

Policy Document

Physician Assistants Policy

Background

The Australian Medical Students' Association (AMSA) is the peak representative body for medical students in Australia. AMSA is focused on ensuring quality clinical training for all students enrolled in medical degrees across the country and is uniquely placed to comment on the introduction of new professions who may compete directly with medical students for these clinical placements. Additionally, AMSA also takes interest in issues that may affect internships and vocational training, as these aspects of medical training will impact medical students shortly after graduation.

Quality clinical training is required by medical students to complete their degrees and to become skilled doctors. This training relies on adequate access to experienced clinical supervisors, varied clinical environments, a wide range of procedural exposure, and a diverse range of patients. The capacity of the current Australian medical education system has become increasingly strained due to the total number of medical students increasing by 56% to 16,837 from 2006 to 2014, with medical graduates more than doubling from 1,503 in 2004 to 3,441 in 2013,[1] with further increases expected based on the trend of governments allowing new medical schools.[2] Concerns have been raised about the health system's ability to provide clinical placements in light of increased numbers.[3] At the same time, a large number of older clinicians are retiring and so reducing access to skilled clinical supervision.[4]

The Australian healthcare system encompasses a range of professionals who are able to work side-by-side and in complementary roles. Workforce shortages, particularly in rural and remote areas, are well documented in Australia.[5] The Physician Assistant (PA) profession may offer solutions to current and future Australian workforce shortages.[6] The profession has been utilised in other healthcare settings, most notably Canada and the United States (US). In the US, PAs have been practicing since the 1960s, with more than 70,000 PAs currently employed.[7]

The Physician Assistant Profession in Australia

Recent interest to introduce the PA profession into the Australian health workforce has led to the establishment of the Australian Society of Physician Assistants (ASPA), who define the profession as follows:

Physician Assistants (PAs) or Associates, as they are also called, are members of the medical profession who are educated in a Medical School to work in collaboration with a registered medical practitioner (Doctor or Physician).

PAs augment and extend the services traditionally provided by a Doctor/Physician, providing primary healthcare services to patients with an overall aim of increasing access to healthcare for all Australians.

Trained as generalists, therefore able to work in any medical discipline, PAs practice delegated medicine and are able to perform patient examination, order and interpret tests and imaging, diagnose, order treatment, formulate management plans and review patients, assist in surgery, perform minor surgical procedures as required, and refer to specialists.

PAs do not need direct supervision and can work independently of their collaborative medical practitioner. Their scope of practice is determined by the supervising Doctor/Physician and the PA and is flexible and expansive, determined by rapport built over time.[8]

Australian universities have begun to offer degrees enabling students to qualify as PAs. During their studies, PAs rely on the medical system and doctors to provide them with clinical placements, analogous to the clinical placements required by medical students. The University of Queensland began offering a postgraduate *Master of Physician Assistant Studies* in 2009, but discontinued the course in 2011 due to uncertainties surrounding the future of the PA profession in Australia.[9] The course produced a total of 33 graduates [10] James Cook University in Queensland is currently running a three year *Bachelor of*

Health Science (Physician Assistant) course,[11] with four students graduating at the end of 2014.[12] It is unclear whether any students completed proposed master's programs at Edith Cowan University in Western Australia or at the University of Adelaide.[13,14]

Whilst the fate of recent PA graduates in the Australian health care workforce is uncertain, there are reports of PA graduates working as paramedics, nurses and teachers.[15] At this stage, the Australian Health Practitioner Regulation Agency (AHPRA) does not regulate the PA profession (AHPRA, personal communication, 12 May 2015). The Queensland Government Department of Health, however, published a Clinical Governance Guideline to cover the practice of PAs working in the Queensland public health system,[16] which suggests that the PA profession may be moving forward in Australia.

Two pilot studies assessed the introduction of PAs into the Australian public health system. A qualitative study funded by the Queensland Government Department of Health conducted between 2009 and 2010 evaluated the PA role within the Queensland health system by introducing five US trained PAs to hospitals, a multipurpose health service site and a general practice clinic.[17] The PAs tailored personal job descriptions with their supervising doctors.[17] The participating PAs were reported as being well accepted by medical personnel, with patients reporting satisfaction when under their care.[17] The report also highlighted the potential negative impact for PAs on medical education, but that the concerns of doctors were alleviated once they understood the PA role.[17]

Another pilot study in South Australia examined the implementation of two US trained PAs into an Adelaide tertiary hospital from 2008 to 2009.[18] The results of the study were limited, due to problems implementing various PA policies in the hospital, which restricted their abilities to perform certain tasks.[18]

Overall, these studies suggest that it is viable to introduce experienced PAs into certain sectors of the Australian healthcare system. However, limitations in both trials include a small sample size and lack of quantitative data to assess the efficacy, safety and efficiency of the PA profession. Additionally, as the trials studied the implementation of experienced PAs from the US, it is unlikely these results can be confidently applied to the cohort of relatively inexperienced Australian PA graduates.

Reception of the Physician Assistant Profession in Australia

The profession has received a mixed reception in Australia. The Australian Medical Association (AMA) opposed the introduction of PAs, stating that they will interfere with the scarce clinical placements required by trainee doctors.[19] However, the Australian College of Rural and Remote Medicine (ACRRM) supports the implementation of PAs as a suitable mid-level health care professional to increase access to health care in rural communities.[6] ACRRM also noted that the demands placed on clinical placements by PAs must be managed.[6]

The Royal Australasian College of Physicians (RACP) supports the transfer of tasks to other health professionals, citing PAs as examples, but that this transfer "must be evidence-based, safe, cost-efficient and facilitate best patient care." [20] The RACP also supported the concept of medical assistants in New Zealand to improve service delivery, provided the profession was adequately regulated, supervised and trained, with a clearly defined scope of practice.[21] The College also acknowledged the potential for the PA profession to compete for training resources.[21]

In 2012, Health Workforce Australia (HWA) published an assessment of PAs in Australia.[22,23] The findings reiterated the potential role of PAs in rural and remote communities.[22] The report also highlighted a possible decrease in emergency waiting times through the delegation of lower acuity patients to PAs, and suggested PAs could enhance productivity by freeing doctors from more repetitious tasks.[22] Furthermore, it was suggested that PAs may increase job satisfaction and decrease burnout for the existing medical workforce.[22] The HWA assessment highlighted the lack of accreditation of PA education programs and a national register for PA practitioners, and once again noted the concerns surrounding pressures on the education system due to increased graduate numbers.[22]

The Nurse Practitioner (NP) profession is commonly mentioned in PA debate, given that there is some overlap between NP and PA duties.[22] A key difference between them is that the NP can work autonomously and still work collaboratively with other health professions, whereas PAs work directly under the supervision of doctors.[22] There were 1,058 NPs working in Australia in 2014.[24] A possibility exists for the established NP profession to undergo further task transfer arrangements, although the lack of direct medical supervision may require reassessment in this case.

Potential Impact on the Education of Australian Medical Students

The PA profession may impact upon medical students through direct competition for clinical placements required by both PAs and medical students. These concerns have been repeatedly highlighted.[16,18,19,21,22] The concern also exists for junior doctors and extends throughout vocational training, as these professions also compete for the supervision of experienced doctors. Should the implementation of PAs occur in Australia, these concerns must be managed, with a focus on the continued emphasis on training doctors, particularly in light of the reliance of PAs on doctors for their clinical supervision and leadership.

Position Statement

Due to current pressures on Australian medical education, including the ability to provide quality clinical placements given the increase in medical student numbers, AMSA does not currently support the introduction of the Physician Assistant profession into the Australian healthcare system.

Policy

AMSA believes that:

1. Due to their leadership role in the provision of healthcare, doctors should remain the primary focus of health workforce policy, including policies to address workforce shortages in rural and remote areas.
2. Professions with similar medical education and training requirements, such as Physician Assistants, directly compete for scarce educational resources.
3. The ability of the healthcare system to provide quality clinical placements is under strain. It should be managed closely to avoid a negative impact on the education and training of medical students and doctors.
4. The Australian healthcare system is not currently equipped to facilitate the implementation of the Physician Assistant profession without an adverse impact on the education and training of medical students and doctors.
5. In the event that professions, such as that of Physician Assistants, are competing for the educational resources required by medical students and doctors, with medical schools, health care facilities and governments should work collaboratively to:
 - a. ensure the training of medical students and doctors is not adversely affected;
 - b. prioritise the training of medical students and doctors, where there is a demonstrable adverse effect on their training; and
 - c. ensure patient health and safety is not compromised.
6. New professions, such as Physician Assistants, that have a considerable overlap in their duties with doctors and other existing health professionals, should use an evidenced-based approach to the justify the establishment of the profession in Australia, including why other existing health professionals, such as Nurse Practitioners, are not best suited to address workforce shortages instead.

AMSA calls upon:

1. State and Federal governments to:
 - a. Oppose the introduction of Physician Assistants into the Australian healthcare sector based on their impact on the medical education of medical students and doctors.
 - b. Prioritise the educational needs of medical students and doctors in preference over Physician Assistants, who compete directly for scarce educational resources and also rely on doctors for their medical education and supervision.
 - c. Only consider introducing Physician Assistants into the Australian health care sector when there is a clear need for the profession and when the profession can demonstrate their ability to deliver safe, effective and efficient healthcare. If Physician Assistants are to be introduced into the Australian healthcare sector, to work collaboratively with the relevant stakeholders, and to establish standards and regulations consistent with what is expected of other mainstream health professionals, including:
 - i. Engaging in comprehensive health workforce consultation, including the involvement of medical students, to determine the role of the new profession and the potential impact of their implementation on the ability of the workforce to provide medical students with quality clinical placements;
 - ii. Upholding the fundamental aim of improving patient health outcomes;
 - iii. Regulation of the profession by the Australian Health Practitioner Regulation Agency;
 - iv. Establishment of educational and accreditation standards for the new profession;

- v. Consideration of measures to ensure the new profession is compelled to work in areas and sectors of workforce shortage; and
 - vi. Striving for national consensus.
 - d. Consider already existing professions, such as Nurse Practitioners, in preference to introducing Physician Assistants, as solutions to Australia's workforce shortages.
2. Australian Universities to consider whether running degrees in Physician Assistant studies is justifiable, given that the profession is not well established in Australia.
 - a. In the case where there is no established workforce for Physician Assistant graduates to enter into, cease intakes for any currently running or future Physician Assistant degrees.
 - b. Acknowledge the current level of uncertainty surrounding the Physician Assistant profession by providing transparent and accurate information to all current and future Physician Assistant students.

References

- [1] Medical Deans Australia and New Zealand. Annual tables. [cited 2015 May 11]. <http://www.medicaldeans.org.au/statistics/annualtables>
- [2] Australian Medical Association (WA). Curtin medical school worst decision in decades. Perth: AMA(WA); 2015 May 18 [cited 2015 May 25]. <http://www.amawa.com.au/curtin-medical-school-worst-decision-in-decades/>
- [3] Metherell M. Teaching crisis for trainee doctors. Sydney Morning Herald; 2012 August 6 [cited 2015 May 11]. <http://www.smh.com.au/national/postgraduate-education/teaching-crisis-for-trainee-doctors-20120805-23nv9.html>
- [4] Schofield DJ, Beard JR. Baby boomer doctors and nurses: demographic change and transitions to retirement. Med J Aust. 2005;183(2):80-3.
- [5] Health Workforce Australia. National Rural and Remote Health Workforce Innovation and Reform Strategy. Canberra: HWA; 2013 May [cited 2015 May 11]. http://www.hwa.gov.au/sites/uploads/HWA13WIR013_Rural-and-Remote-Workforce-Innovation-and-Reform-Strategy_v4-1.pdf
- [6] Australian College of Rural and Remote Medicine. Position Statement on Physician Assistants. ACRRM; 2011 October [cited 2015 May 11] <https://acrrm.org.au/files/uploads/pdf/advocacy/ACRRM%20PA%20Policy%20-%20Oct%202011.pdf>
- [7] American Academy of Physician Assistants. History. Alexandria, Virginia, USA: American Academy of Physician Assistants [cited 2015 Apr 29]. <https://www.aapa.org/threeColumnLanding.aspx?id=429>
- [8] Australian Society of Physician Assistants. What is a Physician Assistant (PA)? ASPA [cited 2015 Apr 29]. http://www.aspa-australianpas.org/what_are_pas.html
- [9] University of Queensland. Closure of the Physician Assistant Program at The University of Queensland. Brisbane: University of Queensland; 2011 May 11 [cited 2015 May 11]. <http://www.uq.edu.au/news/article/2011/05/closure-of-physician-assistant-program-university-of-queensland>
- [10] Duckett S, Breadon P, Ginnivan L. Access all areas: new solutions for GP shortages in rural Australia. Melbourne: Grattan Institute; 2012 September [cited 2015 May 11]. <http://grattan.edu.au/wp-content/uploads/2014/04/196-Access-All-Areas.pdf>
- [11] James Cook University. Bachelor of Health Science (Physician Assistant). Townsville: James Cook University; 2015 [cited 2015 May 11]. http://www-public.jcu.edu.au/courses/course_info/index.htm?userText=102010-&mainContent=home#.VV Ae-M5a_dk
- [12] Duckett S. Good news for rural health: physician assistants join the workforce. The Conversation. 2014 December 17 [cited 2015 May 11]. <http://theconversation.com/good-news-for-rural-health-physician-assistants-join-the-workforce-35312>

- [13] Edith Cowan University. Handbook 2011 - Master of Medical Science (Physician Assistant). ECU. 2011 [cited 2015 June 23].
<http://handbook.ecu.edu.au/CourseStructure.asp?disyear=2011&CID=1488&USID=0&UCID=0&UID=0&Ver=1&HB=HB&SC=PG>
- [14] The University of Adelaide. Master of Physician Assistant Studies. 2013 October 18 [cited 2015 June 23]. http://www.adelaide.edu.au/degree-finder/2013/mpas_mphysas.html
- [15] Australian Society of Physician Assistants. Frequently asked questions. ASPA [cited 2015 May 11].
<http://www.aspa-australianpas.org/faq.html#>
- [16] Queensland Government Department of Health. Guideline: physician assistant (PA) clinical governance. Document Number QH-GDL-397:2014. Brisbane: Department of Health; 2014 October 16 [cited 2015 May 25]. <http://www.health.qld.gov.au/qhpolicy/docs/gdl/qh-gdl-397.pdf>
- [17] Urbis. Evaluation of the Queensland Physician's Assistant Pilot – Final Report. Urbis Pty Ltd; 2010 August [cited 2015 May 11] www.aspa-australianpas.org/forms/qld_pa_pilot_report.pdf
- [18] Ho PB, Maddern GJ. Physician assistants: employing a new health provider in the South Australian health system. *Med J Aust.* 2011;194(5):256-8.
- [19] Saunders C. Turf war over physician assistants. *Med J Aust Insight:* 2011 March 7 [cited 2015 May 11] <https://www.mja.com.au/insight/2011/8/turf-war-over-physician-assistants>
- [20] Sewell J. Task transfer: the view of Royal Australasian College of Physicians. *Med J Aust.* 2006;185(1):23-4.
- [21] Royal Australasian College of Physicians. Submission on: the use, training and regulation of medical practitioners. RACP; 2009 October 6 [cited 2015 May 12].
<http://www.racp.edu.au/index.cfm?objectid=6A087AE4-DCF9-1FA8-228FB6C55048E5A0>
- [22] Health Workforce Australia. The potential role of Physician Assistants in the Australian context. Volume 1: Final Report. Canberra: HWA; 2011 November [cited 2015 May 12].
<https://www.hwa.gov.au/sites/uploads/hwa-physician-assistant-report-20120816.pdf>
- [23] Health Workforce Australia. The potential role of Physician Assistants in the Australian context. Volume 2: literature review. Canberra: HWA; 2011 November [cited 2015 May 12].
<https://www.hwa.gov.au/sites/default/files/hwa-physician-assistant-report-volume2-literature-review-20120816.pdf>
- [24] Victorian Government Department of Health. Nursing in Victoria: nurse practitioner frequently asked questions. Melbourne: Department of Health; 2014 August 7 [cited 2015 May 12].
<http://www.health.vic.gov.au/nursing/furthering/practitioner/nurse-practitioner-frequently-asked-questions>

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