NHS

Evidence Brief: Physician associates

Contents

Key publications – the big picture 2
Case Studies 3
The Star for workforce redesign 4
National Data Programme 4
Published Peer Reviewed Research 4
  Primary care 4
  Secondary care 5
  Development, education, and training 6
  Impact 8
  Ways of working 9
  Perceptions and experiences 11
  In the press 12
Competency Frameworks 14
*Help accessing articles or papers 15

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Key publications – the big picture

Physician associates in general practice: making it safe for patients and GPs August 2024, BMA
The guidance aims to provide a framework to support physician associates to work safely in general practice, for patients, their employers, and GP supervisors. Whilst the guidance in this document does not bind practices who employ PAs, both this and the BMA's preceding guidance provide a useful reference guide when PAs are working in general practice, to help support safe working.

The role of the physician associate in general practice July 2024, CQC
Physician associates can supplement and complement but not replace GPs, nursing staff and other members of the practice team. Governance obligations for physician associates are the same as for other staff employed (or deployed) in the practice. They apply where roles involve independent complex clinical decision-making.

Safe scope of practice for medical associate professions April 2024, BMA
The guidance aims to provide a framework to support physician associates to work safely in general practice, for patients, their employers, and GP supervisors. Whilst the guidance in this document does not bind practices who employ PAs, both this and the BMA's preceding guidance provide a useful reference guide when PAs are working in general practice, to help support safe working.

Physician associates January 2024, NHS Employers
PAs are utilised as supplementary members of the multidisciplinary team in a wide range of clinical areas, and under the supervision of a named senior doctor. The specific tasks performed are dependent upon the clinical area worked in and can vary between hospitals.

PAs' ability to practise independently and make independent decisions is enabled by collaboration and supportive working relationships with their supervising doctors, with whom they can discuss cases, seek advice and review patients.

PAs operate within the limits of their competence and a defined scope of practice, which is decided locally by the supervising consultant or GP and may change over time as their knowledge, skills and experience develops.

BMA position statement on physician associates and anaesthesia associates September 2023, BMA
The issues with PAs and AAs go beyond professional title and choice of regulator. Their use and planned expansion challenges what it means to be a doctor, reflects how the medical profession has been devalued, and demonstrates how the health system is seeking to undermine it in favour of colleagues with less training, skills and expertise.

Physician Associate Curriculum September 2023, Royal College of Physicians
This curriculum is for higher education institutions (HEIs) to guide the development of their physician associate (PA) courses. It is owned by the Faculty of Physician Associates (FPA) and is aligned to the General Medical Council's (GMC's) Generic and shared outcomes for physician associates and anaesthesia associates, and aims to provide a standardised framework to ensure high-quality PA education across the UK.

This curriculum establishes the newly qualified PA as:

- an accountable, capable and compassionate clinician
- a valuable member of the healthcare workforce

- a professional, responsible for maintaining their own practice through appraisal, reflective practice and engagement with continuing professional development (CPD) activities.

Scale, scope and impact of skill mix change in primary care in England: a mixed-methods study May 2022, Health and Social Care Delivery Research
This research adopted a mixed-methods approach to investigate evolving patterns of skill mix in primary care, examine how and why skill mix changes are implemented, explore practitioner and patient experiences of these changes, and estimate the overall impact on outcomes and costs associated with a broader spectrum of practitioner types.

Physician associates: the case for regulation 2022, Royal College of Physicians: Faculty of Physician Associates
PAs are not doctors and do not replace medical roles, but with their generalist medical education, they are able to undertake a range of tasks, including taking medical histories, carrying out physical examinations, and diagnosing and managing acute and chronic conditions. The generalist education of PAs means they can examine and treat any patient whatever their medical issue is – whether it is paediatric, geriatric, related to mental health or associated with a long-term condition. With a record 6.61 million people in England currently on waiting lists for treatment, PAs are a critical part of the NHS-wide drive to tackle the backlog in both primary and secondary care. Yet their full potential is limited because they are currently not regulated, which means they are unable to prescribe medicine or request imaging involving ionising radiation such as X-rays.

The role of physician associates in secondary care: the PA-SCER mixed-methods study June 2019, Health Services and Delivery Research
Physician associates positively contributed to the medical and surgical team, patient experience and flow, to supporting the clinical teams' workload and have potential to add further with expansion of their role.

The NHS Long Term Plan January 2019, NHS England
Chapter One sets out how primary care networks will be able to attract and fund additional staff to form an integral part of an expanded multidisciplinary team. Initially, this will focus on clinical pharmacists, link workers, first contact physiotherapists and physician associates. Over time, it will be expanded to include additional groups such as community paramedics.

See also: Update on delivering the NHS Long Term Workforce Plan ambitions around Medical Associate roles (Workforce, Training & Education, NHS England, October 2023)

Case Studies

Acceptability of physician associate interns in primary care: results from a service evaluation BMC Family Practice, December 2021
The test-of-concept Staffordshire PA Internship (SPAI) scheme successfully integrated new PAs into primary care. However, the identified challenges risk undermining PAs roles in primary care before they have attained their full potential. Nationally, workforce leaders should develop approaches to support new PAs into primary care, including commitments to longer-term, sustainable, cohesive and appropriately funded schemes, including structured and standardised education and supervision.

Physician Associates: Aintree University Hospital NHS Foundation Trust NHS Employers, December 2018
In order to maintain the normal level of patient care in a range of settings, there is evidence that alternative roles can support the challenge to deliver safe effective patient care and treatment and provide a quality educational experience. Support for the development of such professional roles was identified in Aintree's People and Organisational Development Plan 2016-2017.

Physician Associates: The Royal Free London NHS Foundation Trust NHS Employers, October 2018
This case study reflects how the recruitment of physician associates has helped to reduce the workload intensity of junior doctors allowing them to focus on training and development.

The Star for workforce redesign

More resources and tools are available by searching for **"physician associate"** in the Star

National Data Programme

Workforce, Training and Education staff can look at the WT&E Data and Analytics Service resources including the National Data Warehouse SharePoint site to find out more about datasets and Tableau products.

Published Peer Reviewed Research

Primary care

Scale, scope and impact of skill mix change in primary care in England: a mixed-methods study Health and Social Care Delivery Research, May 2022
General practitioners saw skill mix employment as a strategy to cope with a general practitioner shortage, whereas managers prioritised potential cost-efficiencies. Case studies demonstrated the importance of matching patients' problems with practitioners' competencies and ensuring flexibility for practitioners to obtain advice when perfect matching was not achieved. Senior clinicians provided additional support and had supervisory and other responsibilities, and analysis of the General Practitioner Worklife Survey data suggested that general practitioners' job satisfaction may not increase with skill mix changes. Patients lacked information about newer practitioners, but felt reassured by the accessibility of expert advice.

Clinical supervision of physician associates (PAs) in primary care: who, what and how is it done? Future Healthcare Journal, March 2021
The physician associate (PA) role is gaining momentum as a healthcare professional who supports medical workload in primary care, yet there is a lack of clinical literature around how best to clinically supervise this new role. This seems especially pertinent amid the recent funding initiatives that encourage employment of PAs to aid the increasing demands in primary care, especially with the added stressors of the COVID-19 pandemic. There is a need for clinical supervisors to be aware of what their responsibilities are when employing and supervising a PA. Qualitative feedback from a cohort of primary care PAs in Sheffield alongside the authors' own expertise have been

collated to produce recommendations to supplement existing documentation from the Faculty of Physician Associates. The paper seeks to rapidly initiate a starting point in clinical literature around the breadth of considerations within PA supervision. These recommendations include, but are not limited to, a discussion at the onset of PA employment of mutual needs and a specified supervisory schedule, alongside named clinicians who generally address clinical and pastoral components periodically. This accompanies an induction into the practice and general clinical support that is initially more intensive but otherwise remains available when the PA feels it is required.

Secondary care

Facilitators to the integration of the first UK-educated physician associates into secondary care services in the NHS March 2023, Future Healthcare Journal
The current study reinforced findings related to the effects of prosocial and ethical behaviour of PAs. A key concept in the establishment of the PA profession in the USA 50 years ago was that PAs would be trained explicitly to know the limits of their medical knowledge and seek help when needed. In this study, PAs and doctors alike spoke about the need to establish trust. PAs worked to establish this trust by knowing their limits, telling the truth, working diligently to expand their medical knowledge and being willing to do less-glamorous ward tasks. These findings are consistent with studies by Williams and by Theodoraki in which doctors noted how the strong communication skills of PAs increased their willingness to have them on their clinical team. PAs in this study had often been instructed in these prosocial behaviours by the leadership of their PA programmes.

The role of physician associates in secondary care: the PA-SCER mixed-methods study Health Services and Delivery Research, June 2019
It was found that medical and surgical teams mainly used PAs to provide continuity to the inpatient wards. Their continuous presence contributed to smoothing patient flow, accessibility for patients and nurses in communicating with doctors and releasing doctors' (of all grades) time for more complex patients and for attending to patients in clinic and theatre settings. PAs undertook significant amounts of ward-based clinical administration related to patients' care. The lack of authority to prescribe or order ionising radiation restricted the extent to which PAs assisted with the doctors' workloads, although the extent of limitation varied between teams. A few consultants in high-dependency specialties considered that junior doctors fitted their team better. PAs were reported to be safe, as was also identified from the review of ED patient records.

What is the contribution of physician associates in hospital care in England? A mixed methods, multiple case study BMJ Open, January 2019
A key influencing factor supporting the employment of PAs in all settings was a shortage of doctors. PAs were found to be acceptable, appropriate and safe members of the medical/surgical teams by the majority of doctors, managers and nurses. They were mainly deployed to undertake inpatient ward work in the medical/surgical team during core weekday hours. They were reported to positively contribute to: continuity within their medical/surgical team, patient experience and flow, inducting new junior doctors, supporting the medical/surgical teams' workload, which released doctors for more complex patients and their training. The lack of regulation and attendant lack of authority to prescribe was seen as a problem in many but not all specialties. The contribution of PAs to productivity and patient outcomes was not quantifiable separately from other

members of the team and wider service organisation. Patients and relatives described PAs positively but most did not understand who and what a PA was, often mistaking them for doctors.

Contribution of physician assistants/associates to secondary care: a systematic review BMJ Open, June 2018
The focus of the research is mainly on organisational and financial implications because increasing throughput of patients, while containing costs and without adversely affecting outcomes, is fundamental to the rationale for the PA role. Evidence shows that use of PAs can achieve this objective. The PAs worked as additions as well as substitutes in complex systems where work is organised in teams which creates challenges for identifying cause and effect. PA employment is also often part of wider service redesign or staffing changes in response to other changes, for example, availability of medical staff. The evidence here suggests that PAs can make a positive contribution to medical care and medical teams. Further research to the standard of more recent publications is needed to elucidate the impact of PAs in different specialty areas, including comparators, and reporting on more than one setting, including countries in which the PA role is expanding rapidly.

Development, education, and training

The role of the physician associate in the United Kingdom June 2024, Future Healthcare Journal
Physician associates (PAs) were introduced in the United Kingdom to address staffing shortages and fill service gaps, aiming to unburden doctors. Notably, in the backdrop of recent high-profile cases involving professional negligence and misconduct by PAs, the government has outlined a plan to expand the PA workforce and broaden their scope of practice. This commentary critically assesses the role, training, and regulation of PAs, juxtaposing the UK's approach with the US model. Concerns regarding disparities in training between PAs and doctors, potential impact on patient care quality, and lessons from the US experience raise substantial questions. Recommendations are provided to align with patient safety, professional standards, and the unique demands of the National Health Service (NHS). Despite the government's efforts to expand the PA workforce and its scope, uncertainties persist regarding their contribution to patient care and the implications for medical professionals.

Career Development Needs of Physician Associates in the United Kingdom: A Qualitative Study June 2023, Journal of Physician Assistant Education *Abstract only**
Most PAs support a career framework and the opportunity to highlight and facilitate the PA's unique ability to transfer specialties; both generalist and specialized PA experience should be recognized. All participants supported a postgraduate standardization of PA practice citing patient safety and equal opportunities for the PA workforce. Furthermore, although the PA profession was introduced to the UK with lateral rather than vertical progression, the current study demonstrates the existence of hierarchical roles within the PA workforce.

What do physician associates think about independent prescribing? November 2022, Future Healthcare Journal
PAs have a keen interest in becoming independent prescribers as indicated by the survey. This will allow them to work autonomously and efficiently, increase their contribution, and improve the quality of care for patients. Also, it would consolidate their role in healthcare, increase their job satisfaction, cause less frustration in their roles and improve retention.

There are several established courses that could be integrated into the PA programme to develop them as competent

prescribers. It has already been proven in the USA that PAs have the capability to prescribe safely. We strongly believe that it is absolutely essential for PAs to prescribe independently and have the ability to order appropriate investigations within their professional framework after achieving the necessary competencies.

Education and Training: Preparing physician associates to prescribe: evidence, educational frameworks and pathways March 2022, Future Healthcare Journal
It would be naive to suggest that newly qualified PAs would not require supervision to ensure safety of their prescribing. All new clinicians (PAs and others) should be given proper induction and supervision in a new role, not only for their diagnoses, documentation and procedures but also for prescribing and developing medical management plans. We advocate not only for rigorous pharmacology teaching and assessment on UK PA courses but also for a well-considered induction and supervision period with their supervising clinicians upon graduation, which could, for example, last 3–6 months based on individual progression.

We acknowledge that there may be resistance to prescribing rights for PAs in the UK, as PAs are a relatively new healthcare profession. We also believe there are a number of pathways through which newly graduating and practising PAs can be assessed for their prescriber readiness, which would help increase acceptance of PA prescribers in the clinical team. We believe prescribing rights will increase PA job satisfaction, increase their scope of practice and help minimise the healthcare burden in the NHS.

Workforce: Physician associate graduates in England: a cross-sectional survey of work careers March 2022, Future Healthcare Journal
This study provides evidence for the first time that, despite being a new to the UK profession, PAs remain in their first jobs for a mean of 3 years. Stability in staffing is an important factor in providing quality healthcare and maintaining good working lives for other clinicians. The study also provides evidence that, over time, most PAs change specialties, suggesting their generalist training offers flexibility in their careers and flexibility in deployment for employing clinicians and managers. The results from this study can inform clinicians and employers about reasons that PAs stay in or leave jobs. This should help with solutions to retain PAs in jobs and where to potentially focus and provide further postgraduate education and support.

Pharmacology for physician associate programmes: a collaborative, flexible and responsive approach to curriculum design November 2021, Future Healthcare Journal
While we recognise the challenges associated with implementing effective AP teaching, we must meet these challenges to benefit our students and ensure patient safety. This module has shown us that we can teach PA students to be prescriber-ready and equip them with skills to be adaptable life-long learners; there is a large SDL component to this module, requiring students to learn the skills to maintain up-to-date knowledge and continue to build their formulary, specific to the field in which they choose to practise. They will be well prepared if PAs are accepted onto V300 courses or will have the skills required if prescribing rights are given to PAs.

As we continue to develop this module, we will keep student experience and patient safety as a focus. We will use student feedback to evaluate the changes we have made. Our students graduate as part of a growing profession and PA community. In

future work, we aim to examine the approach to teaching pharmacology to PAs on a national level and compare this to the approach in the USA, where PAs are given legal prescribing rights upon qualification.

Developing clinical reasoning in a physician assistant curriculum: the University of Sheffield approach September 2021, Journal of Physician Assistant Education
Starting from the concepts of patient ideas, concerns and expectations, we have sought to build students communication skills, and hypothetico-deductive reasoning whilst simultaneously integrating broader and deeper clinical reasoning theories and techniques. We present clinical reasoning as an iterative, dynamic process carried out with patients, not as some independent higher cognitive exercise. We hold the patient and the consultation process at the very centre of our curriculum, practicing scenarios where patients present with confusing stories or produce unwanted emotional reactions that can frustrate clear clinical reasoning processes. This understanding of the consultation as a dynamic two-way process in which the clinicians own emotional state is as important for sound clinical reasoning as that of their patients will hopefully also help them to develop resilience in their future careers.

Preceptorship scheme for newly qualified physician associates working in general practice in Sheffield November 2020, Clinical Medicine
We describe a preceptorship model that was initiated in March 2018 for newly qualified physician associates (PAs) in primary care in Sheffield, UK. The scheme enabled part funding for four band 6 preceptorship posts initially, alongside fortnightly teaching and mentorship by the preceptorship lead and a senior PA external to the employer. The number of posts had increased to 20 at the time of writing, due to the success of the scheme. We discuss how the scheme arose, and feedback from the general practice (GP) supervisors and the preceptorship PAs. The advantages of an external senior GP PA mentoring the preceptorship PA is highlighted, and this scheme may be the first of its kind to initiate this level of mentorship. A ‘preceptorship scale’ is suggested, which may aid employers in thinking about in-house support for this new member of their team in their first year of practice.

Impact

The contribution of physician associates or assistants to the emergency department: A systematic scoping review June 2023, Journal of the American College of Emergency Physicians Open
When developing a new role within a health system it is important to find out whether the health role will meet the needs of society. Patient acceptance and awareness of the PA role is a cornerstone of health policy research. The patient satisfaction studies indicate the increasing growth of the acceptance and awareness of the PA role in theory and or in practice in countries such as the United States. Patient satisfaction positively correlates with compliance, health outcomes, and a willingness to be seen by the same clinician or clinician type in future attendances.

Physician associates in the UK: Development, status, and future JAAPA, March 2022
Physician associates (PAs) have been part of the UK health workforce for almost 20 years. The profession is growing rapidly with statutory regulation, protection of the title, and career progression supported by a national-level framework all in the pipeline for the near future. This article provides a brief history of the profession in the United Kingdom and prospects for its future.

Physician associates: an asset for physician training and a 21st-century NHS? Future Healthcare Journal, October 2020
While the physician associate role has been designed to complement and support physician practice in a busy and complex work setting, discussions within the British Medical Association (BMA) have hinted that physicians do recognise a limit to which physician associates should be working. Physicians have resolutely voted against physician associates being treated equally to them for the purposes of medical staffing, and also oppose physician associates being able to sit postgraduate medical exams to become more senior decision makers. Quite pertinently, the issue of staffing remains a pressing concern in many physician specialties, and it is perhaps surprising that junior doctors would be reluctant to introduce suitably experienced physician associates to support rota gaps at their level. It is therefore clear that there appears to be a distinct line where physicians will oppose the growing autonomy of physician associates, and establishing this boundary of practice will be a subject of significant debate in the years to come.

Comparing physician associates and foundation year two doctors-in-training undertaking emergency medicine consultations in England: a mixed-methods study of processes and outcomes BMJ Open, September 2020
PAs in the ED are acceptable to patients and can help to relieve staffing pressures and improve efficiency in the delivery of care. They are able to treat patients safely with a range of conditions and FY2 doctors-in-training deliver similar care to that provided by doctors in their second year of training. Deployment of PAs within ED teams is a potential solution to the situation of growing patient demand and predicted shortage of junior doctors in the British NHS, of which FY2 doctors on rotation in specialties such as the ED are one part; it is not our intention to raise or limit PAs to one particular junior doctor comparator level, but we have used this here as the closest pragmatic comparator. An alternative, which is to hire locum doctors, comes at a higher costs and loss of team continuity, and has potential implications for patient safety.

Ways of working

Comparison of the scope of practice of physician associates with that of healthcare professions with prescribing responsibility from point of registration March 2023, Future Healthcare Journal
This comparison indicates that PAs have a scope of practice (SoP) consistent with a need for a mechanism to prescribe, supply or administer prescription-only medication (POM). Evidence from this research suggests that this needs to be wide-ranging access, as would be afforded by independent prescriber status or by patient group direction (PGD), rather than the narrow range afforded by a list of exemptions. There are also logistical considerations to the use of both PGDs and exemptions, suggesting that these mechanisms are not optimal for PA SoP. Further research is needed to identify which POM PAs request for their patients and any associated patterns of clinical practice that drive these requests; such information could confirm that independent prescriber status to be the optimal mechanism of prescribing to ensure PAs are able to provide optimal and timely patient care.

The roles of physician associates and advanced nurse practitioners in the National Health Service in the UK: a scoping review and narrative synthesis September 2022, Human Resources for Health
The current study investigated the career development, competency, effectiveness, perceptions, and regulation of PAs and ANPs in the UK. We discussed potential ways to better integrate them into the workforce, including initiatives from the NHS, prescribing rights, better awareness, and clearer role

definitions. Further research can include more MLPs, including medical support workers, and provide a more complete picture of MLPs in the UK. Furthermore, studies focusing on international comparisons between the UK and other countries could be conducted.

Remote consultations for physician associates in primary care: qualitative feedback from a regional cohort study Future Healthcare Journal, November 2021
A qualitative online questionnaire explored how a cohort of primary care PAs in Sheffield adapted to the use of remote consultations, how clinically safe they felt in utilising this method, supervision arrangements in their practices and how they would manage three clinical scenarios. Recommendations are limited by the small sample size, but based upon this feedback we recommend inclusion of remote consultation as part of the student experience in higher educational institutions (HEIs) that do not currently utilise it; discussion of the PAs' previous experience of remote consultation at their induction in order to decide how to most effectively use their skillset while they transition into remote consultations, appreciating that they may have a lower threshold to invite patients in for a face-to-face appointment if newly qualified; on-demand supervision for remote consultations where possible; and reinforcement of clinical and pastoral review from the employer to manage the increasing scope of the PA.

A physician associate-led clinic for people with severe mental illness in the United Kingdom August 2021, Journal of the American Academy of Physician Assistants
The implementation of a PA-led enhanced physical health clinic directly led to one patient being diagnosed with diabetes and started on metformin, two patients starting a prediabetes program with their GP, one patient being diagnosed with hyperlipidemia and started on simvastatin, one patient switching from cigarettes to e-cigarettes, and one patient switching from olanzapine to aripiprazole because of metabolic adverse reactions. One patient whose blood tests showed hematologic abnormalities was referred by the GP for further investigation; abdominal ultrasound and abdominal CT found a mass and the patient being followed in secondary care. The authors also are aware that three patients were planning to contact NHS screening services after the physical health clinic.

Principles for effective working: Doctors and the Medical Associate Professions working together 2020, BMA
This document outlines a range of principles that can help to improve the ways that doctors and MAPs work together and identifies possible solutions to some of the common problems that have arisen with the introduction of MAPs.

Workforce: 'What can you do then?' Integrating new roles into healthcare teams: Regional experience with physician associates February 2019, Future Healthcare Journal
Findings suggest that the factors influencing PA integration relate to attributes of the individual, interpersonal relationships and organisational elements. From these, five key considerations have been derived which may aid organisations when planning to integrate new roles into the clinical workforce: prior to introducing PAs organisations should consider how to fully inform current staff about the PA profession; how to define the role of the PA within teams including clinical supervision arrangements; investment in educational and career development support for PAs; communication of remuneration to existing staff and conveying an organisational vision of PAs within the future workforce. Through consideration of these areas, organisations can facilitate role integration, maximising the potential of the workforce to contribute to sustainable healthcare provision.

[Leading the integration of physician associates into the UK health workforce] January 2019, British Journal of Hospital Medicine
This review found that organisational culture had an enormous impact on the introduction of ANPs and likewise will affect the introduction of PAs. The most effective strategies facilitated interprofessional, collaborative, collective and inclusive leadership and promoted high staff engagement, the development of proficient interprofessional practitioners, and a clear vision for collaborative practice. In terms of PAs, such an approach will improve interprofessional and collaborative practice and create the supportive, motivated environment needed to facilitate the introduction of PAs.

[Integrating physician associates into the health workforce: barriers and facilitators] January 2019, British Journal of Hospital Medicine
Physician associates have been identified as a potential solution to the shortage of health-care workers in the UK, but the introduction of physician associates has not been universally welcomed and some uncertainty exists around their specific roles. This review enhances understanding of the barriers and facilitators for integrating physician associates into the workforce and identifies six key themes to inform future policy decisions at local and national levels.

Perceptions and experiences

[Doctors', Patients' and Physician Associates' Perceptions of the Physician Associate Role in the Emergency Department] July 2024, Health Expectations
Perceptions of a new healthcare professional role are important for understanding their overall acceptability and for appropriate integration of the role within the health service. With all clinicians, there were varying perceptions based on the PAs' levels of experience; however, they should be regarded as a distinct workforce. There were many positive viewpoints on the ED PA role reported by ED doctors, patients and PAs between February and May 2022; there were also some dissenting opinions, and some areas of concern were raised, such as overconfidence and the level of supervision required. The PAs' 'being fit for purpose' was a common theme. With time, the benefits of the continuity of care the PAs provide the department can be observed as noted by this study. However, the perceptions collated within this study raised an issue around the need for increased awareness of the PA role among patients; perhaps through improved patient–clinician communication and nonverbal clues such as uniform recognition. Increased awareness of the PA scope of practice within the ED was another area needing more development, especially to ensure the PA scope aligns with the hospital's protocols, better enabling the PA to work to their full potential in the ED within set boundaries. From the perceptions within this study, there was also a clear need for a more robust career progression pathway for PAs with a more aligned management and remuneration structure. With the suggested uptake of an ED programme for newly qualified PAs entering the ED and statutory regulation, PA employability within the ED would increase. The findings of this study offer valuable insights into the perceptions of patients, doctors and PAs regarding the role of PAs in emergency medicine. These insights could prove beneficial to various stakeholders such as the GMC, which will soon be regulating the profession, as well as human resources and education faculties.

[Forging a new identity: a qualitative study exploring the experiences of UK-based physician associate students] August 2020, BMJ Open
This is the first in-depth qualitative study to focus on UK student PA professional identity formation. While the perception of PAs within the workplace is improving, secondary to role familiarity,

students continue to experience negativity directed at their position as training PAs, proving harmful to identity formation. Student PAs identified several factors as instrumental in acquiring a strong professional identity, including clinical exposure including adequate continuity. Despite this, a lack of focus on PA identity formation has allowed harmful influences to propagate without intervention, such as ignorance and negativity from staff regarding the role. Early intervention is key—most students suffer 'identity crises' early within training that can progress to identity dissonance if no support is offered. Educators must act to continue to support the 'safe shore' identity facilitators and intervene in the ways detailed above to make the 'uncertain shallows' and 'hazardous deep' of identity formation safer for student PAs to navigate.

The early experiences of Physician Associate students in the UK: A regional cross-sectional study investigating factors associated with engagement May 2020, PLoS ONE
Understanding the early experiences of PA students is important if we are to appropriately support this important new healthcare profession. We found that the experiences of PA students in their first 3–6 months were mixed, with a significant number of healthcare staff perceived to have a lack of understanding about the PA role. This is likely to present a variety of problems for PAs as students and also once they are employed and should be addressed by training programmes and employers. Further, we found that engagement was predicted by career satisfaction, overall well-being, and caring responsibilities. Whilst the cross-sectional design limits inferences in terms of the direction of these associations, it suggests that programmes may benefit from providing additional support to those who have active caring responsibilities, if these students are to continue being engaged members of the PA student community.

Workforce: The career aspirations and expectations of student physician associates in the UK February 2019, Future Healthcare Journal
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.

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.

Caring, supportive, collaborative? Doctors' views on working in the NHS September 2018, BMA
The majority of doctors want a more multi-disciplinary workforce. When asked to what extent they approved of the current focus on expanding the non medical clinical workforce (eg surgical care practitioners, advanced care practitioners, physician associates and general practice pharmacists) 48% of doctors overall approve and 25% overall disapprove. GPs are more likely to approve (53% vs 45% hospital doctors).

In the press

How will expansion of physician associates affect patient safety? July 2024, BMJ

A study of the effect of differences in skill mix in six European countries found that each 10% reduction in registered nurses as a proportion of total nursing care personnel was associated with an 11% increase in the odds of patient deaths. It did not matter whether the change in proportion of registered nurses was caused by reducing their numbers or adding nursing assistants or other types of non-registered nurses. Moreover, a higher share of registered nurses in the mix was associated with greater patient satisfaction and lower nurse burnout and job dissatisfaction.

Another study, this time of changes in nurse staffing over time in English hospitals, found that additional shifts by registered nurses already on the hospital payroll was associated with a significant decline in in-hospital mortality, with the effect twice as high for the senior nurses than junior nurses. However, increased use of agency nurses and nursing assistants achieved no reduction.

Physician associates in the UK: some fundamental questions that need answers now March 2024, BMJ
It is important to recognise that the challenges to which physician associates are seen as a solution are not unique to the United Kingdom. Health systems in many countries are struggling to maintain and build their health workforces. The situation is especially critical for doctors. While medicine has long been a career choice for young people with the highest exam grades at school, these individuals now see many more rewarding opportunities, both financially and in terms of work-life balance, in areas such as technology or finance. An even greater problem is retention. High levels of exhaustion and burnout, unsupportive working conditions, and, in some countries, erosion of pay levels by inflation have driven many to leave the workforce prematurely, either to pursue other opportunities or to migrate to those countries that demonstrably value their skills, exemplified by the many British doctors moving to Ireland or Australia.

The fractious debate over physician associates in the NHS
October 2023, BMJ
Despite repeated calls from the Faculty of Physician Associates and medical royal colleges, and commitments from ministers, PAs are yet to receive formal registration and regulation. This in turn means they remain a “dependent profession,” supervised by registered doctors and unable to be independent prescribers or requesters of ionising radiation.

Physician associates in the NHS
August 2023, BMJ
Physician associates – alongside anaesthesia associates – are to be included within General Medical Council (GMC) registration from 2024. Details of regulatory requirements are still being developed, but as a minimum the GMC should cover standardisation of training and revalidation; define scope of practice in a way that can be translated to different clinical settings (primary care, hospitals, emergency departments), add detail to current guidance on supervision, and include fitness to practise processes where questions are raised about clinician competence.

Patients must be told clearly – at booking – about the type of health professional they will see, along with options for requesting review by a doctor. Work by national bodies and local services is also required to build public awareness about multiprofessional teams in healthcare, including how roles are supervised.

Competency Frameworks

High level principles concerning physician associates (PAs) March 2024, Academy of Medical Royal Colleges
This document outlines some practical and high-level principles that doctors and healthcare teams should use to determine whether and how to integrate PAs into existing teams. Given that PAs will join more varied and diverse teams than anaesthesia associates (AAs), these principles are directed at the PA workforce. It is important that the debate around PAs always remains inclusive, professional, evidence based and respectful in tone and content.

Safe scope of practice for Medical Associate Professionals (MAPs) 2024, BMA
Key concepts that are covered in this document include the following:
1. MAPs follow, and do not give, medical directives. That is, a PA, AA, or SCP acts upon the medical decisions of a doctor. A PA, AA, or SCP does not make independent treatment decisions.
2. MAPs must not see undifferentiated patients.
3. National standards for supervision of MAPs must be set and adhered to, including that supervision is voluntary and must be consented to by consultants and GPs in writing. Employers must not discriminate in any way against those who choose not to supervise.

Physician Associate Curriculum September 2023, Royal College of Physicians & Faculty of Physician Associates
This curriculum is for higher education institutions (HEIs) to guide the development of their physician associate (PA) courses. It is owned by the Faculty of Physician Associates (FPA) and is aligned to the General Medical Council's (GMC's) *Generic and shared outcomes for physician associates and anaesthesia associates*, and aims to provide a standardised framework to ensure high-quality PA education across the UK.

Physician associate registration assessment (PARA) content map September 2022, General Medical Council
The physician associate registration assessment (PARA) is the means by which qualified physician associates can demonstrate their readiness to practice in the UK. It comprises a written assessment and OSCE which can be passed in either order. The PARA is set at the level of a newly qualified PA and is general in nature. The documents Generic and shared learning outcomes for PAs and AAs and the PA Curriculum will describe what all newly qualified Physician Associates must know and be able to do.

Physician associate and anaesthesia associate generic and shared learning outcomes September 2022, General Medical Council
The document describes the generic and shared professional capabilities and outcomes that newly qualified PAs and AAs must meet to be registered by the GMC. The outcomes in this framework give assurance that PA and AA students have demonstrated core knowledge, skills and professional and ethical behaviours necessary to work safely and competently in their areas of practice and care contexts as newly qualified practitioners.

Core Capabilities Framework for Medical Associate Professions June 2022, Health Education England and Skills for Health
The Framework articulates the core skills and knowledge that are expected of MAPs professionals in a post-registration context and therefore this document does not apply to those who are in a pre-registration environment and the existing standards for that education still apply. Furthermore, this Framework does

not replace relevant regulatory frameworks/standards and their requirements; this document is not a regulatory framework.

Preceptorship Year for Physician Associates (PAs) in Primary Care March 2022, Health Education England
As part of the nationally agreed funding model introduced in 2018, HEE have invested a £5000 education support payment for Practices/PCNs if:

- new PAs contract to work in Primary Care within the first 12 months of practice after becoming registered, and;
- upon delivery of a Preceptorship Programme which meets HEE Preceptorship Criteria.

The Competence and Curriculum Framework for the Physician Assistant September 2006, NHS National Practitioner Programme
This document is the main reference document for the Competence and Curriculum Framework for the establishment of professional standards and quality assurance of trainee Physician Assistants throughout England.

Matrix specification of Core Clinical Conditions for the Physician Assistant by category of level of competence September 2006, NHS National Practitioner Programme
Following the explanation of the core condition matrix, this section gives four examples of matrices as follows:

- examples of indicative conditions across the full range of systems;
- a complete example of the specification for one system;
- an example of specification on the basis of a disease process; and
- an example of specification of conditions on the basis of a clinical presentation.

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