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## Editor's choice

I am a penultimate year medical student. Since my first experience of general practice 2 years ago, and increasingly with any experience I've had since, I have stubbornly been announcing to anyone who'll listen that I am going to be a GP... despite the overwhelmingly negative response this yields.

Like Dr Jones in the May *BJGP*, therefore, I found Dr Glasspool's letter in the March *BJGP* brought me, yet again, back down to earth with a very loud thud.<sup>1</sup> In my albeit limited experience, a GP is in the uniquely rewarding position of being able to get to know their patients, see them through their life and potentially change the path it takes. So why, like Dr Glasspool, does every medic that I hear from remind me how dreadful a career choice this is? And it's not just medics; only a couple of weeks ago I shared my career dream with a non-medic and found myself in a heated debate defending GPs everywhere against the accusation that they are underworked, under-informed, overpaid ... the list goes on.

Unlike Dr Glasspool I think it's crucial to continue encouraging new GP trainees. Without new doctors this essential specialty will never be fixed and the vicious cycle of ever-increasing balls to juggle for dwindling numbers of GPs will continue. Maybe I am too optimistic but it doesn't seem a lost cause yet. Perhaps if the GPs from the event in Hull, and others like them, could make themselves better heard over the blanket of negativity that currently exists then GP trainee numbers might begin to rise again. A little positivity could go a long way.

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## Physician associates

I read the articles about physician associates (PAs) with great sadness. PAs are being sold to us as the answer to the ever-growing pressure of workload and demands that GPs are facing, and also as a substitute for the drop in numbers entering general practice.

Even extremely well-trained and highly experienced nurse practitioners are stressed and find themselves taking on too many responsibilities. However, when they are faced with tricky or difficult decisions they naturally refer this back to the GP and the responsibility once again falls back to the GP.

I feel that PAs will be an added confusion for patients who want to see fully-qualified doctors who take the responsibility for their care. Even now quite a few patients think that our nurse practitioner is a female doctor. The introduction of physician associates is short sighted and simply a gap-filler: in the long run we need to focus on more trained GPs instead.

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1. Drennan VM, Halter M, Joly L, *et al*. Physician associates and GPs in primary care: a comparison. *Br J Gen Pract* 2015; DOI: 10.3399/bjgp15X684877.

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## Hold the bunting on PAs!

It is premature to hang out the bunting, declare the primary care workforce crisis over and allow GPs to retire to the golf course en masse.

Parle and Ennis<sup>1</sup> are to be congratulated that the effectiveness to which they trained physician associates (PAs) for 2 years has been demonstrated by Drennan *et al*.<sup>2</sup> It does make one wonder why we would bother spending 10 years training every new GP!

The stated headline 'consultations carried out by physician associates, compared with GPs seeing comparable patients are associated with similar processes and outcomes at lower consultation costs' is inaccurate. The results state the average PA consultation was 5.8 minutes longer than the GP equivalent. The cost per consultation was £6.22 less for the PA. This equates to two fewer patients per hour, fully negating the £24 saved in direct consultation costs.

This cost also does not include additional issues including prescribing time for non-prescribing PAs, an activity which, more often than not, will have to be carried out by a GP. Another significant cost that has not been accounted for includes the medicolegal risk (and associated financial cost) supervising GPs will have to bear.

Furthermore, it is unfair and unreasonable to expect PAs to work beyond their competencies and comfort zones to replace people they were never intended to replace.

The closing statement of the article 'PAs potentially offer an acceptable, appropriate, and efficient addition to the general practice workforce' is therefore misleading on all counts. If you want someone to do a doctor's job appropriately, efficiently, and acceptably then you should employ a doctor. We desperately need more GPs, but if demand exceeds even a generous new supply of doctors, then it is demand and whoever is whipping it up that must be addressed.

By all means invest in primary care provision, but PAs, based on current evidence represent a false economy.

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