

# INPLASY

## Protocol: Physician Associates and Anaesthetic Associates in the UK: A rapid systematic review of published research to inform the Leng review

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Greenhalgh, T.

### Corresponding author:

Trisha Greenhalgh

trish.greenhalgh@phc.ox.ac.uk

### Author Affiliation:

University of Oxford.

### ADMINISTRATIVE INFORMATION

**Support** - None.

**Review Stage at time of this submission** - Data analysis.

**Conflicts of interest** - TG is a member of Independent SAGE and a Fellow of the Royal College of Physicians of London. In the latter capacity she helped to organise an Emergency General Meeting in March 2024 to discuss the College's policy on Physician Associates. She has supervised a PhD on task shifting between GPs and nurse practitioners in Canada which concluded that, with appropriate support and safeguards, such arrangements were safe and acceptable.

**INPLASY registration number:** INPLASY202520039

**Amendments** - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 7 February 2025 and was last updated on 7 February 2025.

### INTRODUCTION

**Review question / Objective** 1. What empirical research has been published on physician associates (PAs) and anaesthetic associates (AAs) in UK since 2015, especially in relation to safety and effectiveness?

2. What is the trustworthiness, generalisability and relevance of that body of research to the Leng review?

3. What are the key findings?

4. What are the research gaps and in view of these, what are the priorities for future research?

**Rationale** Physician associates (PAs) and anaesthetic associates (AAs) are relatively new and somewhat controversial roles in UK healthcare. This rapid systematic review seeks to inform an inquiry commissioned by the UK government in

late 2024 and undertaken by Gillian Leng in early 2025.

**Condition being studied** The review is condition-agnostic. It seeks to synthesise evidence on UK-based PAs and AAs in any health related role.

### METHODS

**Search strategy** Key word search of 3 databases (Medline, Cinahl, Cochrane); author search; citation-tracking (via Google Scholar); and mining previous systematic reviews. See key words below.

**Participant or population** The review is agnostic to patient, participant or population (in the sense that all healthcare undertaken by PAs or AAs is potentially eligible).

**Intervention** Physician associates or anaesthetic associates.

**Comparator** Any other staff group.

**Study designs to be included** All study designs (each assessed on their merits).

**Eligibility criteria** Research undertaken in a UK healthcare setting, published between January 2015 and January 2025, which explored any aspect of PAs or AAs.

The following categories are \*excluded\*:

- Not research (defined as having a research aim or question, a description of methods, and findings that are thought to be generalisable beyond the study sample)
- Not undertaken in UK
- Not English language
- Not about PAs or AAs
- Pre 2015.

**Information sources** Key word and author search of electronic databases, citation tracking, mining previous systematic reviews (see 'search strategy' above for details).

**Main outcome(s)** Any outcome measure of the efficacy of PAs or AAs in UK.

Any outcome measure of the safety of PAs or AAs in UK.

**Additional outcome(s)** Any detail (qualitative or quantitative) of what work PAs or AAs do.

Any detail of the costs or cost-effectiveness of PAs or AAs in UK.

Any detail (qualitative or quantitative) of the patient experience of PAs or AAs.

Any detail (qualitative or quantitative) of the other staff's perceptions of PAs or AAs.

Any detail (qualitative or quantitative) of PAs' and AAs' perceptions of their own role or of the career paths of these staff groups.

Any detail (qualitative or quantitative) about the organisational, policy or systems implications of PAs or AAs.

**Data management** Data will be stored on a University of Oxford computer. Eligible papers will be stored, organised and coded on an Endnote database. Data extraction will occur using summaries on Microsoft Word and Microsoft Excel.

**Quality assessment / Risk of bias analysis**

Papers will be critically appraised for trustworthiness (internal validity) using CASP (Critical Appraisal Skills Programme) checklists appropriate to the study design ([https://casp-](https://casp-uk.net/casp-tools-checklists/)

[uk.net/casp-tools-checklists/](https://casp-uk.net/casp-tools-checklists/)). In addition, their generalisability (external validity) will be evaluated. Finally, each study will be assessed for its relevance to the Leng review of PAs and AAs in UK, whose scope is the efficacy and safety of PAs and AAs in UK.

**Strategy of data synthesis** Studies meeting eligibility criteria will be classified into one or more of the following categories: [1] clinical performance and safety; [2] costs and cost-effectiveness; [3] patient and public perceptions; [4] staff perceptions; [5] PAs' and AAs' own experiences and career paths; and [6] policy, organisation and systems studies. For each category, a summary table will be prepared giving (for all papers in this category) author/year, dates of fieldwork, study design and methods, main findings, and comment. A narrative synthesis and critique of these papers will be placed in the main text, with emphasis on those papers meeting the three criteria of trustworthiness, generalisability and relevance to the Leng review. Brief reasons why other papers were not included in the narrative (e.g. insufficiently trustworthy, insufficiently generalisable, not in scope for Leng review) will be given. The main findings from the six categories will be drawn together using narrative synthesis. Gaps in the existing literature will be identified and further research priorities suggested.

**Subgroup analysis** Not applicable.

**Sensitivity analysis** Not applicable.

**Language restriction** No formal language restriction. Because this is UK healthcare, all eligible studies are likely to be in English.

**Country(ies) involved** UK - University of Oxford.

**Keywords** physician assistant[s]; physician associate[s]; mid-level practitioners; medical associate profession[al][s]; advance practice provider[s].

**Dissemination plans** Gillian Leng has asked for a copy.

**Contributions of each author**

Author 1 - Trisha Greenhalgh.

Email: [trish.greenhalgh@phc.ox.ac.uk](mailto:trish.greenhalgh@phc.ox.ac.uk)