

# The role of Physician Assistants in addressing health workforce need in rural Australia



Ankur Verma, 2015 NRHSN Allied Health Officer;  
Felix Ho, 2015 NRHSN Community and Advocacy Officer

## INTRODUCTION

Physician Assistants (PA) have the potential to make a significant contribution to the rural and remote health workforce of Australia.

### PAs:

- are trained based on the 'medical model', first created in the USA in the 1960s
- are trained as generalists and practise delegated medicine
- practise medicine in collaboration with a registered medical practitioner
- can work independently and without direct supervision of their collaborative medical practitioner

### PAs can 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
- refer to specialists

## AIM

To investigate the impact of PAs in the Australian health workforce.

## METHOD

A literature review was conducted with key words including 'physician assistant', 'physician associates', 'medical care practitioners', 'PAs', 'health workforce', 'scope of practice', 'education', 'accreditation and certification', 'primary care', 'Australia', and 'international PA development' were used.

The literature search resulted in 70 articles and reports. Information was categorised according to countries (Canada, Netherlands, India, and the United States) with PAs currently in practice, existing PA programs or training in development, and medical professionals with scope of practice similar to that of American-trained PAs.

## RESULTS

- PAs' scope of practice, employment potential, and contribution to productivity and quality of health care services contribute to the foundations of a health care system
- PAs could be implemented as a solution to the maldistribution of GPs in rural and remote locations
- National registration for Physician Assistants through the Australian Health Practitioner Regulation Agency is recommended
- PAs' access to the Pharmaceutical Benefits Scheme and the Medicare Benefits Schedule could facilitate sustainable contribution to primary health care services and enable 'collaborative arrangements' between PAs and medical practitioners

## CASE STUDY: Mulungu – Queensland Aboriginal Health Service (AHS) PA trial

Domain	Trial outcomes
Working in a team of two with nurses	Increased support, time off, reduced fatigue for doctors. Routine management of chronic patients.
Working with a sole medical practitioner by sharing on-call	Reduced locums through integration between Mulungu AHS and PA. Time for doctors to treat complex patients, and other leadership duties including teaching of medical students.
Working in remote	Reduced need for RFDS/fly-in-fly-out doctors, and improved chronic disease management for patients
Working with International Medical Graduates (IMGs)	Social, cultural, and professional support to IMGs practicing in rural and remote Australia.
Providing continuity of care through follow-ups	Increased number of health assessments undertaken.

## ABOUT THE NRHSN

The National Rural Health Student Network (NRHSN) represents the future of rural health in Australia. It has more than 9,000 members who belong to 28 university Rural Health Clubs from all states and territories.

It is Australia's only multi-disciplinary student health network, bringing together people studying medicine, nursing and allied health and encouraging them to pursue rural health careers.

## CONCLUSIONS

- There is evidence that the use of PAs in Australia's health workforce can improve access to healthcare and can produce improved health outcomes for rural and remote Australians
- The doctor/PA partnership is a non-competitive, time-efficient and cost-saving model
- Pilot programs of PAs in Queensland and South Australia, and the experiences of other OECD nations, exemplify the need for PAs in primary health care
- Availability of sufficient training and graduate positions must be ensured in rural and remote Australia for allied health, nursing and medical health professions

## REFERENCES

- 1 Australian Society of Physician Assistants, 2015, (accessed 1 October 2015) [http://www.aspa-australianpas.org/what\\_are\\_pas.html](http://www.aspa-australianpas.org/what_are_pas.html)
- 2 Department of Health – Queensland Government, 'Physician Assistant Clinical Governance', <https://www.health.qld.gov.au/qhpolicy/docs/gdl/qh-gdl-397.pdf>, 2014, (accessed 20 September, 2015).
- 3 PA Rob Zolcinski, interviewed by Alan Forde, 2015, James Cook University, Townsville.
- 4 Urbis, 'Evaluation of Queensland Physician Assistants pilot -final report', cited in Health Workforce Australia, 'The Potential role of Physician Assistants in the Australian Context Volume 2 – Literature Review', <https://www.hwa.gov.au/sites/uploads/hwa-physician-assistant-report-20120816.pdf>, 2011, (accessed 25 March, 2015).
- 5 Australian College of Rural and Remote Medicine, 'Position Statement on Physician Assistants', <https://www.acrrm.org.au/files/uploads/pdf/advocacy/ACRRM-PhysicianAssistant-Policy-Oct-2011.pdf>, 2011, (accessed 26 March 2015).