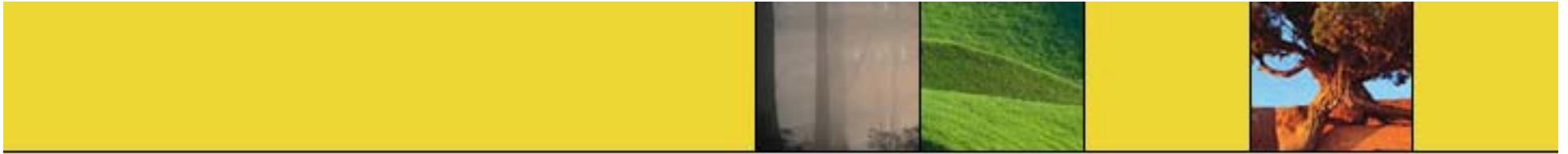


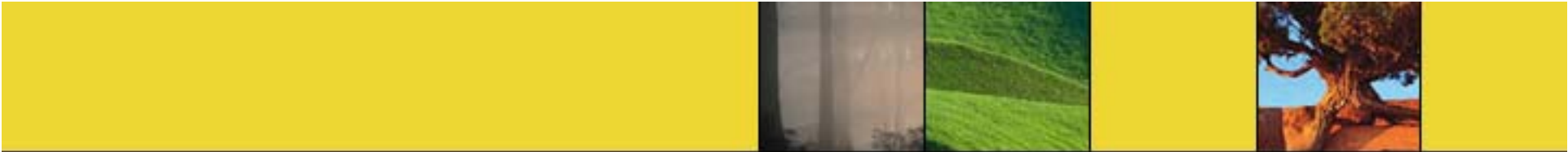
Physician Assistants: A successful model worth importing?

Teresa O'Connor
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Need for change

- Rural Health Alliance: *“we need to redesign the workforce so that services we currently see as ‘medical’ or ‘nursing’ are provided by a broader range of professionals than just doctors and nurses. We will get around the unavoidable shortage of doctors and nurses (given the excessive and escalating level of demand) by redesigning and redistributing the way doctoring and nursing are provided.”* (Editorial Partyline, No 31, October 2007)



Why physician assistants may be one possible strategy

- History: 40 years successful service
- Adaptable workforce
- Less rigid professional culture
- Work with both medical and nursing workforce successfully – an additional, not a replacement, health professional

What are Physician Assistants?

Physician assistants are health care professionals **licensed to practice medicine with physician supervision**. . . .

As part of their comprehensive responsibilities, PAs **conduct physical exams, diagnose and treat illnesses, order and interpret tests, counsel on preventive health care, assist in surgery**, and in virtually all states can **write prescriptions**.

Within the physician-PA relationship, physician assistants exercise autonomy in medical decision making and provide a broad range of diagnostic and therapeutic services.

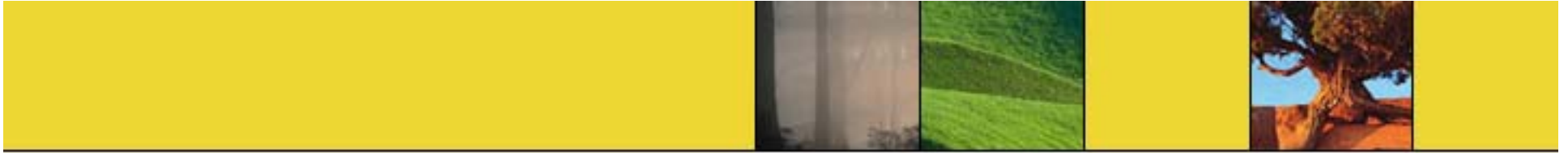
A PA's practice may also include education, research, and administrative services





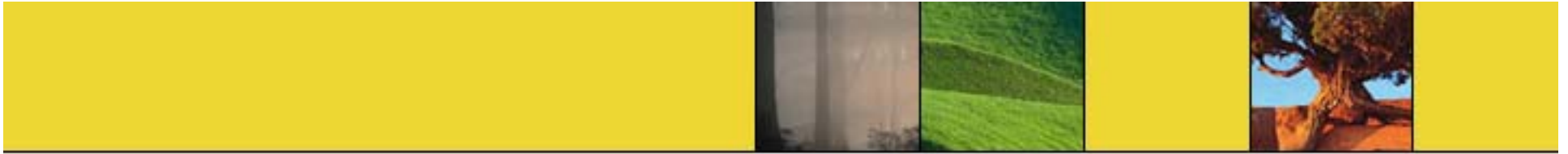
Difference to other health professionals

- Work within the medical profession – supervised by a doctor.
- Delegated practice rather than independent practice.
- Work alongside nurse practitioners as colleagues, not competitors.



History in USA

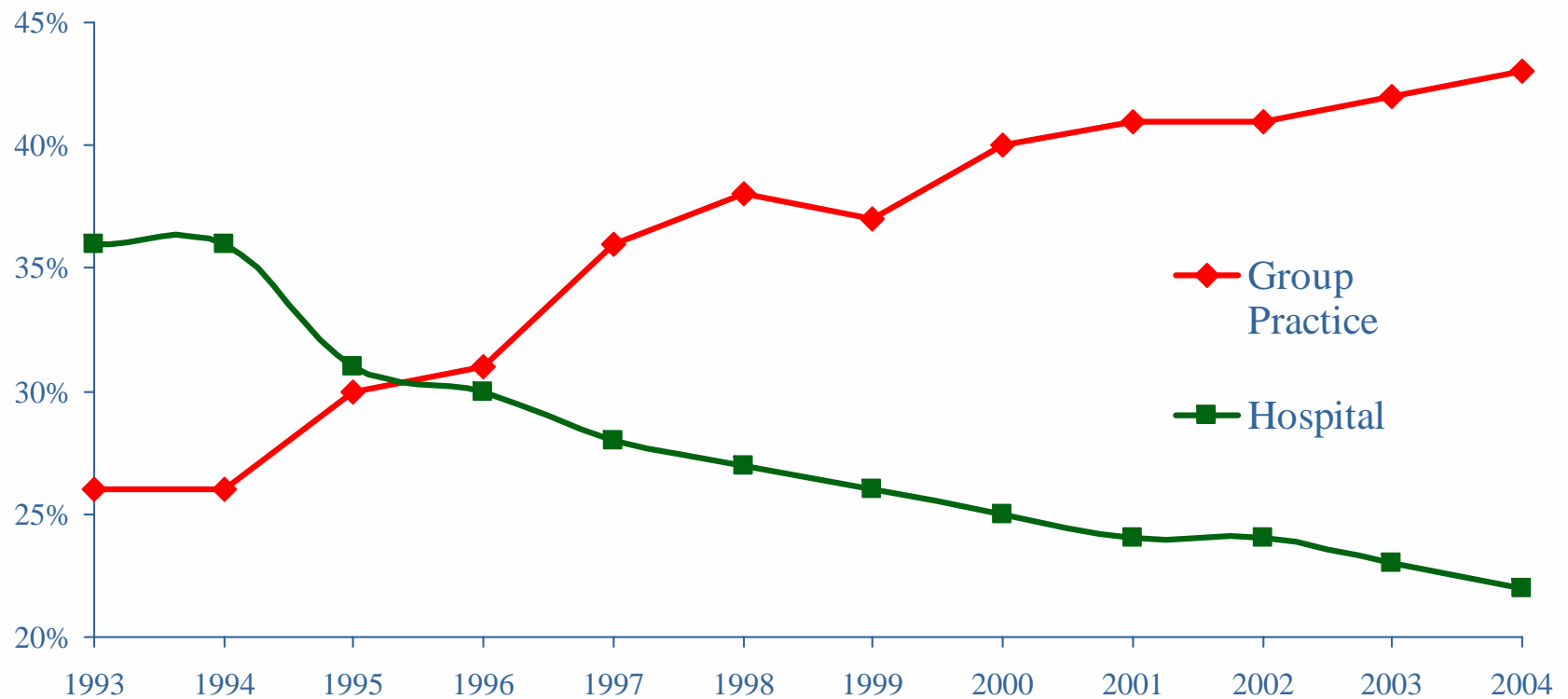
- Began in mid-1960s in response to medical workforce shortages
- Addressing workforces in following areas:
 - Rural settings – e.g. WAMI program of 1969¹⁻³
 - Primary care settings – mid 1970s 75% working in primary care settings²
 - Hospital settings – from early 1980s with 37% have some hospital relationship⁴
 - Underserved populations^{3,5,6}



Current practice

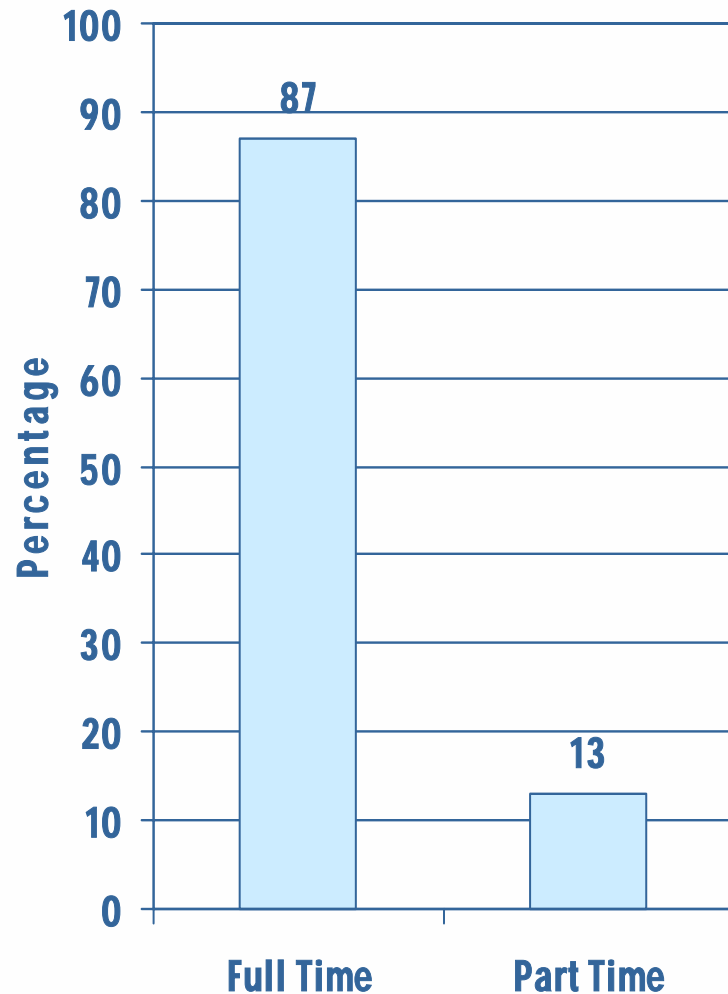
- 65,000 PAs in USA in 2007⁷
- Broad range of settings –
 - primary care
 - specialist medicine
 - hospital settings
 - remote Indigenous communities
 - underserved populations in cities and rural areas

Trends in PA Employment Settings, 1991-2004



Sources: AAPA Membership Census Survey

Work Status



- Predominately full-time
- Mean number of hours of work per week: 44.4
- Assist in surgery: 27%
- Perform invasive procedures: 10%



Quality of care

- >200 studies undertaken⁸
- Consensus: when practicing with a group of patients for which they are best prepared to serve they provide high level quality care



Cost of care

- Shorter preparation time
- Reduced salary costs (1/3 of a Qld GP salary)
- Study in late 1990s found reduction in total cost of visit for common conditions – urinary tract infections, otitis media and shoulder tendonitis⁹.

Acceptance by patients

- 10 studies (1974 to 2004) conclude that physician assistants are well accepted by patients¹⁰⁻¹²



- Patient acceptance study:
 - 150,000 participants surveyed
 - no significant difference among patients between acceptance of doctors, physician assistants or nurse practitioners (2000-2001)^{13,12}



Acceptance by other health professionals

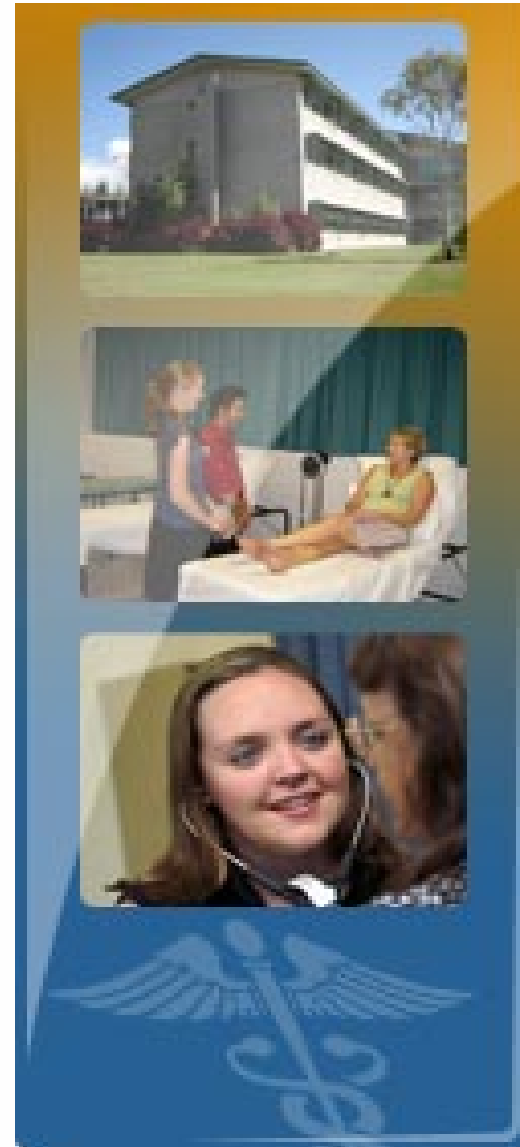
- Medical profession
 - PAs educated in the medical model by the medical profession
 - Some resistance initially
 - American College of Physicians position paper 1994; affiliate membership for PAs 2004^{14,15}
- Nursing profession
 - Potential rivals
 - Work in similar settings collaboratively

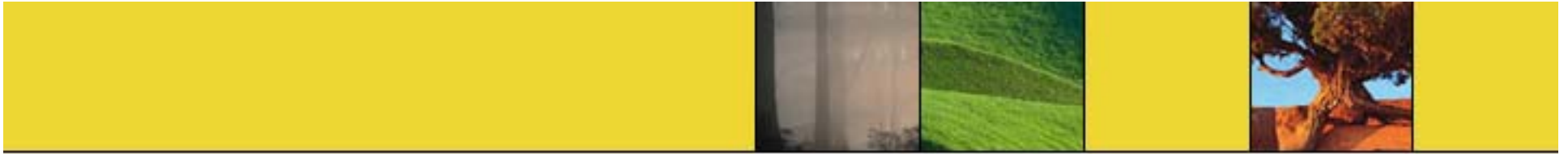
Education¹⁶

139 programs – average 27 months
(intensive course)

Similar in content to medical programs –
condensed with pre clinical education
in anatomy, physiology, patho
physiology, pharmacology etc

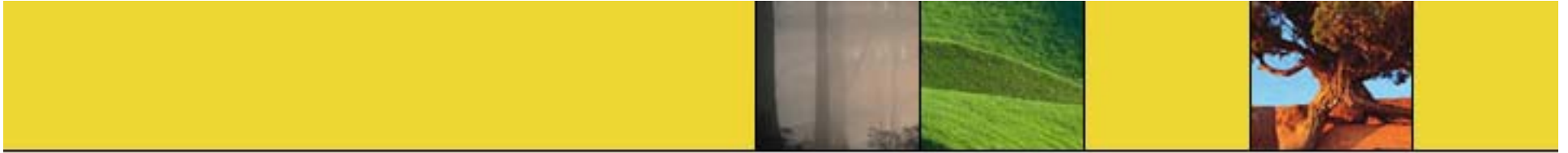
Clinical practice settings – emergency,
general practice, hospital medical and
surgical settings (including operating
theatres), aged care, paediatrics,
prenatal care and women's health.





Regulation

- All PAs *must* be nationally certified to be licensed
- Individual states grant licences, physician assistants – all 50 states allow prescription delegation
- Must graduate from an accredited PA program
- 100 hours of continuing medical education *required* every 2 years¹⁶
- Recertification examination in *primary care* every 6 years¹⁶



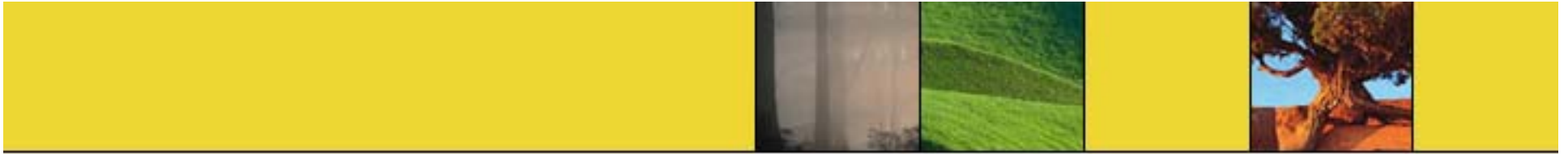
Spread to other countries⁷

- Canada
 - military since 1984,
 - Manitoba: since 2000; 1 university program (2008)
 - Ontario: 2 university programs (2009)
 - Alberta: possible PA program (2009)
- Britain:
 - England (2002 pilot) – 4 university programs
 - Scotland (2006 pilot)
- The Netherlands (2002) – 4 university programs
- Taiwan (informally since mid 1990s) 1 university program
- South Africa: university program (2009)

How could PAs work in Australia?

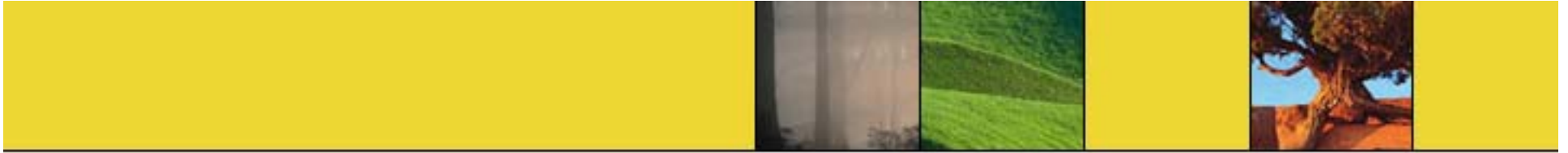
- Rural practice
- Hospital settings
- Indigenous health settings





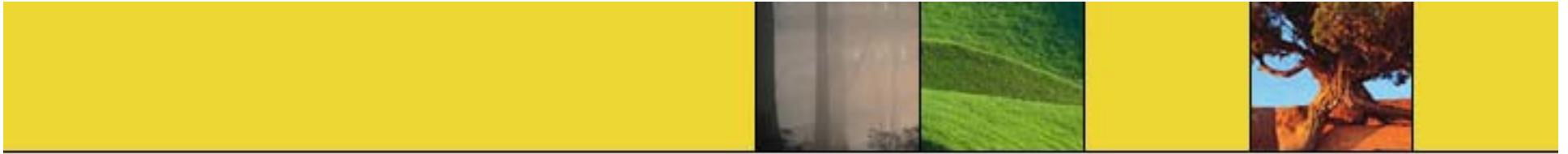
Issues to be addressed

- Acceptance by other health professionals
- Acceptance by patients
- Education
- Regulation



Conclusion

- Physician assistants: a potential strategy to address the medical workforce shortage in Australia
- Needs support of other health professional groups
- Doing nothing or continue to do what does not work: not an option



Acknowledgements

James Cook University

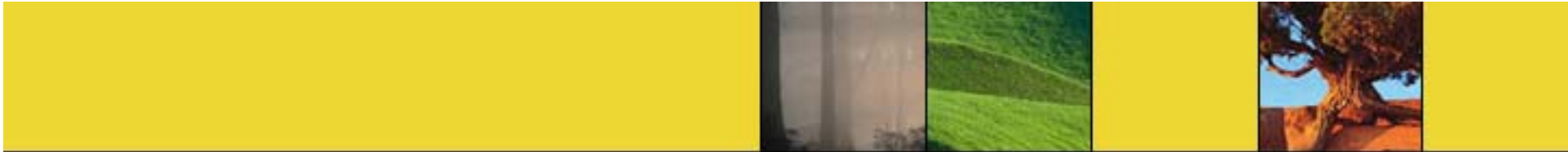
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Alex Clerfond

Allan Forde



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