

The role of Physician Assistants in Allied Health workforce in rural Australia

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Background

Physician Assistants (PA) have the potential to make a significant contribution to the rural and remote health workforce of Australia. PA training replicates the rural generalist role, and was first created in the USA in the 1960s. PAs provide health care under the direct supervision of a doctor and allied health professionals, also known as a 'delegated-practice' framework.

Aims

To investigate the impact of PAs in the health workforce.

Method

A literature review was conducted with key words including 'physician assistant', 'physician associates', 'medical care practitioners', 'PAs', 'health workforce', 'scope of practice', 'education', 'accreditation and certification', 'primary care', 'Australia', and 'international PA development'. The search resulted in 70 articles and reports. Information was categorised according to countries with PAs currently in practice, existing PA programs or training in development, and medical professionals with scope of practice similar to that of American-trained PAs (Canada, Netherlands, India, and the United States).

Results

Key recommendations include:

- PAs' scope of practice, employment potential, and contribution to the productivity and quality of health care services add to the foundations of a health care system;
- PAs could be part of the solution to the maldistribution of GPs and allied health professionals in rural and remote areas;
- National registration for PAs through the Australian Health Practitioner Regulation Agency; and
- PAs' access to the PBS and MBS could facilitate sustainable contribution to primary health care services, and enable 'collaborative arrangement' between PAs, Allied health professionals and medical practitioners.

Conclusion

There is evidence that the use of PAs in the health workforce can improve access to primary healthcare and services, and can produce improved health outcomes for rural and remote Australians. The allied health-PA partnership is a non-competitive, time-efficient and cost-saving model. Pilot programs of PAs in Queensland and South Australia, and the experiences of other OECD nations exemplify the need for PAs in primary health care.

