

# Physician assistants: A potential workforce solution

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# The health workforce

## **Increased demand Decreased supply**

- Ageing population
- Rising rates of living with chronic diseases
- Younger generation with different work-life balance values
- Loss from the workforce

## **Decreased demand Increased supply**

- More self-management
- More health professionals being trained

- Long-term strategy of increasing medical student places
- Short to medium term strategy of importing medical practitioners from overseas
- National Health Workforce Taskforce 2008 report: gap still remains between the projected medical school graduates and workforce requirements
- Australia has a commitment to the principle of self-sufficiency of workforce (NHWT Strategic Framework 2004)

# Exploring the concept of PAs

- New models of healthcare to meet needs
- Physician assistants introduced to the workforce in USA in mid 60s in response to a shortage of physicians
- Now part of the workforce in Canada, UK, Netherlands and South Africa

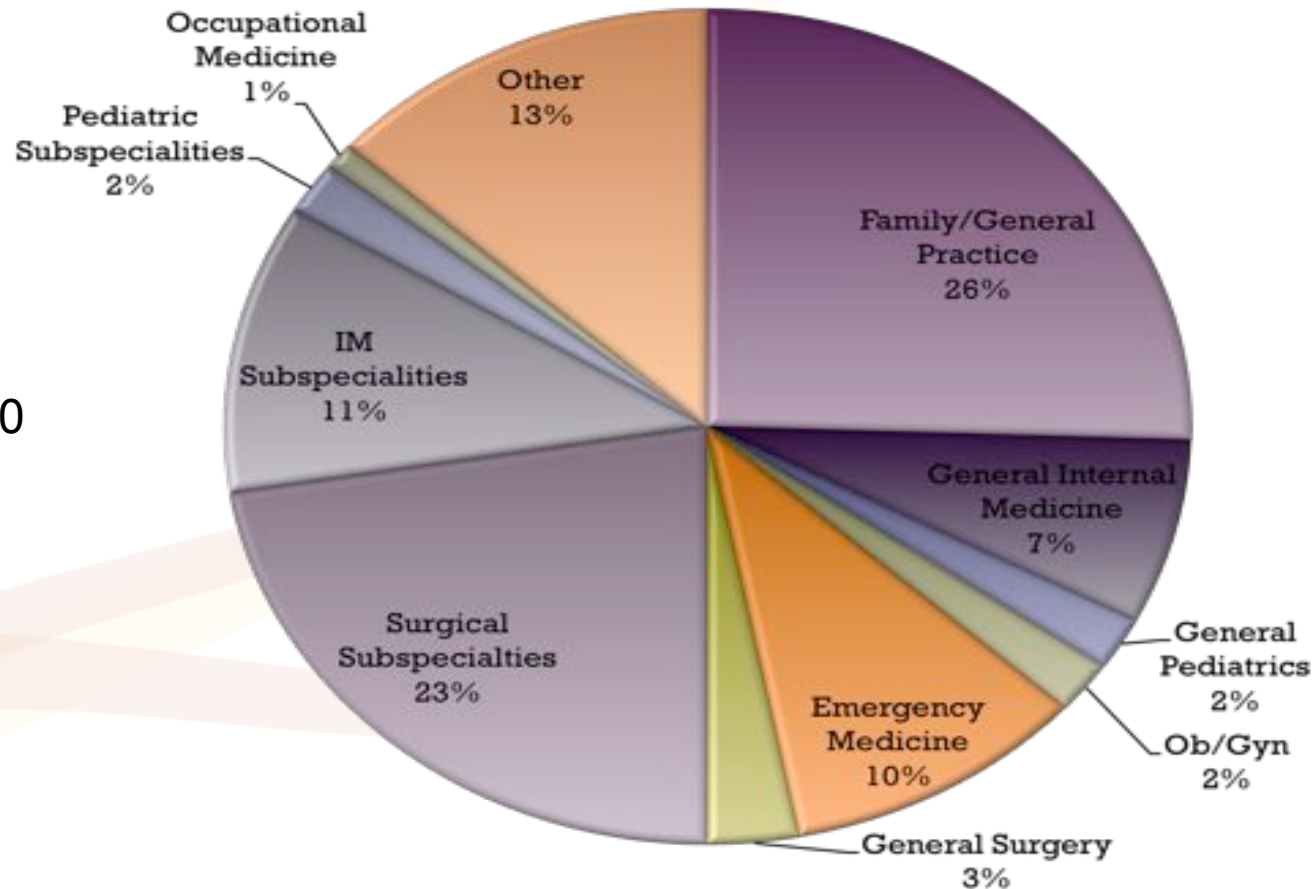
# PAs and the nursing profession

- PAs extend the capacity of doctors
- PAs do not take the place of nurses
- PAs are trained in a similar model to doctors, with a focus on diagnostic thinking, medical management and clinical procedures
- Can add value wherever medical tasks can be delegated: history, examination, tests and clinical procedures.

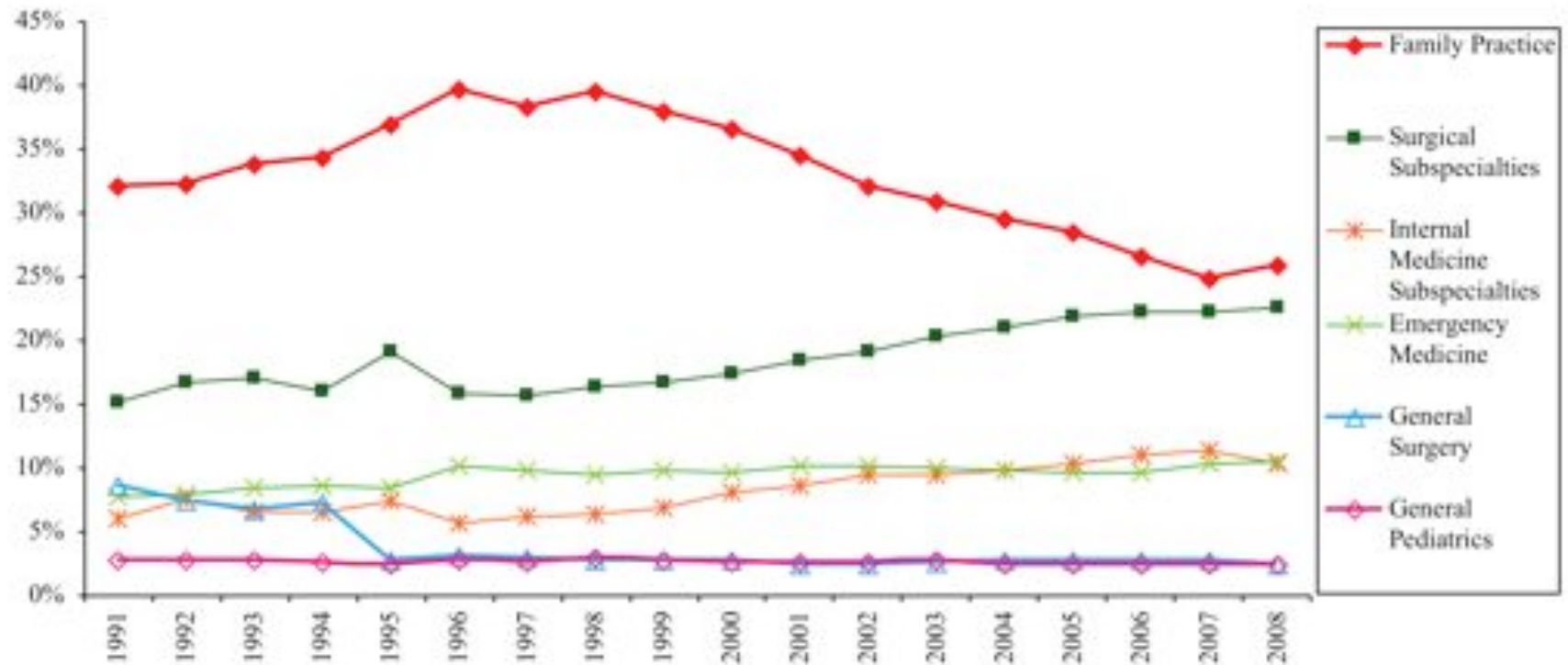
# PAAs, NPs and doctors in USA

Doctors	Nurse practitioners	Physician assistants
>800,000	>130,000	>75,000

PAs in 2010  
in the USA



# PA Specialty: 1991-2008



Sources: AAPA Membership Census Survey

# PAs and Nurse Practitioners:

## Complementary roles which overlap

### **PAs**

- Dependent practice
- Scope of practice relates the area of practice of the supervising doctor
- Trained in medical diagnostics and management
- PAs can come from any health background
- Median salary in 2006 in USA: \$69,517

### **NPs**

- Independent practice
- Scope of practice relates to specialty area of training
- Trained in nursing models of care
- NPs must first be nurses before they can become NPs
- Median salary in 2004 in USA: \$73,620

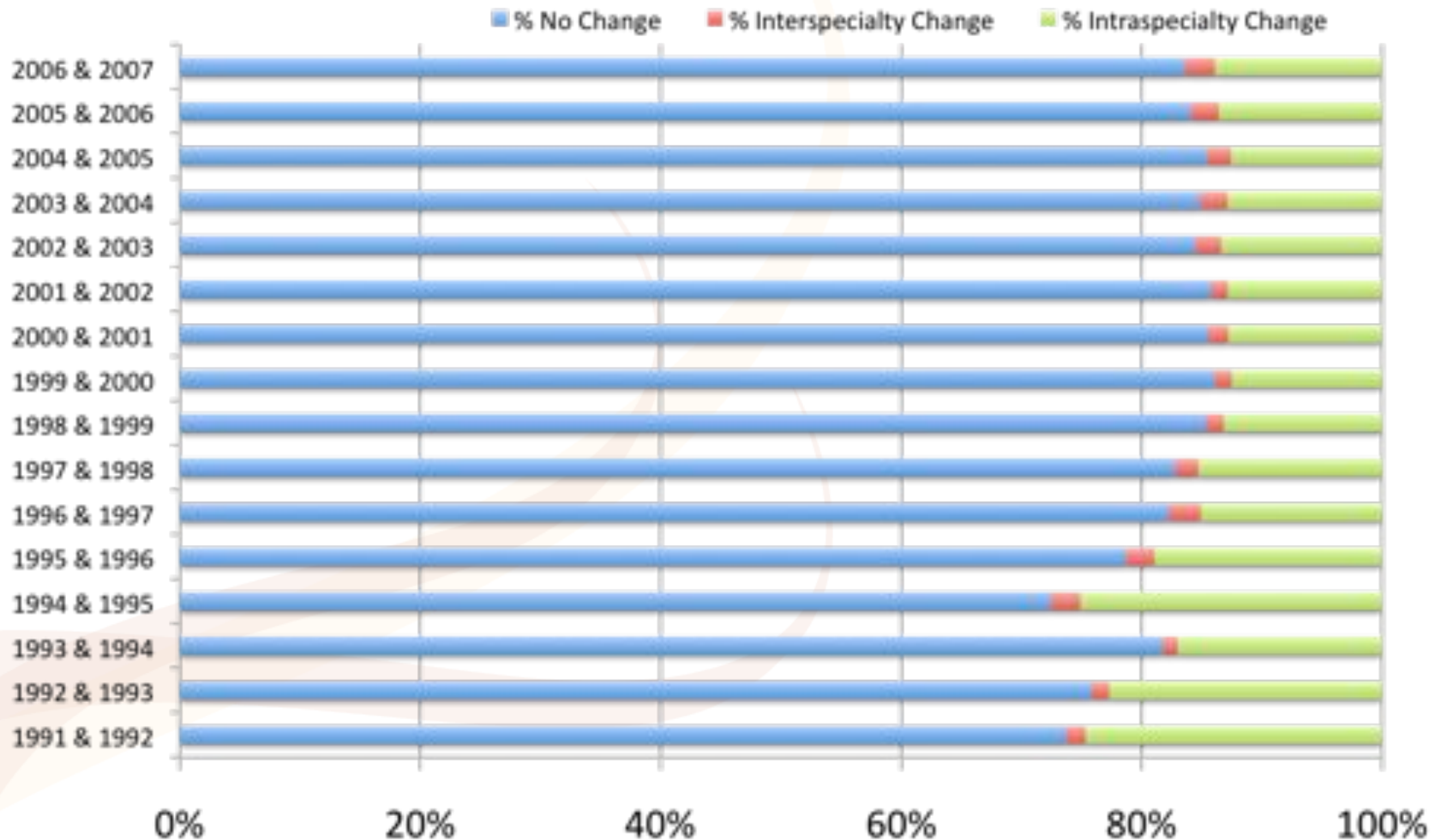
# US PA backgrounds

- Emergency medical technicians/  
paramedics
- Exercise physiologists, athletic trainers,
- Nursing assistants
- Medical technologists
- Laboratory researchers
- Ex-military medics
- Nurses



# PA specialty changes in the USA

PA Specialty Changes:  
No Change, *Interspecialty* and *Intraspecialty* Percentages  
by Graduation Year Cohorts (1991-2008)



- 1 in 2 will change specialty at least once in their careers
- 1 in 10 will work in at least 3 specialties in their careers
- High job satisfaction



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Top 100 rank: 2

Sector: Health Care

**What they do:** Act as Robin to a doctor's Batman, performing routine care such as physicals and tests, counseling patients, and even prescribing medication, all under a doctor's supervision. Today's doctor shortage will only worsen as boomers age and health care reform brings more patients into the system, creating a huge need for PAs.

**What's to like:** No med school, no grueling internship, more freedom to move from one specialty to another -- yet all the satisfaction of delivering care. "No day is exactly the same, and I love that variety," says Wayne VonSeggen, 61, of Wake Forest University Baptist Medical Center in Winston-Salem, N.C.? "It's also very challenging intellectually to work with doctors to try to help solve problems."

**What's not to like:** High stress and considerably lower pay than what doctors make. In such a supportive role, you can't be an entrepreneur.

**Requirements:** Complete an accredited PA program (average length: 26 months). The typical applicant has a bachelor's degree and four years of health care experience.



Wayne VonSeggen enjoys working with doctors to solve problems.

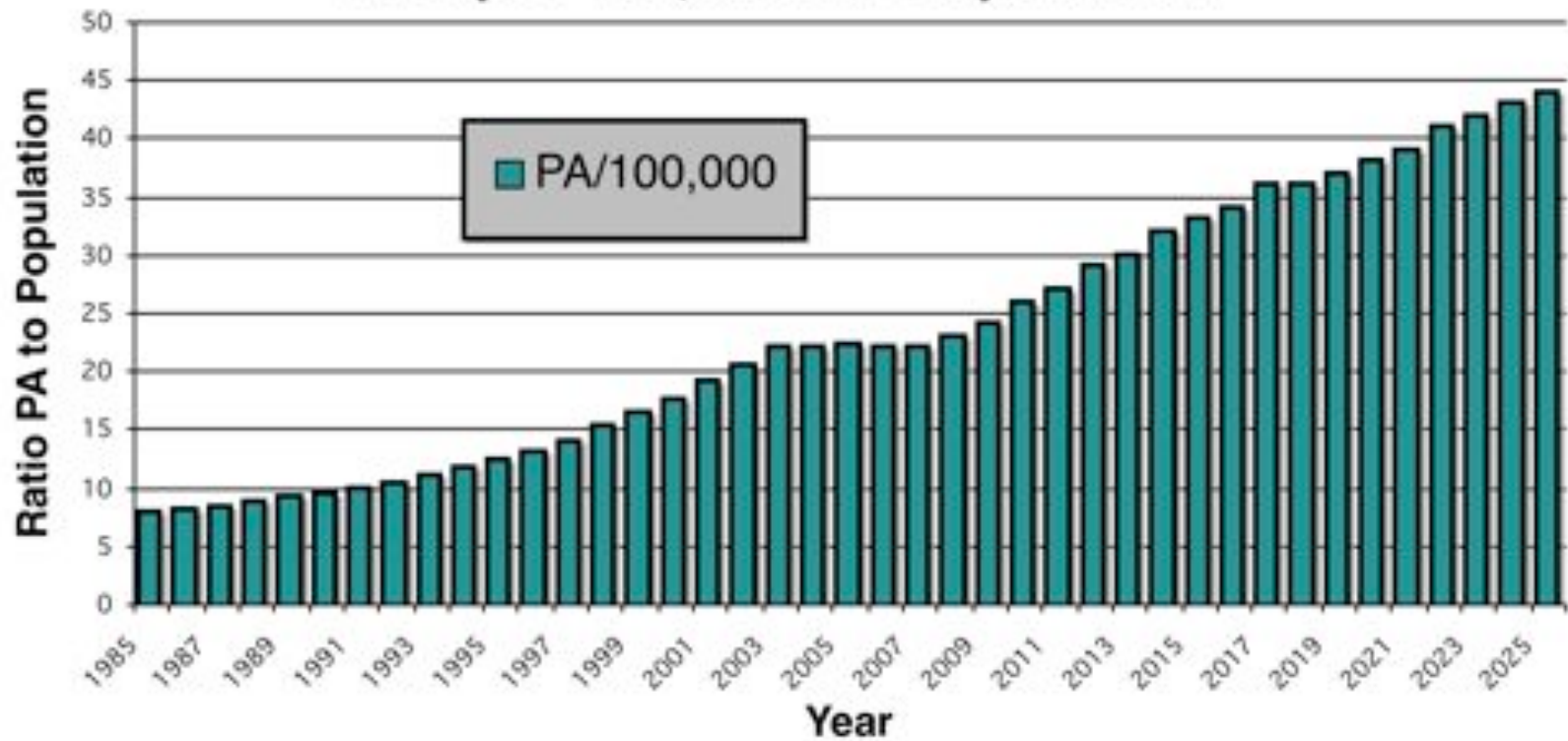
- The published data show that
  - PAs provide safe and high quality care
  - Patients are likely to accept their role
- PAs can provide the full range of inpatient clinical services with no decline in the quality of care

Hooker, R.S., Cawley, J.F., Asprey, D. Physician Assistants: Policy and Practice, 3<sup>rd</sup> Edition. Philadelphia: F.A. Davis, 2010

Cawley, J.F., Hooker, R.S. The Effects of Resident Work Hour Restrictions on Physician Assistant Hospital Utilization. Journal of Physician Assistant Education 2006, 17:41-43.

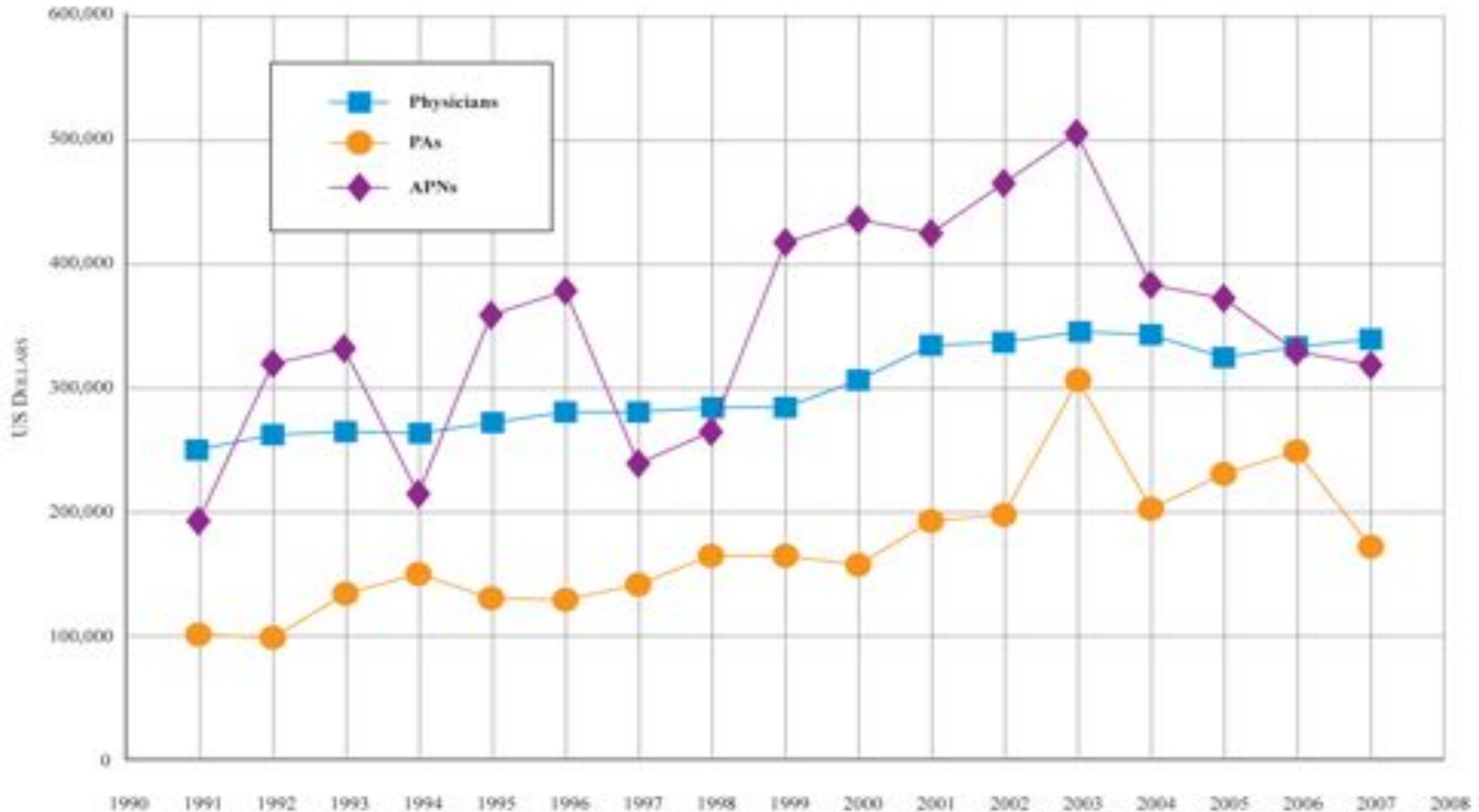
# Growth of PAs in the USA

## PA's per 100,000 US Population



# PAs and malpractice

## MEAN MALPRACTICE PAYMENT BY YEAR FROM 1991-2008



- Queensland PA Pilot
  - Began May 2009 – Cooktown, Mount Isa, Brisbane and Normanton (multi-purpose unit, ED, interventional cardiology and general practice)
  - Good acceptance by patients and supervising doctors
  - Improved service delivery
  - The use of PAs facilitated medical teaching
- South Australian PA pilot
  - Queen Elizabeth Hospital, Royal Adelaide Hospital and Flinders Medical Centre (colorectal, pain and paediatrics units)
  - Presenters from pilot programs reported improvements in capacity, reduction in waiting lists or improvements in quality of care in a meeting in Adelaide in October 2010

- Add value wherever supervising doctors have routine and less complex tasks to delegate
- Level similar to that of a junior medical officer but who remains on the team and provides continuity
- Unlike JMO, it is a service role only, so do not compete for ongoing training and can assist in ongoing training

- Maintain broad knowledge and skills
- In addition to continuing professional development, PAs in the USA sit recertification exams every 6 years
- Highly flexible workforce that can move to areas of need

- Rural areas
  - Well established role for PAs in remote and vulnerable communities. Compared with doctors, PAs in the USA are more likely to work in the non-metropolitan area
- Outer metropolitan areas
- Specialties where demand exceeds supply
- Private and public systems