

1 September 2011

Prof. Mary-Ellen Miller
Siggins Miller

By email: mel.miller@sigginsmiller.com.au

Dear Prof. Miller

Evaluation of Physician Assistant Trial Auckland

Thank you for the opportunity to provide feedback for this evaluation.

The New Zealand Medical Association (NZMA) is New Zealand's largest medical organisation and has a pan-professional membership. We have around 4,500 members who come from all areas of medicine including medical students, resident medical officers, general practitioners, and other specialists.

The NZMA aims to provide leadership of the medical profession, and promote:

- professional unity and values, and
- the health of all New Zealanders.

The key roles of the NZMA are to:

- provide advocacy on behalf of doctors and their patients
- provide support and services to members and their practices
- publish and maintain the Code of Ethics for the profession
- publish the New Zealand Medical Journal.

We have set out our answers to the questions you have raised below.

- 1. Does the description of the physician assistant role as outlined by Siggins Miller fit with what you have perceived to be the role and function of a PA to date? If not, what did you perceive to be the role?*

The role of the Physician Assistant (PA) in this trial fits broadly with our understanding of the role of the PA, and falls within the definition used. We are unsure however, whether the PAs were fully utilised in the way they would be if they became a permanent part of the health care team. For example in the pilot, PAs undertook a number of the "daytime duties"

of a Resident Medical Officer (RMO) undertaking a surgical run (i.e. primarily clerical, organisational and pattern recognition for admissions/discharges). They did not undertake afterhours duties in an acute setting with high risk patients, or first assessments on critically ill patients which they could potentially also have done. Not having been trialled in this work we do not know how well they would perform in this area although it is potentially within their purview. Our question then is whether the plan to utilise physician assistants (should it proceed) is limited to this alone or whether their role will be broadened? If the latter then a proper pilot (as opposed to the demonstration undertaken) would need to be undertaken to see whether this would work.

2. *Do you consider the role to be useful and relevant to the New Zealand health system?*

Physician assistants if properly utilised (and subject to the caveats listed below) could have a *small* role to play as part of the health care solution to workforce shortages. Certainly there appears to be a demand/“niche” to be filled in many hospital environments around the country, although whether that takes the form of developing the new role of physician assistant in New Zealand is not certain. However this is not the answer of itself. The bigger picture of what the solution may look like however is likely to include the following.

- a) Increasing the number of medical student training places.
- b) Improving the screening and recruitment of International Medical Graduates (IMGs).
- c) Reducing workforce inefficiencies currently inherent in the system and primarily felt by RMOs.
- d) Improving working conditions for doctors to improve retention.
- e) Using alternate workforces where applicable i.e.: MOSS, physician assistants, nurse practitioners, medical assistants, clerical assistants, etc.
- f) Keeping older practitioners employed within the health sector.

For physician assistants to integrate well in the New Zealand health care system and without disadvantaging doctors-in-training the following caveats must always apply.

- The role needs to be developed with the best interests of patient care and safety in mind.
- The delegated care model as practised in the United States of America is the appropriate model for New Zealand to look to in developing this role.
- Physician assistants must become a fully integrated member of the medical practice team rather than working in competition with it.
- The role needs to be defined and aligned with education, training, competency and registration requirements.
- In supporting physician assistants the Government will need to set up a formal regulatory body to set standards and oversee initial and continued registration with reference to both competence and fitness to practise.
- A physician assistant’s continuing registration should be dependent on their ongoing professional development.

3. *Have you had any contact with or feedback from the Middlemore Physician Assistant trial and if so, what have you been told? How has what you have heard shaped your view of PAs?*

As noted above, the NZMA is a pan-professional medical organisation that has members of the medical profession from all over New Zealand, in all specialties, and includes doctors who have come into contact with the trial at Middlemore hospital. Our comments reflect this. Of those doctors in training who worked directly with the physician assistants we advise that they have been very positive about the experience. A key point that has been stressed that the physician assistants came into the role knowing precisely the parameters of that role and that their job was primarily to make the doctor's role easier. Given the limits of this demonstration and the background and culture of the physician assistants who came to New Zealand we are not certain that this would always be the case though we hope that this thinking can be adopted into any new role subsequently developed (should that occur).

4. *This pilot was set up to test whether the improvements in productivity, operating theatre efficiency, speed and continuity of treatment and patient satisfaction found in international evaluations of the PA role would be replicated in the New Zealand context. Are there other ways of achieving the same improvements in the New Zealand health system without introducing PAs, and if so, how could these be tested?*

The NZMA has always been of the view that while physician assistants may be a useful addition to the health care team, they are not the solution by and of themselves. Before proceeding down this path we should look to ways to better utilise the existing health care team. The NZMA has developed a position statement on this ("New Roles and Role Substitution" http://www.nzma.org.nz/sites/all/files/ps_rolesubs.pdf) and in it we have proposed the way forward in terms of expanding existing roles is as follows.

- "Role expansion and appropriate training programmes for nurses and other allied health professionals should be achieved by consensus, with the involvement of doctors, nurses and allied health staff in determining the need for and type of job redesign, and in the establishment of appropriate clinical guidelines.
- Rigorous and objective assessment processes are in place to closely monitor the progress, and measure the impact, of role expansion on patient outcomes and team function.
- A medical practitioner will usually remain responsible for coordinating the health care team and managing the care of patients.
- There should be a strong commitment to a team based approach to health care, rather than the creation of new independent roles.
- The expanded nursing and allied health roles, and training for these expanded roles, must not interfere with the opportunities for medical students and doctors to learn and practise clinical skills.
- All health professionals should have access to appropriate administrative support services.
- There should be a professional and courteous relationship between doctors, nurses and other allied health professionals with mutual acknowledgment of, and respect for each profession's contribution to patient care."

In terms of the demonstration itself however, it is difficult to see what it has proved. For:

- the demonstration was set up using parameters which meant it was always going to succeed

- it used highly skilled, highly motivated and experienced physician assistants and brought them into a situation where any pair of experienced hands would have been seen as a welcome addition
 - the demonstration failed to identify or address concerns regarding education versus service value of different parts of the workforce and the impact that physician assistants might have on that
 - the demonstration did not address the risk of role substitution of junior doctors or look at how well the physician assistants may or may not have functioned if they had not been supernumerary
 - the value (or otherwise) of physician assistants in other settings was not explored.
5. *What other sites and settings do you believe PAs need to be piloted in before the results of this trial can be generalised with confidence?*

We would support evidence based pilots of physician assistants being conducted under circumstances that reflect everyday life and which can therefore be properly evaluated. Accordingly, in any pilot undertaken, we would want to see a reasonable number of physician assistants trialled with varying levels of experience and in varying clinical contexts and health settings. Moreover they should be brought in to fill vacancies rather than being made supernumerary to a team. Because there has in fact been no true surgical trial we would like to see a proper trial conducted in both medical and surgical settings, as well as in outpatient clinics and primary care settings.

6. *If the results of this trial suggest the further development of PA roles in New Zealand is warranted, what factors do you believe Health Workforce New Zealand (HWNZ) should take into consideration?*

Given that physician assistants have not been “trialled” as yet we cannot say whether further development of the roles in New Zealand is warranted. As noted above however, we do support fully contestable trials of the role being conducted here. Before determining whether physician assistants may have a role to play here however, HWNZ needs to properly take into account the effect of the new role on the existing workforce. In particular:

- is New Zealand large enough to support the addition of a new professional role and all that that involves?
- where will the new workforce come from? In particular if we start training physician assistants in New Zealand are we likely to see a reduction in the number of applicants applying for other health professions – for example nursing?
- will this role impact on training for RMOs and/or medical students in terms of the breadth of the New Zealand experience (including the need for trainees to learn some basic tasks physician assistants may also be able to undertake in order to progress further in their training) as well as the supervisor’s time and availability?

In addition to the impact on the current workforce however, HWNZ needs to be very clear on the impact this new role will have on patients and be confident that it will provide quality health care to patients.

7. *Are there any particular aspects of the practice setting or discipline you represent that would suggest any special considerations or design features for future pilots?*

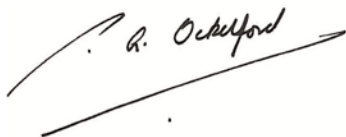
We have mentioned above the need for quality evidence based trials to be conducted rather than having demonstration sites set up around New Zealand. Without running the trial properly we cannot know what the true impact of this new role is likely to be.

8. *What impact do you believe the training requirements of physician assistants could have on the supervision and training of junior doctors and registrars and what is the basis of this opinion?*

If not handled carefully the training of medical students, junior doctors and registrars could be severely compromised as they find:

- that some of the basic duties doctors need to learn in order to progress in their training are now no longer available as physician assistants have taken over the role
- the supervisor's time for training of junior doctors and registrars – already fairly limited – is cut back even further as supervisors find they now have to also supervise physician assistants.

Yours sincerely

A handwritten signature in black ink, reading "Dr. Ockelford". The signature is written in a cursive style with a long horizontal stroke extending to the right.

Dr Paul Ockelford
NZMA Chair