

Physician Assistant Pilot

Northern Region District Health Boards & University of Auckland

Stakeholder Briefing and Discussion Session

February 2010

Purpose and Agenda

- Purpose:
 - Brief stakeholders
 - Provide an opportunity for questions
 - Discuss issues & concerns
- Agenda:
 - Overview presentation
 - Questions & discussion

What is a Physician Assistant?

- A Physician Assistant is an individual who works under the supervision of a doctor & within a scope of practice delegated to them by their supervising doctor
- Typically they will have an undergraduate qualification in a health related area & a postgraduate qualification as a Physician Assistant

Core duties internationally

- Physician Assistants can undertake duties such as:
 - Obtaining patient histories
 - Performing physical examinations
 - Arranging diagnostic & therapeutic procedures
 - Developing & implementing a treatment plan
 - Monitoring effectiveness of therapeutic interventions
 - Offering education to meet patient need
 - Making appropriate referrals
 - Prescribing & dispensing medication

What is happening internationally?

- Established in USA in the 1960s – now over 68,000 in practice
- Within last 10 years increasing interest globally:
 - Implemented in Canada & England
 - Pilot completed in Scotland
 - Pilots currently underway in Queensland & South Australia
 - Other countries with role – Netherlands, South Africa, Taiwan

What are we proposing?

- A pilot of the USA medical model Physician Assistant role in the Northern Region
- Joint initiative between DHBs & University of Auckland
- First step - a pilot in surgery (with a focus on elective surgery) at CMDHB
- Funding by Health Workforce NZ
- Further Physician Assistants in other areas considered once CMDHB up & running

Why are we doing this?

- Elective surgery a focus
 - Government wants to establish 20 new operating theatres
 - Significant additional staff required
 - Need different ways of working
 - Physician Assistants may be an option – in USA 25% work in surgery
- Medium to long term, we need to meet growing demand for services & overcome chronic workforce shortages

Why are we doing this?

- Investigating Physician Assistants is one strategy for addressing workforce issues (we also need to continue others)
- Overseas experience suggests Physician Assistants:
 - can improve health outcomes for patients, improve access & reduce waiting times
 - can expand the health workforce – the role is attractive to those who might not otherwise consider a health care role

Pilot governance structure

- CEO Executive Sponsor Group – Four CEOs & Dean of Faculty of Medical & Health Sciences
- Steering Groups:
 - Regional Steering Group
 - Regional Clinical Governance Group (TBC)
 - Implementation Steering Group at CMDHB
- Steering Group memberships - cross section of clinical professions, management & tertiary providers
- Executive sponsors – Don Mackie (CMO, CMDHB) & Sam Bartrum (GM, HR CMDHB & WDHB)

What will the CMDHB pilot look like?

- Similar to South Australia
- Initially 2 Physician Assistants
- US trained
- Placed in surgery at CMDHB
- Working under the delegated authority & supervision of a Senior Medical Officer (SMO) & within the SMO's scope of practice
- 12 months in duration, commencing mid 2010

What are the CMDHB pilot objectives?

- Broadly two areas of focus:
 - CMDHB is to be a “pilot of a pilot” – to identify the issues & to determine what is involved in setting up a pilot
 - Evaluation of the Physician Assistant role – to determine if the role has a part to play in surgery (& particularly elective surgery) in New Zealand

Scope of practice for pilot

- Physician Assistant will work under the delegated authority & supervision of a vocationally registered Senior Medical Officer (SMO) & within the SMO's scope of practice
- Supervisor remains responsible for:
 - Overall patient management
 - The decision to delegate
 - Level of supervision provided

Scope of practice for pilot

- Physician Assistants will be assigned activities
- Determined by their assessed competence & scope of practice of supervisor, eg:
 - Obtaining comprehensive case histories
 - Undertaking physical examinations of specified areas
 - Collecting blood samples, inserting 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
- Physician Assistants in the pilot will not prescribe medication

Supervision standards for pilot

- Designated primary & secondary supervisors
- Physician Assistants will work under direct &/or indirect supervision
 - Direct – supervisor present; each case discussed
 - Indirect – supervisor present in organisation; Physician Assistant able to work alone; must have minimum of telephone access to supervisor at all times
- Level of supervision may vary with activity & time & remains under review
- Assigned activities & supervision levels detailed in written, signed practice plan for each Physician Assistant

Review standards for pilot

- Regular, frequent, formal & informal
- Direct supervision – daily meeting with supervisor for at least 5 days, then weekly – involves chart reviews
- Indirect supervision – weekly, informal reviews
- Formal reviews – monthly first 3 months, then 3 monthly

Regulation issues for pilot

- Still under review
- Expect Physician Assistants in pilot will be unregulated in NZ - not working under HPCAA
- BUT will be covered by all other legislation
- Onus on DHBs to ensure necessary standards, processes & mechanisms in place to protect staff & the public

“Regulation” mechanisms for pilot

- Physician Assistants will be required to:
 - Maintain USA NCCPA membership for duration of pilot
 - Have current licence to practice from their USA State
 - Comply with USA NCCPA & AAPA codes of conduct
 - Comply with all NZ legislative requirements
- Appointed supervisors – vocationally registered
- Activities assigned on assessed competence
- Formal, written & signed individual practice plans
- Suite of formal governance documents - standards for recruitment, employment, supervision & management of the Physician Assistants
- Regional Clinical Governance Group – monitoring & assurance role independent of any one site or DHB

Evaluation of pilot

- **Process:**
 - Region/CMDHB to develop criteria, methodology & plan
 - Independent evaluator contracted by CTA to conduct evaluation
- **Evaluation criteria to be determined but will include:**
 - Relative contribution of Physician Assistants to patient care & to meeting clinical service demands
 - Required scope of practice for NZ & competencies required
 - Time & effectiveness of the clinical supervision needed
 - Integration into clinical teams & their “fit” & relationships with other roles, especially RMOs & nurses;
 - Potential impacts on vocational training schemes & the workload of SMOs
 - Receptiveness of the health services to ongoing Physician Assistants roles
 - Costs, benefits & resource implications of Physician Assistants

Questions raised so far

- Physician Assistants could replace doctors & nurses
- Physician Assistants could increase doctors' & nurses' workloads
- Physician Assistants could impact RMOs' & nurses' training opportunities
- Physician Assistants may overlap with Nurse Practitioners
- Physician Assistants may not increase the workforce - Physician Assistants will come from other health professions
- Patient safety

Where are the universities at?

- The tertiary providers are gearing up to increase medical graduates sufficient to staff 4000 – 4500 RMO positions but the full effect of this will not be felt for a decade
- There is a willingness to build a Physician Assistant training programme if employers will take on the graduates
- University of Auckland has established links with University of Washington, Seattle Physician Assistant programme
- Universities need commitment from employers to move forward

Where to from here?

- February - June 2010
 - Planning & implementation phase
 - Ongoing consultation /communication processes
 - Meetings with key stakeholders
 - Feedback - 24 February 2010
 - Progress reports
 - Further briefing session?
 - Development of governance documents
 - Finalisation of scope of practice & roles; confirmation of supervisors
 - Development of evaluation criteria & methodologies/plan
 - Recruitment & relocation of Physician Assistants

Where to from here?

- July - June 2011
 - Operational phase
 - Physician Assistants working at CMDHB
 - Evaluation of CMDHB pilot undertaken
 - Region considers establishing other possible pilot sites

(July is earliest possible start & assumes no delays or impediments to the appointment & relocation of the Physician Assistants)

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