

## POLICY DOCUMENT

### PHYSICIAN ASSISTANTS AND THEIR IMPACT ON MEDICAL STUDENT TRAINING

#### Background

The Australian Medical Students' Association (AMSA) is the peak representative body for Australia's medical students. AMSA is focused on ensuring quality clinical training for all students enrolled in medical courses across the country. Quality clinical training relies on adequate and varied access to clinical supervisors, clinical environments, procedures, patients and clinical cases. In the current health care system the ability to guarantee quality clinical students runs the risk compromise for a variety of reasons. From 2005-2009 the number of first-year students studying medicine in Australia almost doubled(1) and the number of medical schools has increased from 12 to 19 in a few short years. At the same time a large number of older clinicians – those of the 'baby boomer generation' - traditionally involved with ward-based medical student teaching, are retiring(2) and so reducing access to skilled clinical supervision.

The Australian healthcare system enables and encompasses a range of professionals who are able to work side-by-side and in complementary roles. Physician assistants (PAs) are a profession utilised in other healthcare settings, most notably Canada and the United States of America. In the USA physician assistants have been trained and employed within the healthcare system since the 1960s, with more than 70,000 physician assistants currently in service. The American Academy of Physician Assistants, which represents the profession in the USA, defines it as follows:

*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 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.(3)*

In 2008 pilot programs were launched in Queensland and South Australia to assess utilisation and integration of physician assistants in Australia. These pilots employed small numbers of American-trained physician assistants to work in specified units in metropolitan and regional areas(4). In 2009, prior to the completion of the pilots, the University of Queensland admitted its first cohort of graduate students into a new 'Masters of Physician Assistant Studies' course. These students will graduate at the end of 2010. Both James Cook and Edith Cowen Universities have announced plans to launch their own physician assistants courses, with first intakes in 2012. At time of writing, there is no legal framework in place to register, accredit or support the physician assistant role in Australia.

#### Position Statement

AMSA acknowledges that physician assistants may provide a role in improving select patient health outcomes and reducing the burden on doctors, as shown in international settings. However, physician assistant training increases demand on the already limited clinical training capacity of workforce and may have a detrimental impact on the capacity and quality of clinical training for medical students in Australia.

## Policy

AMSA believes that:

1. in the context of the Australian health system and the nationwide doctor shortage, education of adequate numbers of doctors should be the primary focus of health workforce policy.
2. the scope of physician assistant duties overlaps significantly with the roles and tasks that form a fundamental basis for medical student and junior doctor training, and as such reduces access to vital educational experiences
3. resources otherwise allocated to the training of physician assistants should be directed to ensuring quality clinical training and support to Australia's medical students, and the provision of adequate medical student and internship places across Australia to address the doctor shortage.
4. before physician assistants are introduced into the Australian healthcare system on a permanent basis, state and federal governments should:
  - a. await detailed analysis of the outcomes of the Queensland and South Australian pilot programmes;
  - b. engage in comprehensive health workforce consultation, including with medical students, to determine the role and potential impacts (perceived and real) of implementing physician assistant programs;
  - c. ensure rigorous workforce modeling is carried out to investigate the likely impact the establishment of the physician assistant profession will have on all areas of the health workforce, especially with regards to the training and education of Australia's future doctors;
  - d. thoroughly investigate any impact, positive or negative, on patient outcomes in institutions utilising physician assistants.
  - e. ensure national consensus on the need for and definition of physician assistants and their roles through dialogue with state and federal health ministries and other relevant stakeholders.

In light of this, AMSA calls for:

1. a sustained increase in dedicated funding to ensure quality clinical training for Australia's medical students.
2. formal legal recognition, including registration and accreditation, of the physician assistant profession to be delayed until such a time that sufficient robust evidence exists as to their likely impact on:
  - a. the practice and training of other healthcare professionals in Australia; and hence
  - b. patient safety and outcomes.
3. Health Workforce Australia to take a leading role in investigating the potential impacts of physician assistants on the practice and training of other healthcare professions, particularly doctors.
4. Australian universities to:
  - a. delay all plans for training courses for physician assistants until such a time that the role of the physician assistant in Australia has been sufficiently studied and

- subsequently defined;
- b. inform all current or potential future students in existing physician assistant courses as to the uncertainty of the profession and its recognition within Australia.

## References

1. Medical Training Review Panel. MTRP Thirteenth annual report. Australian Government Department of Health and Ageing. February 2010 [accessible at <http://www.health.gov.au/internet/main/publishing.nsf/Content/work-pubs-mtrp>]
2. Schofield DJ, Beard JR. Baby boomer doctors and nurses: demographic change and transitions to retirement. *Med J Aust.* 2005 Jul 18;183(2):80-3
3. Jolly R. Health workforce: a case for physician assistants? Parliament of Australia Department of Parliamentary Services. 2008 Mar 25;(24) [accessible at [www.aph.gov.au/library](http://www.aph.gov.au/library)]
4. Kurti L, Rudland S et al. Evaluation of the Queensland physician's assistant pilot; August 2010 [accessible at [www.health.qld.gov.au/publications/pa\\_eval\\_final.pdf](http://www.health.qld.gov.au/publications/pa_eval_final.pdf)]

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