their role, followed by the specialty they are working in. PAs must not use protected titles or abbreviations which may imply that they are registered with the GMC as a medical doctor, including doctor of medicine, general practitioner (GP), surgeon, physician, licentiate in medicine and surgery, bachelor of medicine, apothecary or, indeed, any other name, title or description implying that they are registered as a medical doctor with the GMC ([Medical Act 1983](#)). It is illegal for anyone to claim or imply that they are registered with the GMC as a medical doctor when they are not.

PAs must not refer to, or describe themselves as, MRCP or a member of the Royal College of Physicians. PAs who hold affiliate membership of the RCP must always describe themselves as 'a physician associate holding affiliate membership of the RCP'.

PAs must not use the prefix 'Dr' or title 'doctor' in any clinical environment or interaction with patients, even if they hold a doctorate. This is likely to be confusing and/or misleading for a patient. 'Doctor of medicine' is a [legally protected title](#), and most people would reasonably assume that anyone introducing themselves as 'doctor' in a healthcare setting is a 'doctor of medicine'. This is also the case in non-clinical settings when providing medical care, eg if a PA is providing first aid.

PAs who hold an accredited and recognised level 8 equivalent doctorate degree and work in academia are entitled to use the prefix 'Dr' or title 'Doctor' when working in an academic context/environment. PAs using the prefix 'Dr' in an academic setting, particularly a clinical academic environment, should also use their postnominal qualification to clearly identify their qualification.

PAs should not use prefixes such as Mr/Mrs/Ms/Mx in any verbal clinical interaction with patients, written clinical notes, clinic letters, clinical websites, social media platforms where they identify themselves as a PA, or any work relating to their clinical practice interacting with patients. This is a prefix that is traditionally associated with a surgeon in UK clinical settings and could be confusing or misleading for a patient.

Below is an example of how PAs should describe themselves in writing.

Sushmita Chatterjee MSc

Physician associate in acute medicine

GMC number: A1234567

Named clinical supervisor:

Named NHS trust/health board

James Smith PGDip

Physician associate in respiratory medicine

GMC number: A2345678

Named clinical supervisor:

Named NHS trust/health board

3 Working with other professions

PAs are not medical doctors. They are trained to provide care as a PA with supervision from a senior doctor (consultant / associate specialist / specialist). They must not be compared to doctors and should not be described as working at a 'foundation', 'senior house officer' or 'registrar' level.

PAs work across a variety of healthcare settings and specialties, providing patient care and supporting the wider MDT. PAs are not in a postgraduate medical training programme and are commonly employed to work in a set specialty area. The tasks of a PA working in one specialty area may differ from those of a PA working in another, making it difficult and confusing to make any comparison to traditional professional hierarchies. It is not helpful or effective to compare PAs to doctors or any other professional group and can lead to confusion for patients and their relatives.

Physician associates: interim guidance on titles and introductions in the medical specialties was originally developed by the Faculty of Physician Associates and published in October 2023. This version of the guidance was redrafted by resident doctors and consultant physicians, reviewed by the RCP oversight group for activity related to PAs (PA oversight group, or PAOG) and signed off by RCP Council in December 2024.

Published as interim guidance that should be reviewed in collaboration with stakeholders, including RCP fellows and members, following the publication of the report of the [Leng review](#).

For more information, please contact
PAOG@rcp.ac.uk.

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