

The role of physician associates in secondary care: the PA-SCER mixed-methods study

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Declared competing interests of authors: Simon de Lusignan is a Professor of Primary Care and Clinical Informatics and reports that the University of Surrey runs a physician associate course. Jim Parle chairs the UK and Ireland Board for Physician Associate Education and is director of the physician associate programme at the University of Birmingham. Phil Begg is an honorary faculty member at the University of Birmingham and has taught on the physician associate programme since 2008. James Ennis teaches part time on the University of Birmingham physician associate course. Vari M Drennan was a Health Services and Delivery Research Board Member in 2015.

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Plain English summary

The PA-SCER mixed-methods study

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Plain English summary

Increasing demand for hospital care has led doctors and managers to review how to staff services and ensure the training of doctors. One solution has been to employ a new group of staff called physician associates (PAs). PAs are trained in a similar way to doctors but over 2 years at postgraduate level (they often already have a biomedical science degree), and they work to a supervising doctor. Little is known about PAs in English hospitals, so this study investigated their work through multiple research activities.

A small but growing number of hospitals are employing PAs. The reasons for employment include ensuring that the medical/surgical teams have enough staff, releasing doctors to attend the most sick patients, and allowing doctors to undertake their training, and helping the service to provide good-quality care.

In this study, the medical/surgical teams mainly used PAs to work on wards, where they provided continuity for the medical/surgical team. Their consistent presence helped patients and nurses with communication to and from the doctors. Their knowledge of clinical and hospital policies was valuable to junior doctors who changed workplace frequently. PAs worked safely as part of the medical/surgical team. In the emergency department, PAs attended patients, as did junior doctors, under the supervision of a consultant and the patient outcomes were the same. PAs were reported to help make the patient journey to discharge smoother.

Patients were positive about the care provided by PAs, although they were not able to identify what or who a PA was; they simply saw them as part of the team looking after them. PAs were viewed very positively by most hospital staff, although there were a few consultants who thought that doctors most fitted their team's needs. PAs cannot currently prescribe medicines or order X-rays in the UK. This needs to be addressed for PAs to realise their full utility within medical/surgical teams.

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