

# Evidence Brief: Physician associates

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Produced by the HEE Knowledge Management team Evidence Briefs offer a quick overview of the published reports, research, and evidence on a workforce-related topic.

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### Key publications – the big picture

[The role of the physician associate in general practice](#) CQC, May 2022

Physician associates can supplement and complement GPs, nursing staff and members of the practice team. With a doctor's supervision, they can see a range of patients whose cases vary in complexity. The amount of supervision they need depends on their knowledge, skills and experience. 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. Providers should be able to show how they assure themselves of the ongoing competence of physician associates.

[Medical associate professions briefing](#) BMA, January 2022

This briefing covers the increasing presence of MAPs (medical associate professions) in the NHS, their regulation, prescribing rights and the BMA's view on these developments.

[An employer's guide to physician associates](#) Faculty of Physician Associates, 2021

This guide enables healthcare providers (including acute hospital trusts, community trusts, and primary care organisations) to understand the role of the physician associate (PA), their scope of practice, and how to employ a PA. It is a resource intended to advise employers on:

- the current education and regulatory framework for the profession
- employment and supervision
- tools to help guide appraisal, career and salary progression
- recommendations for continuing professional development (CPD).

[Physician associate curriculum: draft](#) GMC, August 2021

The clinical work of a PA includes obtaining and analysing information regarding the patient's condition, diagnosing and deciding, along with the patient(s) where possible, what is the best course of treatment, if any, to follow: prevention, cure, long-term control, palliation or none. In many situations in which the PA may find themselves, clinical uncertainty will likely exist, and it is the role of the PA to understand the significance and place of this in their work. This will require them to make decisions on care based on sound ethical principles using personal knowledge and skills, evidence, and scientific training; to consult with colleagues or seniors where necessary bearing in mind that the right course of action might be to deviate from the standard pathway. Along with all healthcare professionals, to underpin their role, the PA must have a sound and up-to-date knowledge of the scientific principles underlying and approaches to medical care, an understanding of the professional responsibilities that make patient care paramount, the necessary skills for their role and a willingness to share their knowledge with those practitioners and students alongside whom they discharge their professional responsibility.

[The NHS Long Term Plan](#) NHS England, January 2019

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.

[Principles for effective working: Doctors and the Medical Associate Professions working together](#) BMA, 2020

If managed well, MAPs and other new clinical roles have the potential to free up trainees for training, help reduce workload pressures and allow doctors to focus on tasks where their

expertise is essential; all of which ultimately mean providing a better service for patients. However, more work must be done to ensure they fulfil this aspiration and do not fragment systems of medical training.

[Physician associates](#) NHS Employers, March 2019

PAs trained in the UK have undertaken postgraduate medical training in PA studies. These studies are spread over a period of at least 90 weeks (approximately 3,200 hours, divided into 1,600 hours of theory and 1,600 hours of clinical practice). This is an intensive two-year course based on the Competence and Curriculum Framework for the PA, consisting of theoretical learning in medical sciences, pharmacology and clinical reasoning, as well as clinical placement experience in a wide variety of settings.

## Case Studies

[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.

## HEE Star

More resources and tools are available by searching for “**physician associate**” in the [HEE Star](#)

## HEE National Data Programme

HEE staff can look at the [National Data Warehouse \(NDL\)](#) 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.

[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 in primary health care in England: A challenge to professional boundaries?](#) Social Science & Medicine, May 2017 *Athens log-in required\**

This paper explores the perceived effects on professional boundaries and relationships of introducing this completely new professional group. It draws on data from a study, completed in 2014, which examined the contribution of PAs working in general practice.

[Barriers and facilitators to integration of physician associates into the general practice workforce: a grounded theory approach](#) British Journal of General Practice, November 2017

Additional barriers relate to regulatory factors, particularly with respect to prescribing rights and indemnity. A strategic approach to addressing this has been an important factor in supporting integration of the role internationally. It is unlikely that significant numbers of PAs will integrate into primary care teams until this is addressed. Finally, there is a lack of understanding about the role and how it might support and complement other roles in general practice teams. Professional bodies, such as the UK Faculty of Physician Associates, should look to address this. Additionally, GPs may also look to their own professional bodies for more information and guidance on how such new clinical roles can safely and effectively support their teams.

### Development, education, and training

[Preparing physician associates to prescribe: evidence, educational frameworks and pathways](#) Future Healthcare Journal, 2022

This paper explores the current approach to delivering pharmacology across UK PA programmes. We evaluate what constitutes acceptable training and assessment, and determine if programmes have the capacity to

prepare students for prescribing rights. We compare UK PA programmes with those in the USA, with the V300 Independent/Supplementary Prescribing course and with the Prescribing Safety Assessment examination.

[Physician associate graduates in England: a cross-sectional survey of work careers](#) Future Healthcare Journal, March 2022  
Physician associates (PAs) are a new healthcare professional group in the UK. While PAs have been known as a stable but flexible workforce in the USA for over 50 years, little is known about their career paths in the UK's NHS. A cross sectional online survey (January 2020 – May 2020) of graduates from the longest running UK PA course investigated stability and factors influencing job retention or movement. One-hundred and sixty-two (71%) graduates provided a full response. Descriptive analysis was by early graduates (2006–2013), mid-graduates (2014–2017) and recent graduates (2018–2020). Early and mid-graduates held their first jobs for a mean of 3 years. For early graduates, the longest held job was 11 years, with a mode of 7 years. Enjoyment of the work, learning opportunities and working with supportive consultants were the most highly rated factors in PA job retention.

[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.

[Employment of medical and physician associate students in an NHS trust during the COVID-19 pandemic](#) Future Healthcare Journal, March 2021

We present a model of employment of healthcare professional students successfully used during the COVID-19 pandemic to support and increase the local workforce. Following recruitment, students from multiple year groups, with varying experience, were deployed to many areas within the trust. The model used allowed overseeing staff to re-deploy students as required in response to changing demand. We received positive feedback from staff and students throughout and present the analysis of a student survey performed towards the end of their roles. We hope the model provides vital insight and an example for other trusts should future need arise during the COVID-19 pandemic and beyond.

[Forging a new identity: a qualitative study exploring the experiences of UK-based physician associate students](#) BMJ Open, January 2020

Although similarities exist between PA and medical student identity formation, unique challenges exist for student PAs. These include navigating a new role and poor access to PA role models. Given this, PA students are turning to medicine for their identity. Educators must provide support for student PA identity development in line with this work's recommendations. Such support is likely to improve the job satisfaction and retention of PAs within the UK NHS.

[The early experiences of Physician Associate students in the UK: A regional cross-sectional study investigating factors associated with engagement](#) PLOS One, May 2020

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.

[The career aspirations and expectations of -student -physician associates in the UK](#) Future Healthcare Journal, February 2019  
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.

[Designing a curriculum to address barriers and facilitators to integrating physician associates into the general practice workforce: a grounded theory approach](#) Education for Primary Care, April 2019 *Abstract only*  
This work highlights complex factors between effective supervision, role-boundaries, team politics, regulation and patient safety that may impede the introduction of new roles into family practice teams under stress. A conceptual model is proposed to help educationalists make curricula adaptations to address this and the decisions made at the University of Sheffield described.

[Skill-mix change in general practice: a qualitative comparison of three 'new' non-medical roles in English primary care](#) British Journal of General Practice, August 2019

Of all the roles investigated, the role of the PA faced the greatest degree of scepticism from general practice staff and confidence to invest in it was not strong among the practices in this study. Over and above the lack of regulation that is a known barrier to their integration, identifying PAs' distinctive contribution to general practice was challenging.

['What can you do then?' Integrating new roles into healthcare teams: Regional experience with physician associates](#) Future Healthcare Journal, February 2019

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.

[Development of the United Kingdom physician associate profession](#) JAAPA, April 2017 *Abstract only*\*

The world of healthcare is changing, and patient needs are changing with it. Traditional doctor-driven models of workforce planning are no longer sustainable in the United Kingdom (UK)

healthcare economy, and newer models are needed. In the multiprofessional, multiskilled clinical workforce of the future, the physician associate (PA) has a fundamental role to play as an integrated, frontline, generalist clinician. As of 2016, about 350 PAs were practicing in the UK, with 550 PAs in training and plans to expand rapidly. This report describes the development of the PA profession in the UK from 2002, with projections through 2020, and includes governance, training, and the path to regulation. With rising demands on the healthcare workforce, the PA profession is predicted to positively influence clinical workforce challenges across the UK healthcare economy.

### Impact on patient care

[Clinical benefits of a combined physician associate and senior specialist-led emergency surgery ambulatory emergency care clinic introduced in response to the COVID-19 pandemic](#) BMJ Open Quality, November 2021

During the COVID-19 pandemic, an emergency surgery AEC pathway was implemented by combining a PA with a senior decision-maker, enabling fewer emergency admissions and significantly reduced time-to-reach-treatment decisions. This in turn facilitates bed-flow and minimises delays in patient treatment. The use of a well-defined PA role in this setting shows initial success and should be considered as a long-term role.

[A physician associate-led clinic for people with severe mental illness in the United Kingdom](#) JAAPA, August 2021

PAs can be integrated into a community mental health multidisciplinary team and support the physical health of people with severe mental illness. Mental health trusts should consider roles for PAs in their workforce planning.

[How we adapted the T&O inpatient service during the COVID-19 pandemic with physician associates to support the orthopaedic team](#) Future Healthcare Journal, July 2021

Overall, the three components of the study support the hypothesis that a PA/MD model of care is non-inferior to a MD-only model of care and was effective in withstanding the pressures of the COVID-19 pandemic junior doctor redeployment.

[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.

[Physician associates appear to make a positive contribution to inpatient care](#) Health and Social Care Services Research, August 2019

This national evaluation found that physician associates under medical supervision can provide safe and appropriate care in

hospitals. This is the first major assessment of the new role in the UK. Physician associates have the potential to be a flexible member of the inpatient team with the ability to complete a wide range of tasks and provide some continuity on the wards, relieving pressure on junior doctors and others. Yet this flexibility, compounded by a lack of statutory regulation and prescribing authority, means that there is a lack of agreement as to their place and potential in improving care.

[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.

### Ways of working

[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.

[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.

[Staffing on Wards: Making decisions about healthcare staffing](#) Health and Social Care Services Research, March 2019

This review presents recent evidence from National Institute for Health Research (NIHR)-funded research, including studies on the number of staff needed, the support workforce and the organisation of care on the wards. While few research studies have explored the similar pressures that occur in community and social care, the learning from hospitals may be useful to decision makers in these areas.

[Leading the integration of physician associates into the UK health workforce](#) British Journal of Hospital Medicine, December 2018

This review found that organizational culture had an enormous impact on the introduction of advanced nurse practitioners and likewise will affect the integration of physician associates. 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 physician associates, such an approach will improve interprofessional and collaborative practice and create the supportive, motivated environment needed to facilitate the introduction of physician associates.

[Integrating physician associates into the health workforce: barriers and facilitators](#) British Journal of Hospital Medicine, December 2018 *Abstract only*\*

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.

[UK physician associate primary care placements: staff and student experiences and perceptions](#) International Journal of Medical Education, October 2018

Three themes were identified: perceptions of the physician associate role, interprofessional working, and the physician associate course structure and placements. Staff demonstrated a lack of familiarity with the physician associate programme and there was a risk of unrealistic expectations. Overall, staff and students were positive about their experiences. However, students expressed anxiety over a large amount of learning in a short timeframe, the perceptions of others, and the reluctance of staff to train them in phlebotomy skills. In addition, students were unsure about their career aspirations for the future.

[Physician associates working in secondary care teams in England: Interprofessional implications from a national survey](#) Journal of Interprofessional Care, December 2016 *Abstract only*\*

This study investigated the deployment of PAs within secondary care teams in England, through the use of a cross-sectional electronic, self-report survey. A variety of work settings were reported, most frequently inpatient wards, with work generally taking place during weekdays. Both direct and non-direct patient care activities were reported, with the type of work undertaken varying at times, depending on the presence or absence of other healthcare professionals. PAs reported working within a variety of secondary care team staffing

permutations, with the majority of these being interprofessional. Line management was largely provided by consultants; however day-to-day supervision varied, often relating to different work settings. A wide variation in ongoing supervision was also reported. Further research is required to understand the nature of PAs' contribution to collaborative care within secondary care teams in England.

## Competency Frameworks

[Core Capabilities Framework for Medical Associate Professions](#)

Health Education England and Skills for Health, 2022

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.

[The Competence Framework for Physician Associates in Mental Health](#) National Collaborating Centre for Mental Health, 2022

This document sets out the context for The Competence Framework for Physician Associates in Mental Health (MH PAs) (referred to as 'the Framework'). It includes information about the background of PAs in the NHS, how they can be integrated into mental health multidisciplinary teams and what they can offer. The Framework, and a curriculum based on the Framework, can be accessed at:

[www.rcpsych.ac.uk/improving-care/physician-associates](http://www.rcpsych.ac.uk/improving-care/physician-associates).

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