Piloting the Physician Assistant Role

Despite the current national and international health workforce shortages, Queensland Health is continuing to increase its health workforce, finding ways to improve the use of the Nurse Practitioner role and exploring the possible role of Physician Assistant’s.

Since June 2005 Queensland Health has achieved a 35% increase in medical staff, a 23% increase in nursing staff and a 26% increase in allied health and professional staff.

However, demand for staff in Queensland is set to increase when our new hospitals are built and to meet the increasing health demands of a growing and ageing population.

In addition to training and recruiting more staff, Queensland Health is exploring ways to improve community access to safe and sustainable services.

Queensland Health is also exploring the use of a Physician Assistant role. A number of countries including Canada, England, Scotland and the Netherlands are either implementing or currently exploring the Physician Assistant role.

In Canada, the Physician Assistant program has been used in the military since 1984. More recently as part of the two year HealthForceOntario Pilot Project, six hospitals were selected to establish Emergency Department care teams that included Physician Assistant’s, acute care Nurse Practitioners and primary health care nurse practitioners – all of these roles complement each other well.

The Physician Assistant role is trained in the medical model and works under the supervision of a nominated medical officer, who directs and retains responsibility for the medical care provided.

This role is not a doctor substitution but rather it is an extension of medical services in order to meet the health needs of the Queensland community and use our highly skilled medical staff more effectively.

Queensland Health understands that the University of Queensland and the James Cook University have gone some way in developing training programs for this role. Before committing to training, Queensland Health needs to evaluate the outcomes of the pilot.

The role was introduced in the United States in the 1960s, with the available evidence demonstrating that the Physician Assistant role is a valid one in terms of productivity, quality of care, patient satisfaction, cost effectiveness and their ability to work as part of the multidisciplinary team.
Queensland Health is now doing the preliminary work, with a view to piloting a small number of experienced USA trained Physician Assistant’s to determine whether the role fits within the health context in Queensland.

A steering committee has been established to oversee this work and to ensure that the necessary processes are in place to maximise patient safety. The steering committee has broad representation from professional groups, regulatory bodies and community representation.

A commitment has been given by the steering committee that the pilot will not compromise the training opportunities for other staff and this will be considered when the pilot sites are selected.

Once the pilot sites have been selected, a comprehensive education and engagement strategy will be put in place to ensure that consumers and stakeholders are well informed.

Questions and comments are welcomed and you are encouraged to contact Glynis Schultz, A/Director Workforce Planning ph 32340128 Glynis_Schultz@health.qld.gov.au
The Physician Assistant Pilot: Frequently Asked Questions

The aim of the Frequently Asked Questions is to publish responses to many of the questions that have been raised during the exploration of the relevance of a Physician Assistant type role to the Queensland context. In the interest of responding to queries as they arise, the project team also welcome the opportunity to meet with interested groups and to respond to individual enquiries.

Contact: Glynis_Schultz@health.qld.gov.au or phone 32340128

What is a Physician Assistant (PA)?

The American Association of Physician Assistants’ definition of the profession is

"Physician assistants are health professionals licensed or, in the case of those employed by the federal government, credentialed, to practice medicine with physician supervision. Physician assistants are qualified by graduation from an accredited physician assistant educational program and/or certification by the National Commission on Certification of Physician Assistants. Within the physician/PA relationship, physician assistants exert autonomy in medical decision-making and provide a broad range of diagnostic and therapeutic services. The clinical role of physician assistants includes primary and specialty care in medical and surgical practice settings in rural and urban areas. Physician assistant practice is centered on patient care, and may include educational, research, and administrative activities”.

The supervising doctor is responsible overall for clinical outcomes and the performance of the Physician Assistant. Individual PAs are accountable for their own practice within the boundaries of supervision and defined practice. The doctor/PA relationship is similar to the Registered Nurse/Enrolled Nurse relationship.

The title emanates from an equivalent role operating in the United States of America.

In Australia, the terms “physician” and “doctor” are not interchangeable. Physicians are doctors who have completed an extra eight years or more of training after their initial university medical training and who specialise in a particular area of medicine.

The title “Physician Assistant” has been retained for the duration of the pilot because of the requirement for US trained Physician Assistants participating in the pilot to have current membership of the USA-based National Commission on Certification of Physician Assistants (NCCPA) and to hold a current licence to practise in their state of origin.

Why even consider new roles- why not just employ more staff?

As workforce planning information and processes have matured, it is becoming more apparent that a number of strategies will be required to meet the evolving health needs of growing and ageing community. These include employing more doctors, nurses and allied health staff, introducing expanded roles (including

---

Nurse Practitioners /expanded Allied Health roles etc) and improving the workplace environment, well as exploring new roles.

The changing needs of the population and subsequent changes in health care delivery models necessitates the review of the current mix of skills within the health workforce to better align skills with new ways of delivering services.

The increased competition for labour from industries other than health means that health is competing for a diminished workforce supply in a tight labour market.

Health therefore needs to position itself so as to attract a workforce from a broader base, attracting candidates who may not have considered a traditional health professional role.

**Why consider the Physician Assistant role in particular?**

Research evidence shows that PAs help to improve access to health services and overall quality of care. One paper drawn from research commissioned by the Scottish Executive Health Department\(^2\) cites a number of examples to demonstrate that, as part of the broader health care team, Physician Assistants contribute to improved health outcomes as follows: (Note that this report uses the USA terminology of “Physician”).

- **In general, reported patient satisfaction with Physician Assistants has been high, whether in their own right, or whether compared with physicians (USA) and/or Nurse Practitioner (NP).**
- **A large-scale retrospective evaluation of patient satisfaction surveys (n = 41,209 patients) in the Atlanta metropolitan area looked at satisfaction in relation to practitioner type and across three scales; practitioner interaction, care access and overall experience. The main finding was that overall, as far as patients were concerned, the NP or PA does as good a job as the physician (USA). However, the authors concluded that there were other factors which had a more profound influence on patient satisfaction, including both time of visit, and length of time spent on visit. In addition, the primary care provided by PA/NPs provided sustained or improved patient outcomes.**
- **A literature review and an internal record review were conducted to examine the use of Physician Assistants in the trauma centre of a large community hospital. Current and historical outcomes were analysed, including patient demographics, type of trauma, injury severity score, transfer times, and length of stay. In addition, fiscal data were examined. Questionnaires to elicit physician (USA) perceptions were given to all eight trauma surgeons affiliated with the trauma department. Reported improvements related to the appointment and utilisation of Physician Assistants included: increased time savings of 4–5 hours per day, per physician; transfer time to operating room decreased by 43% and to intensive care unit by 51%; length of stay for admissions decreased by 13% and for neurotrauma intensive care patients, by 33%.**

**What are the origins of the Physician Assistant?**

Physician Assistants were introduced into the United States in the 1960s to expand capacity in primary care. The origins of the role are linked to the return of corpsmen and medics from the Viet Nam War who had skills in emergency trauma medicine and surgery but who had no civilian employment opportunities.

---

What is happening in other countries?

The Physician Assistant type role has been introduced to (or is being explored) in a number of countries. For example:

**Canada:** A Military PA program commenced in 1984 and, in addition, USA-trained PAs and ex-military PAs have worked within the civilian health sector in Manitoba since 1999. As part of the two-year HealthForceOntario Pilot Project, six hospitals have been selected to establish Emergency Department care teams that included PAs, acute care Nurse Practitioners (NPs) and primary health care nurse practitioners. Ontario Community Health Centres in Ottawa, Hamilton and Sudbury are currently recruiting PAs for the two-year Primary Care Demonstration Project.

**Netherlands:** As at May 2007, there are 136 PAs in training, with 45 graduates. Training entry requirements include both a Bachelors degree in a health profession and at least two years experience in that profession.

**Taiwan:** A PA training program developed at Fooyin University in 2003 requires post graduate entry. The Taiwan government has not formally recognised the profession, however, a 2004 survey identified that there were at that time 1,419 PA-like professional employees at the responding hospitals.

**Scotland:** A two-year trial of US-trained PAs commenced in September 2006.

**Sandwell and West Birmingham Hospital National Health Service:** PAs were first successfully trialled in 2002, with 14 United States trained PAs employed across primary health care and hospital based settings. Six universities (all with medical schools) have since established PA training programs. However as of August 2007, not all are fully operational.

What education do Physician Assistants have?

In the United States of America, Physician Assistant training is provided through tertiary programs which are accredited to a national American standard. Admission requirements to individual training programs vary, but in many cases there is a pre requisite requirement of two years university study and experience in a health related field.

The Physician Assistant curriculum resembles a shortened form of traditional medical education, and emphasises a primary care, generalist approach. Unlike undergraduate medicine training however, Physician Assistant courses are usually only about two years in duration.

In 2005, there were more than 135 education programs for Physician Assistants accredited or provisionally accredited by the American Academy of Physician Assistants. More than 90 of these programs offered the option of a master’s degree, while the rest offered either a bachelor’s degree or an associate degree.

---

4. This is administered by the Accreditation Review Commission on Education for Physician Assistants, see website at [http://www.arc-pa.org/ProvisionalAccreditation/index.html](http://www.arc-pa.org/ProvisionalAccreditation/index.html), accessed 26 October 2007.
5. See for example the Master of Physician Assistant program at James Madison University at [http://www.jmu.edu/healthsci/paweb/year1.html](http://www.jmu.edu/healthsci/paweb/year1.html), accessed 26 October 2007.
Physician Assistants are required to adhere to a set of professional competencies.

As part of their licence conditions, registered Physician Assistants need to undertake 100 hours of continuing medical education (CME) every two years and sit the exam for recertification every six years.

**Where do Physician Assistants work?**

In the USA, Physician Assistants practice in a medical model under the supervision of a doctor, and should not be confused with medical assistants who perform routine clinical and clerical tasks.

Historically, the majority of physician assistants have worked in primary care, but increasing numbers are now working in hospitals, satellite clinics, community practice and government agencies.

Less than half of all Physician Assistants now work in primary care. The chart below shows the practice location of Physician Assistants in the US in 2004:

![Pie chart showing practice location of Physician Assistants in the US in 2004](image)

**Are they a replacement for doctors?**

No. Physician Assistants are prohibited from practicing without a nominated medical supervisor. The Physician Assistant works under the authority of the supervisor who retains responsibility for the direction of the Physician Assistant’s activities and overall accountability for health care delivery. The Physician Assistant cannot override or substitute for the Medical Officer as the principal medical decision-maker.

---

Doctors who had participated in the trial in the UK reported that physician assistants provided complementary, not replacement medical service.9 Physician Assistants have also been described as “doctor extenders” or “extending the hand of the doctor” because they absorb portions of a doctor’s workload that don’t require high degrees of medical expertise10

**Why run a pilot?**

In considering innovative health workforce solutions for Queensland, it is imperative to carefully explore the relevance of potential expanded or new roles in relation to the specific needs of Queenslanders and the service system in this State.

Because the Physician Assistant role is new to Queensland, there are many issues that need to be worked through prior to a Physician Assistant being employed. Queensland Health is considering a pilot to address some of the issues. Without the benefit of a rigorously evaluated pilot, there is the risk that Queensland Health will be unable to make an informed decision regarding the introduction of such a role.

**How is this initiative being developed?**

There are many issues that need to be worked through before a pilot can be undertaken. A steering committee has been established to provide a forum to address the issues involved in establishing a pilot and is aware that, in considering the introduction of any new health professional group, how they fit in with (and relate to) existing professions will need to be examined.

Dr Bill Glasson, ophthalmologist, is chair of the *Queensland Health Physician Assistant Steering Committee*. Representation on the committee is clinically focused with representation from the Queensland Nursing Council, Australian Medical Association (Queensland), Queensland Nurses Union, representation from the Medical Advisory Panel, and Directors of Medical Services Advisory Committee; medical professional colleges; Australian Salaried Medical Officers Federation Queensland, Queensland Public Sector Union; Patient Safety Unit; the Queensland Ambulance Service (Emergency Services) and the Medicines & Pharmacy Unit; a community representative, and a senior nurse clinician; the Queensland Aboriginal and Indigenous Health Council (QAIHC) and a representative from the Australian Medical Students’ Association has been invited to attend.

**How many pilot sites will there be?**

This has not been determined. Participation in the pilot remains a decision for the Health Service District to consider how the Physician Assistant role may add value, and what numbers would be required to provide service coverage. Based on feedback from the pilot in Scotland, there may be advantages in reducing the number of sites and placing more than one Physician Assistant at each site.

**How will pilot sites be identified?**

Potential pilot sites will be identified through consultation with District Health Services. Factors such as the level of managerial and clinical support and commitment to trialling this role, identification of health service delivery gaps and potential suitable health service practice areas, capacity to provide required supervision and participate in the evaluation process will be taken into account.

---

9 Dr Ian Walton, Chairman of Tipton Care Association, quoted in Henry, op.cit.
10 McCabe, D. The Next wave Physician Extenders, [http://www.cmaj.ca/cgi/content/full/177/5/447](http://www.cmaj.ca/cgi/content/full/177/5/447)
Other demands for medical supervision must be taken into consideration when determining whether there is capacity to participate in the pilot. This includes the International Medical Graduates who require supervision as well as medical students and all other staff.

Who can supervise Physician Assistants during the pilot?

Each Physician Assistant will work under the direction of a named Medical Officer appointed as Principal Supervisor, and a Secondary Supervisor when the Principal Supervisor is unavailable.

Supervising Medical Officer/s will be accountable overall for the work of the Physician Assistant and must accept overall responsibility for any duties that are undertaken. In this regard they will determine the scope of duties and responsibilities of the PA.

Medical Officers who have been appointed as supervisors must be registered to practise medicine according to the Medical Practitioners Registration Act 2001 and must have been assigned clinical privileges by the District Credentialing and Privileging Committee.

Medical Officers with special purpose registration, or conditions/restrictions on their registration, cannot be appointed as the Principal or Secondary supervisor of Physician Assistants.

Supervisors must also have the appropriate skills, attributes and capacity to provide continuous supervision. Identified supervisors will be provided initial training and support throughout the pilot.

What work will Physician Assistants do during the pilot?

This depends on the service context and the clinical need but there are a few ground rules:

- Each Physician Assistant will have a written Practice Plan that has been developed in consultation with their supervising medical officer.
- The Physician Assistant role is defined by the credentialing privileges of their supervising Medical Officer. The supervising Medical Officer is not able to assign work that they are not credentialed within the Health Service District to perform themselves.
- The scope of activities defined in the Practice Plan must be approved by the Physician Assistant Quality Assurance Committee.

How will Physician Assistants be employed and what wage will they be paid?

At the recent Queensland Health Physician Assistant Steering Committee it was agreed that, (for the purpose of the pilot only), Physician Assistants would be employed on a contract based on whole of Government principles and be paid a base rate $72,766 - $78,150 (equivalent to HP4.1 to HP4.4). The work value of the Physician Assistant role in the Queensland context will be determined as part of the evaluation to consider issues of pay parity and equal pay with other staff groups.

How will this role impact on the increased number of interns coming out?

Despite the increased number of doctors in training, it is projected that this will not keep pace with the increased demand for services and the attrition of doctors through age related retirement. When considering being involved in a pilot site, Health Service Districts will need to consider the training and supervision demands of all other health professionals.
There is some evidence\textsuperscript{11} which indicates that, in the longer term, the consistent mid level practitioner role (the Physician Assistant) increases capacity for clinical education and training (and supervision) as the Physician Assistant is available to attend to service delivery demands.

The \textit{Australian Curriculum Framework Implementation Project for Junior Doctors} will need to be taken into consideration in any future discussions around training PAs.

**How will Physician Assistants fit into the broader health care team?**

Physician Assistants are reported to work well in a collaborative style within the broader health care team.

How the Physician Assistant fits into (and relates to) other members of the health care team in the Queensland context is one of the domains that will be evaluated.

From a practical aspect, staff in the pilot sites will be involved in discussions to determine how the role will fit into their Health Service District.

Physician Assistants are educated in the medical model and work as members of the medical team under the direction of the supervising Medical Officer.

The Physician Assistant is functioning as the supervisor's agent, and unless another member of the health care has some particular reason to question a prescription, medical order or medical regimen ordered by a Physician Assistant, s/he is expected to execute the order as though it were ordered directly by the medical officer.

**How will staff working in the pilot sites know what the Physician Assistant can and can't do?**

Physician Assistants work with supervising medical officer in the care of patients. Within this relationship, they partner with other health care providers who are appropriately involved in the care of individuals or specific groups of patients\textsuperscript{12}. Once pilot sites have been determined, strategies will be put in place to ensure that all staff (clinical and non-clinical) have the opportunity to be fully informed about the Physician Assistant role within the specific health context.

**How will Physician Assistants be regulated?**

In the USA, regulation followed after the establishment and acceptance of the profession with regulation now occurring on a State by State basis. In the UK pilots, PAs were approved to practice under a delegation and referral clause of the General Medical Council’s Good Medical Practice Guideline 2001. However, a paper drawn from research commissioned by the Scottish Executive Health Department determined that: \textit{There is a need to have the education, role, competences, and accountabilities fully developed in order to}

---

\textsuperscript{11} Buchan, J., Ball, J., O'May, F. \textit{Physician Assistants in Scotland} March 2006

\textsuperscript{12} Defining the Physician Assistant Role in Ontario

http://www.healthforceontario.ca/upload/en/work/defining%20the%20role%20of%20physician%20assistant%20scope%20of%20practice%20and%20competencies%20document%20may%202007.pdf
ensure that legislation and regulation supports the boundaries and goals of a new role\textsuperscript{13}. The Physician Assistant profession is not regulated in Ontario\textsuperscript{14}.

Within the current health workforce in Queensland, there are a number of unregulated health service providers. For the purpose of the pilot, the processes used to manage the performance of these staff have been drawn upon in the preparation of a non-statutory model that provides the necessary standards, processes and mechanisms to protect the public and instil public confidence. These arrangements have the in principle support of the Queensland Health Physician Assistant Steering Committee and are still being finalised.

**How will the Physician Assistant Pilot impact on the continued roll out of the Nurse Practitioner role?**

Queensland Health remains committed to the Nurse Practitioner role and the Office of the Chief Nursing Officer is currently investing resources to examine the best way to further develop the Nurse Practitioner role to meet the health needs of the Queensland community.

**Why shouldn't the proposed roles be undertaken by nurses?**

Feedback from work undertaken in the United Kingdom has determined that the professional functions of the Physician Assistant role are based on the medical rather than the nursing model. The ability to provide optimal health services is dependent upon the diversity of roles; responsibilities and competencies of the inter-professional team\textsuperscript{15}.

**How will the public know that they are being treated by a Physician Assistant?**

In all situations except life-threatening emergencies, the Physician Assistant must identify themselves to the patient as a Physician Assistant who is functioning under the supervision of a “nominated” medical supervisor. Consumers who refuse to receive services from a Physician Assistant must be referred to a Medical Officer.

**How will the role be evaluated?**

An evaluation working party chaired by Dr John Wakefield, Senior Director, Patient Safety Centre, Queensland Health, will be established and will report to the Queensland Health Physician Assistant Steering Committee. The pilot will be evaluated by an external consultant appointed through a competitive tender process. An evaluation workshop was held in November 2007 to determine the key criteria that could/would identify whether or not the Physician Assistant role is applicable for Queensland. The majority of workshop participants were clinicians (nurses, Nurse Practitioners, medical and Allied Health staff) who had not previously been involved in the PA work.

\textsuperscript{13} New Role, New Country: introducing US Physician Assistants to Scotland
http://www.human-resources-health.com/content/5/1/13

\textsuperscript{14} Defining the Physician Assistant Role in Ontario
http://www.healthforceontario.ca/upload/en/work/defining%20the%20role%20of%20physician%20assistant%20scope%20of%20practice%20and%20competencies%20document_%20may%202007.pdf

Why is this role not being piloted in the same way as the Nurse Practitioner trial was done?

Every initiative provides learnings that can inform the next initiative. There are, however, some distinct differences that need to be taken into consideration. For example, as the PA role is new to Australia, there is not an existing workforce from which to draw. For this reason it is planned that experienced candidates will be recruited from the USA. It is expected that in the initial stages the candidates recruited to the pilot will take some time to adjust to the new role in a new health system.

What happens when the pilot wraps up?

A comprehensive evaluation of the PA role will be undertaken throughout the course of the pilot and following completion. A report and advice will be provided to Queensland Health that will help to inform decisions about the ongoing role of PAs in Queensland.