

Expanding the roles and responsibilities of physician associates is being put forward as a potential solution to the global shortage of doctors and nurses, but the benefits are not always clear cut. Candescic's **Dr Michelle Tempest** and **Dr Joe Taylor** dig into the details of recent policy decisions and discuss whether the real winners are staffing agencies



Somebody will see you now, *but they may not be a doctor*



Physician associate (PAs) and anaesthesia associate (AAs) roles (collectively referred to as Associates in this piece) have been part of the NHS since 2002 and 2004 respectively.

These healthcare professionals have two years of postgraduate study, and are deployed to increase capacity and improve patients' access to care by taking on some routine tasks, easing pressure on doctors. AAs are more specialised healthcare workers who provide anaesthesia under the medical direction and supervision of a consultant anaesthetist.

While Associates can work autonomously, they must always be under the supervision of a fully trained doctor. What constitutes 'supervision', however, is unclear and subjective, and the work of Associates is constrained by a lack of sufficiently clear guidelines.

It is not only in the UK where Associates or similar roles have become an increasing presence in hospitals keen to

fill a staffing shortfall. Their use is now an increasingly global phenomenon, and a number of countries are in various stages of expanding their use of Associate-like medical workers (see Figure One). The roles are broadly similar, with some variation in responsibilities and differences in regulatory oversight.

Success is difficult to judge. Two decades since Associates joined the UK workforce, there should be an evidence base of the impact of a group widely deployed across different settings in the NHS (see Figure Two).

There is, however, little to no systematic data on how Associates perform as a specific category of medical professionals. For example, while the NHS has systems for reporting patient safety incidents, reports do not differentiate between categories of healthcare professionals related to such incidents, preventing any root cause analysis of patterns in what constitutes a safely staffed team.

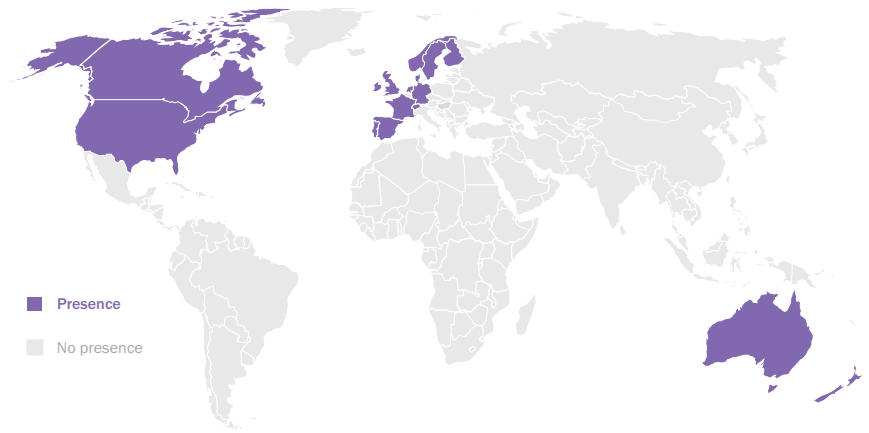
Associates need further support

Often due to lack of regulatory clarity and/or adequate supervision, there have been high profile headline grabbing incidents of PAs exceeding their roles – for example ordering tests they were not qualified to approve.

Towards the end of 2023 the BMA surveyed some 18,000 doctors regarding their view of the Associate roles. Almost nine in ten doctors (86%) said patients are not aware of the difference between the roles, and there were clear concerns over patient safety (see Figure Three).

Helpfully, safety parameters were set out in March by the BMA to describe what an Associate should be able to do independently - and what they must not do. The guide has been distributed to the Medical Royal Colleges who have been urged to agree to it as the basis for their own work on scope of practice for Associates in the NHS workforce.

FIGURE ONE
COUNTRIES WITH ESTABLISHED PHYSICIAN ASSOCIATE (OR SIMILAR) ROLES



SOURCE CANDESIC RESEARCH AND ANALYSIS

In a Candesic survey of junior doctors and medical students, 91% felt that Associates were depleting their training opportunities and some commented that Associates were sometimes being asked to inappropriately cover shifts.

A newly qualified doctor told Candesic: 'From a medical student's perspective, we already struggle to find learning opportunities on the wards as doctors are understandably over-worked with clinical duties. Across the country, I've heard stories of medical students arriving at placement only to have to travel home as a PA student has taken their spot and there is not enough space for both.'

'This is on top of the fact that you will frequently have at least two to three medical students on each ward round or in a clinic room. With the *Long Term Workforce Plan* aiming to double medical student places by 2031, the increasing number of PA students further thins out the resources available for student doctors.'

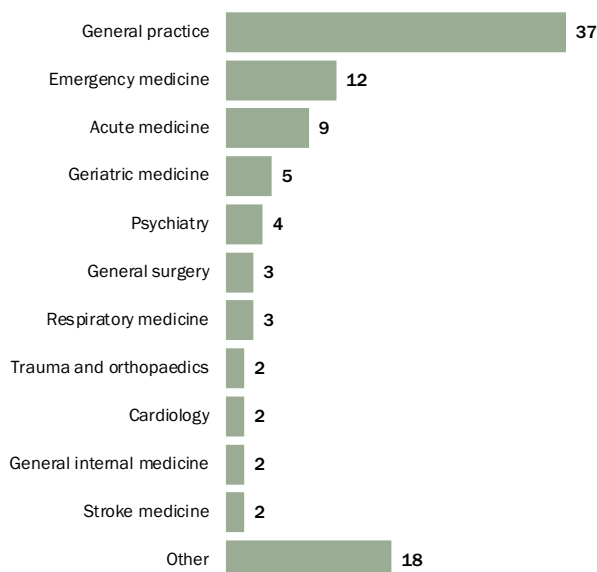
To date, the NHS does not record or publish aggregated data on the use of locum Associates, nor reasons for their engagement. From a cursory review of

NHS job boards, it is evident that locum Associates are frequently sought. Given the close relationship required between supervising doctors and Associates, the widespread use of locums in this part of the workforce is of concern as, as with other locums, close integration and continuity of medical teams is critical for efficient functioning.

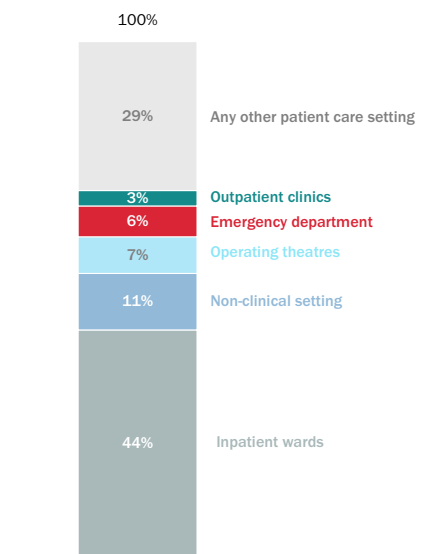
In part, technology provides an answer. While healthcare is complex, some parts of the care pathway are routine and repetitive, allowing medical staff with less experience to learn quickly. Digital technology combined with human Associates is starting to show green shoots. Clinical Decision Support Systems (CDSS) are an established tool for Associates, providing

FIGURE TWO
SERVICES IN WHICH ASSOCIATES ARE CURRENTLY WORKING WITHIN THE NHS

PHYSICIAN ASSOCIATES WORKING IN THE NHS SPLIT BY SPECIALTY (2022)
% OF TOTAL PAs¹



WORKING SETTING FOR PHYSICIAN ASSOCIATES (2019)
% OF WORK HOURS RECORDED ON WORKLOGS²

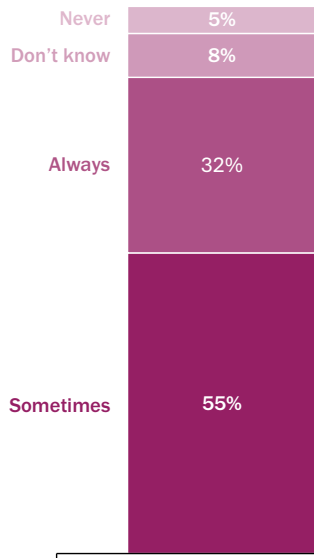


NOTE 1 OTHER INCLUDES STROKE MEDICINE, GASTROENTEROLOGY, COMMUNITY MEDICINE, ENT, HAEMATOLOGY, PAEDIATRICS, COLORECTAL AND VASCULAR SURGERY, ORTHOPAEDICS, DERMATOLOGY, REHABILITATION MEDICINE, NEUROSURGERY, PAEDIATRIC PSYCHIATRY, UROLOGY, MEDICAL ONCOLOGY AND NEPHROLOGY

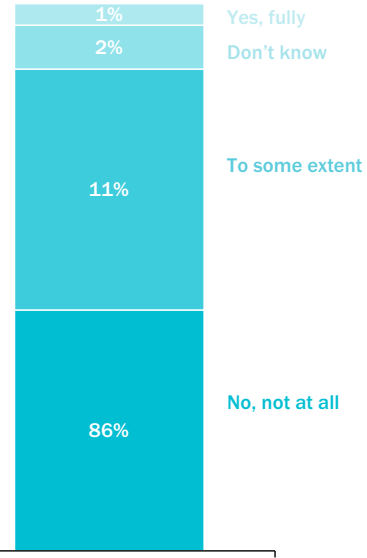
SOURCE 1 ROYAL COLLEGE OF PHYSICIANS; CANDESIC RESEARCH AND ANALYSIS 2 BMJ; CANDESIC RESEARCH AND ANALYSIS

FIGURE THREE
WORK IS NEEDED TO SUPPORT A CHANGE IN PERCEPTION OF THE VALUE OF PAs TO MEDICAL TEAMS

DO YOU BELIEVE THE WAY THAT ASSOCIATES CURRENTLY WORK IN THE NHS IS A RISK TO PATIENT SAFETY?



DO YOU THINK THE PUBLIC UNDERSTANDS THE DIFFERENCE BETWEEN PAs/AAs AND DOCTORS?



NOTE BASED ON 18,894 RESPONDENTS
 SOURCE : BMJ; CANDESIC RESEARCH AND ANALYSIS

guidance on clinical activity and drug characteristics. Medical reference applications like UpToDate and Epocrates are both popular options in the UK. While not a replacement for clinical judgement, these platforms are able to support Associates in making care decisions. Associates trained to make use of new tools to support clinical practice will increasingly be able to deliver results previously the sole purview of doctors.

Changes to the way the profession is organised are already well underway. The professional body representing PAs, The Faculty of Physician Associates (FPA) is currently based at the Royal College of Physicians (RCP), but earlier this month it was announced it was set to transition to becoming an independent body in the coming months.

The FPA holds the details of 4,500 qualified PAs on its register. When the government proposed secondary legislation to amend the 1999 Health Act bringing associates under the regulation of the General Medical Council (GMC), large numbers of doctors expressed their opposition to this change, most arguing that a dedicated regulator is more appropriate. In any case, as Associate numbers grow there will be a requirement for more and better regulatory oversight.

Despite the challenges, Associates

are largely happy in their work. The Focus on physician associates: census 2022 published at the end of last year surveyed the profession and found 89% of respondents enjoyed their job, and 83% would recommend it to a friend. That said, 53% of PAs said they worked under excessive pressure (up from 49% in 2021). Clarity on regulation and remit will hopefully improve this and doctors' perception of their role, and that can only benefit patients.

DESPITE THE CHALLENGES, ASSOCIATES ARE LARGELY HAPPY IN THEIR WORK

Conclusion

With the NHS Long Term Workforce Plan showing more than a doubling of the Associate workforce to 10,000 by 2036/37, the issue is perhaps less

about their continued role and more about shining a light on the chronic staff shortages across the board. Post pandemic the health system is left in a rut, with an aging population, an aged NHS hospital infrastructure and a shortage of staff. It's likely that Associates and Artificial Intelligence will both be part of future multi-disciplinary teams.

The winner in a staffing crisis is likely to be the plethora of agency companies who get paid to fill the ever-increasing rota gaps across life sciences, healthcare, social care and education. The healthcare temporary staff sector bill is over £5bn, with the NHS being the main payor. Understandably there is much investor interest in companies delivering staffing solutions, such as Acacium group, Your World Recruitment, Health Care Resourcing Group, ID Medical Group, Newcross Healthcare Solutions, Sanctuary Personnel, Tripod Partners, Day Webster, Nurseplus, A24 Group and a very long tail of local and national operators.

In summary, the UK needs to recruit and retain more staff at all levels and be both ambitious and creative in how to develop a world-class highly experienced team – which is most likely going to evolve into human and artificial.