

## Northern Region DHBs/University of Auckland Physician Assistants

### Frequently Asked Questions

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#### 1. What is a Physician Assistant?

- a. A Physician Assistant (trained in the USA medical model) is an individual who works within a scope of practice delegated to them by their supervising vocationally registered medical practitioner (Senior Medical Officer (SMO) in DHB setting). Typically a Physician Assistant will have an undergraduate qualification in health/health sciences and a postgraduate qualification tailored to the vocation.

#### 2. What could a Physician Assistant do?

- a. This is dependent on the Physician Assistant's experience and on the area of medicine they are practicing in, but could typically involve:
  - Obtaining patient histories
  - Performing physical examinations within the scope of their training
  - Arranging for diagnostic and therapeutic procedures
  - Developing and implementing a treatment plan, as approved by their supervising physician
  - Monitoring effectiveness of therapeutic interventions
  - Offering education to meet patient need
  - Making appropriate referrals
  - Prescribing and dispensing medications, as approved by their supervising physician

#### 3. What other countries have Physician Assistants?

- a. The scope of practice was developed in the USA during the 1960s as part of an effort to address a skills shortage. In the last five years the role has been implemented in many other countries including Canada and the United Kingdom. Canada and the UK have also implemented tertiary training programmes and pilot employment programmes in a variety of clinical settings. South Australia and Queensland are currently implementing pilot employment programmes in different clinical settings using US qualified Physician Assistants. Queensland is also implementing a training programme through the University of Queensland.

#### 4. Why are they called Physician Assistants, if they work across all areas of medicine?

- a. The role of Physician Assistant originated in the USA. In the USA, unlike NZ, the term "physician" is used interchangeably with "doctor". The term Physician Assistant has continued to be used outside the USA in order to keep links with the USA role, including scope of practice and clinical qualifications.

#### 5. What is happening in the Northern Region?

- a. The Northern region DHB Chief Executives have agreed that a pilot programme should be undertaken in order to investigate the medical model Physician Assistant role in the region.

As a first step, in conjunction with the Ministry of Health's Health Workforce NZ (HWNZ - previously the Clinical Training Agency Board), it has been agreed that planning should be undertaken for a pilot in surgery (including elective surgery) at CMDHB. It is

anticipated that it will be a small, focussed pilot of two Physician Assistants running over 12 months, commencing mid 2010.

The pilot will be a joint initiative between the HWNZ, the DHBs and the University of Auckland. At this stage, HWNZ has approved funding to enable the pilot to be developed.

Once the pilot at CMDHB is underway, pilots in other DHBs and specialities in the region will be considered.

The Executive Sponsors for the CMDHB based pilot are Don Mackie (CMDHB CMO) and Sam Bartrum (CMDHB GM, HR) and there is a CMDHB Implementation Steering Group. There is also a Regional Steering Group with members from the four DHBs and the University of Auckland. The project reports to a CEO Executive Sponsor Group comprising the Chief Executives and the Dean of the Faculty of Medical and Health Sciences at the University of Auckland.

**6. What are the timeframes?**

- a. At this stage it is proposed that the pilot at CMDHB will commence in mid 2010, for a period of 12 months, with development and planning during the first half of 2010.

**7. How will the pilot be evaluated?**

- a. There will be a comprehensive and independent evaluation that looks at such issues as scope of practice, supervision requirements, relationships with RMOs, nurses and other health care team members, integration into the current medical model and potential impacts on training schemes and the workload of SMOs. The specific evaluation criteria will be developed with stakeholder input and the evaluation will be carried out by an independent evaluator, contracted separately by HWNZ.

**8. Why are Physician Assistants being investigated?**

- a. A pilot in surgery is being given priority by the DHBs and the Ministry because the government wishes to establish 20 new operating theatres for elective surgery. It has been estimated that 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 are 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, Physician Assistants are one of a number of initiatives aimed at addressing our wider workforce issues. The DHBs are concerned that current workforce initiatives will not be enough to meet growing service demands in all areas of health. Overseas, Physician Assistants have contributed to improved health outcomes, improved access for patients and reduced waiting times. Physician Assistants are also about growing and expanding our health workforce.

**9. Where would the Physician Assistants come from to staff the pilot if it went ahead?**

- a. The UK and Australia have sourced Physician Assistants for their pilots from the USA. We will follow the same path.

**10. If the pilot was successful, would Physician Assistants replace doctors and nurses?**

- a. It is becoming clear that current and projected health workforce shortages can not be addressed simply by training more doctors and nurses. Overseas, Physician Assistants are seen to be operating at a mid-level and are able to fill a distinct, complementary role within the multidisciplinary health team. One of the reasons for undertaking a pilot in New Zealand is to see how the Physician Assistant role might relate to and fit with existing health care roles like doctors and nurses.

**11. Would Physician Assistants replace nurse practitioners?**

- a. Physician Assistants have a different training and work in a different way to nurse practitioners. Overseas experience suggests that there is a role for both Physician Assistants and nurse practitioners in the health services and the pilot will help to answer this question for New Zealand. We are establishing dialogue with the Nursing Council.

**12. Would Physician Assistants increase doctors' workloads?**

- a. The overseas pilots have found that Physician Assistants can actually free up a doctors' time and can reduce their workload overall. This is something we will want to evaluate in the pilot.

**13. As Physician Assistants are not trained doctors are there be any patient safety issues?**

- a. 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 always 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.

Patient satisfaction with Physician Assistants overseas has been high. A number of studies have shown that the quality of care given by Physician Assistants is at the level of that given by doctors in comparable situations. Also, it is worth noting that Physician Assistants have been operating in the USA since the 1960s and there are over 68,000 in practice.

**14. Will the Physician Assistants be regulated?**

- a. Preliminary advice suggests that the Physician Assistants in the pilot will not need to be registered in NZ. We will be investigating this further as part of the planning process. The Physician Assistants will be required to hold current certification from their national certification body in the USA (the National Commission on Certification of Physician Assistants) and they will work under the delegated authority of a NZ registered medical practitioner. This is also the situation in the current Australian pilots.

**15. Would Physician Assistants actually increase the health workforce or will existing health professionals train as Physician Assistants?**

- a. Overseas Physician Assistants are recruited from both existing health professional groups and from groups who have not traditionally considered a health care career. The UK experience of recruiting Physician Assistants with a biomedical degree suggests that Physician Assistant roles could be very attractive to New Zealand domestic students, who obtain undergraduate degrees in the biomedical and health sciences and also to those students, who after successfully completing undergraduate year one are not accepted for medicine as these students do not typically choose nursing or another health care career as an alternative. There is also some evidence to indicate that the opportunity for health professionals to transition into other opportunities within the same field may increase retention rates within the health workforce.

**16. Is there a training programme for Physician Assistants in New Zealand?**

- a. Currently there is no training programme for Physician Assistants in New Zealand. Several institutions have expressed an interest in providing such a programme as long as employers can commit to employing graduates. One of the outcomes of the pilot is to provide information to assist with determining whether or not a Physician Assistant education programme should be established in NZ and, if so, what this programme should be like to meet NZ's needs.