The Benefits of Physician Associates

Summary of a rapid review of the literature (Dec 2020)

	Patient benefits 	Workforce benefits 	Cost benefits 	Barriers	Enablers
Primary Care	Acceptability of PAs by patients was found to be consistently high (Halter et al, 2013) Halter et. al. (2017) also found that, overall, patients accepted a PA in place of a GP for non-complex consultations. PA's practice was found to be safe (Farmer et al, 2009) Experienced GPs could not differentiate between PA and GP consultations (De Lusignan et al, 2016)	PAs made more detailed consultation records compared to GPs (Drennan et al. 2015) PA consultations were competent and safe but GP consultations rated more competent (De Lusignan et al, 2016) Farmer et al. (2009) found team members working with PAs saw them as bringing additional complementary skills and attitudes to teams.	Although shorter, the cost of a GP consultation exceeded that of a PA by £6.22* (Drennan et al, 2015) **Economic analysis is limited to consultation times only* No major differences seen in rates of same day/urgent appointments, re-consultation, referral to secondary care, prescribing, ordering investigations or interventions compared to GPs (Drennan et al. 2015)	Confusing and varying role expectations from wider teams and patients inhinit PA development (Williams and Ritsema, 2014) Unregulated status prevents PAs from carrying out their full range of duties (Williams and Ritsema 2014; Ritsema and Roberts, 2016). There is variation in support from employers (Williams and Ritsema, 2014).	PAs possess a wide range of diagnostic and therapeutic skills (Drennan et al. 2015) PA's scope of practice is defined by their supervising doctor and thus variable depending on local need Parle and Ennis (2015) Employers must have effective systems and processes in place to support the integration of the role Roberts et al. (2019)
Secondary Care/ Mental Health Care	Halter et al. (2020) found PAs in emergency departments treated patients with a broad range of conditions safely, and at a comparable level to FY2s. Taylor et al. (2019) found patients felt trust and confidence in their relationship with PAs. When compared with junior doctors, the patient outcomes were the same. PAs were also reported to help make the patient journey to discharge smoother (Drennan et al. 2019a)	Drennan et al. (2019a) found long-term employment of PAs on medical/surgical wards aided communication with both staff and patients. Their knowledge of clinical and hospital policies was also viewed as valuable to junior doctors on rotation.	In the systematic review by Drennan et al. (2019), researchers concluded that lower costs were reported in acute medicine studies where physicians were replaced by PAs; importantly there were no differences in clinical outcomes or in length of stay. In other studies within the same review, however there were little to no differences in cost or it was difficult to interpret due to confounding factors.	Ritsema and Roberts (2016) found PAs were least satisfied when they were unable to completely apply their training. Negative attitudes from staff towards PAs, inappropriate workloads and lack of PA role models can result in harm to their identity formation. This in turn was suggested by Brown et al. (2020) to negatively affect PA's impact in the workplace.	Continuity and relevant clinical exposure can support integration of PAs into the workforce (Brown et al, 2020) Taylor et al. (2020) suggest effective communication of the role to staff and patients is crucial; the preferred method for patients being via a small information leaflet and a verbal explanation of the role by the PA themselves.