



Briefing Document (16 December 2009)

Pilot of Physician Assistants in Surgery at CMDHB

Background

- Over the past few months, the Auckland DHBs and the University of Auckland Faculty of Medical and Health Sciences have been undertaking preliminary investigations into a possible pilot of the medical model Physician Assistant role in the region.
- This work has coincided with the establishment of the Ministry of Health's Health Workforce New Zealand (HWNZ – previously the Clinical Training Agency Board) which, through its workforce innovations unit, has been liaising with the DHBs in relation to pilots of different models of care and/or different scopes of practice for health workers.
- As a result of discussions between HWNZ and the Northern Region DHBs (NDHB, WDHB, ADHB and CMDHB), it has been decided that, as a first step, the region should plan for a pilot of the medical model Physician Assistant role in surgery (including elective surgery). This pilot is to be undertaken by CMDHB on behalf of all the Northern Region DHBs. The University of Auckland Faculty of Medical and Health Sciences is partnering the DHBs in the pilot.
- The pilot is the first step of a wider pilot of the Physician Assistant role in the region and is a joint initiative between HWNZ, the DHBs and the University of Auckland. At this stage, HWNZ has approved funding to enable the pilot to be developed. Once the CMDHB pilot is underway, pilots in other DHBs and specialties in the region will be considered.

Purpose

- The purpose of the first pilot at CMDHB is to determine whether Physician Assistants trained under the USA medical model and working under the delegation of a vocationally registered medical practitioner have a role to play in the future of surgery in NZ.
- We also hope that the pilot will provide information that may assist with:
 - determining the issues associated with undertaking a pilot of this nature (this first CMDHB pilot is seen as a "pilot of the pilot")
 - determining whether Physician Assistants may have a wider role to play in other medical specialties
 - determining future regulatory requirements, if the Physician Assistant role is to be established in NZ
 - decisions regarding the potential development of a NZ based education programme for Physician Assistants

Proposal

- The proposal is to bring two USA trained Physician Assistants to NZ to work at CMDHB for a period of 12 months. The Physician Assistants will work in a midlevel role under the delegated authority and supervision of a Senior Medical Officer (SMO) and within the SMO's scope of practice. The pilot will be independently evaluated.
- The Physician Assistant role does not currently exist in the NZ health workforce but it is well established in the USA and is being developed in the UK. A pilot similar to what is proposed for the Northern Region is currently underway in South Australia and Queensland. The pilot at CMDHB will be modelled on the Australian pilot and will draw heavily on the knowledge and experience of those involved with this pilot.

Practice Plan/Scope of Practice

- It is proposed that a written practice plan will be developed for each Physician Assistant and their supervisors. This plan will include details of the Physician Assistant's scope of practice, authorised activities and supervision arrangements. The details of the practice plan and the scope of practice for the Physician Assistants are still at an early stage of development. A draft outline of some of the key points is detailed below.
- The practice plan will be signed by the Physician Assistant and their primary and secondary supervisors, and submitted to a clinical governance committee for approval. Changes to the practice plan will require the approval of the clinical governance committee.
- Activities will be assigned to each Physician Assistant in accordance with the competencies of the Physician Assistant and the scope of practice of the supervisors.
- The Physician Assistant will be assigned to a team, including a supervising SMO and associated RMOs.
- The following are examples of the activities that the Physician Assistant might be authorised to undertake:
 - Obtaining comprehensive case histories
 - Undertaking physical examinations of specified areas
 - Collecting blood samples, inserting luers, catheters, ordering routine tests
 - Formulating a working diagnosis
 - Developing a treatment plan, in conjunction with the supervisor
 - Attending ward rounds/patient reviews by the supervisor
 - Recording notes/instructions from the supervisor
 - Assisting other staff with documentation, including discharge summaries, operating lists
 - Attending clinics at the direction of the supervisor
- It is not expected that the Physician Assistant will be authorised to prescribe medication. This is still under investigation.

Supervision, Review and Safety

- The Physician Assistants in the pilot will work under the delegation and supervision of a vocationally registered medical practitioner (SMO in DHB setting). The supervising medical practitioner(s) will remain responsible for the overall management of the patient, and for their decision to delegate and the level and nature of the supervision they provide.
- There will be designated primary and secondary supervisors for each Physician Assistant.
- The level of supervision required will be dependent on the skills and competence of the Physician Assistant and the developing relationship with their supervisors. The level of supervision may vary from time to time, and will be specified in the practice plan. This will remain under the ongoing review of the clinical governance committee.
- There will be a requirement for regular and frequent formal and informal reviews between the Physician Assistant and their supervisors which will be designated in the practice plan. Formal reports will be forwarded to the clinical governance committee.
- It is anticipated that the Physician Assistants in the pilot will be "unregulated staff" in that they will not be registered by a New Zealand body and will not be working under the Health Practitioners Competence Assurance Act (HPCA Act). They will, however, be covered by all other relevant New Zealand legislation and will be required to have current certification from their national certification body in the USA. Preliminary legal advice and informal advice from the Medical Council of New Zealand has already been sought. This suggests that registration is not required to undertake the pilot and that there should be no legal or regulatory impediments to undertaking a pilot of Physician Assistants in New Zealand (although current legislation may affect the Physician Assistants' scope of practice). These issues are continuing to be explored.

Rationale for Pilot

- The pilot in surgery is a direct response to the government's initiative to establish 20 additional operating theatres for elective surgery. A significant number of additional personnel will be required to staff these theatres. Accordingly, there is an urgent need to look at new types of health workers and new configurations of the health workforce for elective surgery. Overseas experience suggests that Physician Assistants may be one of the possible new scopes of practice that have the potential to address some of these workforce issues. In the USA 25% of Physician Assistants work in general surgery and surgery subspecialties.
- In the medium to longer term, the DHBs are concerned that current workforce initiatives will not be enough to meet growing service demands in all areas of health. It is recognized that a number of different strategies will be required. Making greater use of mid level practitioners like Physician Assistants is one possible strategy which needs to be investigated. Overseas, Physician Assistants have contributed to improved health outcomes, improved access for patients and reduced waiting times. The Physician Assistant role also provides the potential to grow the health workforce and to have a positive impact on recruitment and retention. The pilot will help to determine whether Physician Assistants may be able to deliver these benefits to NZ.

Timeframes

- At this stage, it is proposed that the surgery pilot at CMDHB will commence in mid 2010, for a period of 12 months, with development and planning occurring during the first half of 2010. The DHBs wish to seek feedback and input from key stakeholders during the development phase and communication processes are being commenced.

Governance

- There is a regional governance structure for the pilot comprising a CEO Executive Sponsor Group (comprising the four CEOs and the Dean of the Faculty of Medical and Health Sciences of the University of Auckland) and a regional steering group. There is also a local implementation steering group at CMDHB to support the operational development and implementation of the pilot at that site. The governance structure will be kept under review as planning for the pilot proceeds. It is anticipated that a clinical governance group will also be formed.
- The executive sponsors for the CMDHB based pilot are Dr Don Mackie (CMO, CMDHB and clinical lead for the pilot) and Sam Bartrum (GM, Human Resources, CMDHB & WDHB). The project manager is Rosemary Downard. Contact details for further information are:

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