

PHYSICIAN ASSISTANTS: GREENS' PROPOSAL TO BOOST TASMANIAN HEALTH WORKFORCE



An innovative approach to addressing Tasmania's health challenges

Tasmania

The Tasmanian Greens believe innovative solutions are needed to address the challenges facing Tasmania's health system. Examples of the measures that the Greens have been pushing for to date include a single funder model for health, and a greater focus on strengthening primary health care and preventative health.

Greens Health spokesperson Paul O'Halloran MP hosted a Health Stakeholders Forum in November 2011, which discussed the broad plethora of factors contributing to Tasmania's current health challenges. The resounding message to emerge is that, even if there was more money available just throwing money into the health 'bucket' is only a band-aid measure, and instead strategic structural reforms are needed. We need to find ways to assist our already stretched workforce, address diminishing services in rural and regional areas, and tackle our waiting lists.

While not a "magic bullet", we believe many of these challenges could be alleviated by introducing Physician Assistants into the Tasmanian Health Workforce.

What are Physician Assistants (PAs)?

- PAs are members of the medical profession who are educated in a Medical School to work in **collaboration** with a registered medical practitioner (Doctor).
- PAs practice delegated medicine and are able to perform patient examination, order and interpret tests, diagnose, order treatment and refer to specialists.
- PAs are generalists and can work in any field of medicine.
- PAs do not need direct supervision and can work independently of their collaborative medical practitioner.

How do Physician Assistants fit into the current workforce?

- PAs do not replace other professions, but work collaboratively within existing multidisciplinary teams.
- Their contribution to the health workforce should be seen as complementing other disciplines, not competing with them.
- There have been two Pilot studies conducted in Australia recently, one in South Australia and the other in Queensland. These studies demonstrated acceptance by nursing and allied health professionals and acceptance by patients and consumers of health care.

Where else in the world are Physician Assistants currently being utilised?

1. Russia (for over 300 years),
2. USA (Since 1960's)
3. UK
4. South Africa (Called Clinical Associates),
5. India
6. Fiji (Called Associate Medical Practitioners),
7. Germany, and
8. most recently, New Zealand.

Benefits for Tasmania:

- Improved patient access to medical care, particularly in rural and remote areas such as the west coast (Tasmania has the most de-centralised population in Australia).
- Reducing dependence on locum Doctors in remote, rural and regional areas such as Burnie / Devonport, thereby decreasing costs of providing health care in these regions.
- Improving quality of life for Doctors in rural and remote areas, where workloads are known to be extremely high (sharing call load of doctors etc), potentially improving retention of medical and other health staff to these regions.
- Reducing emergency department waiting times, by providing another staffing option and improving efficiency of other health professions.
- Releasing other health professionals such as doctors from routine and repetitive tasks, thereby allowing them to operate at the top of their license doing more complex medical task.
- Decrease bed block by assisting with admission of patients into medical and surgical units
- If attached to ambulance service, potential to keep people out of hospital by providing extended care such as suturing, prescription, back care etc.
- Reducing elective surgery waiting lists by assist specialists/registrars as surgical assistants, anaesthetics / sedationists, scoping (eg colonoscopy, allowing greater throughput and efficiency.
- Assist with clinical training of other professionals through teaching and mentoring.
- Retain experienced health professionals who would otherwise be lost to system (many health staff are lost due to burn-out and lack of career progression opportunities).
- Up-skilling existing workforce.
- There have been two Pilot studies conducted in Australia recently, one in South Australia and the other in QLD. These studies demonstrated acceptance by nursing and allied health professionals and acceptance by patients and consumers of health care.
- Potential for UTAS to offer training for PA's (which is currently offered at two other Australian Universities), with potential to recruit Australian and International students.

Regulation and Implementation:

- The legal framework would need to be established that support PA prescribing (possession of medication and supply), test ordering and delegation rights. This is a minor administrative change to present legislation and could be modelled upon Queensland legislation.
- It has been suggested that it would be desirable for PAs to be a registered profession, under direction of the Medical Board of Australia.
- Like some other unregistered or self regulating health professions, development of a PA workforce does not depend on government employment, funding, or regulation for its governance structure. Tasmania could therefore implement immediately, without commitment from other States, and rapidly develop a flexible health workforce and innovate changes in the health system that would benefit the community.