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Professor Sir Steve Powis
National Medical Director, NHS England
Dr Navina Evans CBE
Chief Workforce, Training and Education Officer, NHS England

11 March 2025

Dear Steve and Navina,

On 22nd November 2023, following the BMA's call for an immediate pause to the recruitment of physician and anaesthesia associates, given our safety concerns, you co-wrote an open letter to me stating that:

> *"[Physician associates and anaesthesia associates] perform specific aspects of patient care and, based on case studies, clinical and professional engagement and literature reviews, are proven to increase the effectiveness of multidisciplinary teams.*
>
> *"This evidence tells us MAPs are safe, increase the breadth of skill, capacity and flexibility of teams, positively contribute to patient experience and flow, and reduce workload pressure on other clinicians."*

In my further letter to you on 29th November 2023 I subsequently asked that you provide the high-quality evidence to substantiate this claim, but I don't believe this was ever provided.

On Friday the BMJ published a rapid systematic review, authored by Professor Trish Greenhalgh and Professor Martin McKee, a collaboration between the Nuffield Department of Primary Care Health Sciences, University of Oxford, and the London School of Hygiene and Tropical Medicine, summarising the research of the efficacy and safety of UK physician associates. Regarding the literature, the review states:

> *"The total number of physician associates studied was very small, especially in primary care; no studies reported direct assessment of anaesthetic associates. Only one study, of four physician associates, involved any assessment by a doctor of their clinical competence by direct observation. No studies examined safety incidents."*

The rapid systematic review concludes:

> *"Conflating absence of evidence of safety incidents in a small number of research studies with absence of safety concerns when physician associates directly substitute for doctors is an error of logic that is likely to cost lives."*

This research suggests that NHS England's reliance on the absence of evidence of safety incidents in a small number of research studies is 'an error of logic that is likely to cost lives.'

It is deeply concerning that NHS England continues to ignore concerns raised by patients, doctors and now an increasing number of coroners. By maintaining a postcode lottery in which different hospitals can decide what physician and anaesthesia associates can and can't do in the absence of any agreed scope of practice, I fear that the NHS has created a patient safety scandal.

It is imperative that NHS England acts immediately to prevent more harm. I am asking that interim safety measures are implemented immediately including mandating a national scope of practice until the Leng Review is able to report later this year. It is wholly unacceptable for NHS England to continue its current course of inaction relying on evidence that cannot be provided and which this systematic review has shown does not exist.

Kindest regards,

Professor Phil Banfield
Chair, BMA Council