Submission No 148

INQUIRY INTO HEALTH OUTCOMES AND ACCESS TO HEALTH AND HOSPITAL SERVICES IN RURAL, REGIONAL AND REMOTE NEW SOUTH WALES

Name: Name suppressed

Date Received: 7 December 2020

The Physician Associate

The Hon Greg Hunt MP
Minister for Health,

Dear Mr. Hunt

I am writing this letter as an Australian and a health practitioner to raise awareness about the degradation of our health care system here in Australia, particularly in NSW.

I am a public health research with specializations in epidemiology, and health surveillance systems, currently based in NSW. As a health researcher, my work takes me to different avenues across different fields in health, and health promotion to ensure that Australian's are well looked after, and receive equity in regards to the distribution of health care services. As you are aware, the Australia population is growing vastly, and with an ageing population on the midst in the next few years, our health facilities and services will not be able to cope then, especially if they are just scraping by now. You may be thinking that this is a known issue, and surely an increase in budget can assist in alleviating or providing economic hospital care to ensure everyone is looked after, but this letter goes much deeper than that. We have a large population, with a small number of doctors expected to cater for both the state, and nation, with many Australian living remotely/rurally, and the majority of doctors being situated in urban areas. As you are aware, the system invests quite a bit of money in doctors right after medical graduation, ensuring they undergo basic and advanced training in their specialty. This leaves many doctors out of the public health system where they forego their own business practices, and practice medicine as a business. Great for them, bad for us!

Whilst the limit of doctors has been attempted to be alleviated by the opening of medical schools in urban and rural areas i.e. Charles Sturt University, and Macquarie University. The issue still arises with competition amongst all these students to capture a specialist training program to ensure they become medical consultants, and whilst the government attempts to distribute doctors around the country via medical bonded places, and rural entry schemes, this simply does not address shortages in rural areas, but also the lack of service, and limited services present in our urban hospitals. Nurse practitioner were also introduced into the healthcare system following fashion of many countries internationally, where they performed similar roles to physicians, but based purely on the nursing education model taught in nursing schools, allowing them to "compensate" in roles were doctors are not present, or more doctors are needed i.e. emergency rooms, diabetes centers, sexual health clinics etc.… By providing them with access to PBS, Medicare rebates, and diagnostic requests, the health system is hopeful to lessen the burden and stress on our hospital services, whilst this is a good idea, and can assist, nurses are not medically trained, and their "specialist education" in their nurse practitioner field i.e. emergency medicine, mental health nursing etc.… is not moderated by a body or physical education body i.e. "Graduate program in emergency medicine for Nurse Practitioners", an official qualification present in the united states. I am unsure as to why this hasn't progressed further but could be simply due to the Nursing and Midwives association not wanting to step on the political turf of the Australian Medical Association.

Whilst the above practitioners are doing their part, and a large focus is present to ensure doctors are able to complete their training, the health care system fails in the following ways:

- Lack of staff numbers
- Understaffed Emergency Rooms
- Lack of medical practitioner distribution
- Extremely long waiting times to be seen at GP Clinics
- Long waiting times in Emergency Rooms
- Patients spending time in other departments waiting to be admitted by a doctor of the specialist ward they will be put into i.e. Emergency waiting to be transferred to Cardiology
- Lack of Clinician and patient times – commonly seen in hospitals and GP Clinics, where patients do not have time to be seen in a detailed consultation by Doctors
- Lack of discussion in regards to health promotion

The above is some of the major aspects troubling our hospital and clinics system, and we need to find a solution to alleviate this burden. It is essential and vital that NSW and other states start looking into the Physician Associate role.

A physician associate or Assistant, is an advanced medical practitioner who function under the indirect supervision of a Physician, and is trained in a generalist nature to ensure all these medical skills are transferrable across all specialties. A popular health role in the United States and now the UK, a physician associate (PA), undergoes three to four years of undergraduate training in health and medical sciences, will work in an allied health stream i.e. nursing/midwifery, paramedicine, pharmacy, physiotherapy, health research, chiropractic medicine, podiatry and other health roles, and then will undergo a postgraduate program of 24-36 months of intense rigorous medical school, to become PAs. They rely on their clinical skills and health knowledge from previous degrees and jobs, and brush these off with the new medical skills they develop at University. This program was introduced in Australia a few years back in Queensland and South Australia, where a whole cohort of Australian PAs had graduated a few years back. Some are employed, some have returned back to their original careers due to the lack and support from the Australian government/health system in ensuring they are integrated into our systems. As of late, there have been a few positions that have opened up in Queensland, and a few more to come in future, demonstrating the positive attitude the Queensland government has towards Physician Associates/Assistants. This is also demonstrated by some published papers on the efficacy of PAs in the healthcare system and how they were positively viewed by doctors, health staff and patients. James Cook University in Queensland, is also relaunching their program for 2022, their medical academic preparing it and ensuring it meets international standards.

What can Physician Associates do in our Hospitals/clinics?

- Take histories
- Perform medical examinations
- Prescribe medication
- Order tests and imaging
- Consult patients

- Work as part of a multi-disciplinary team
- Perform minor surgical procedures
- Perform general medical procedures
- Teach and facilitate medical students and junior doctors
- First Assist in surgery
- See patients in clinics/private rooms
- Research/academia
- Switch between specialties or wards whenever needed; therefore working multiple wards at the same time

The scope of the Physician Associate is dictated by their experience, but also on the relationship with their supervising doctor. This can be useful in places where no doctors are located, PAs are able to work their under "remote" supervision by a doctor i.e. phone/video consults (usually consulting for 10% of total patients they will see) and thus are able to extend the reach of the medical team. This is fantastic in many areas where no doctors are presents, and the PA operates under the indirect supervision of their supervisor. The responsibilities of a PA are comparable to a medical resident.

Why should we introduce Physician Associates?

- Lack of Doctors in our hospitals across the nation
- Trained quicker and more efficiently as opposed to the long period for Doctors
- Don't require a residency or advanced training
- Come from backgrounds of allied health training and scientific research
- Have obtained previous clinical patients' hours before enrolling in PA school
- Generalist trained – meaning they have the training to rotate across different specialties
- Allows doctors to focus on more difficult patient care scenarios by attending to smaller/simple cases, thus freeing up time for doctors to continue with their advanced training and further learning
- PAs play a vital role, they are purely patient focused, meaning they are with patients the entire time, extending a more intimate care setting
- They are the glue of the team, allows nurses and doctors to better communicate to ensure optimal patient outcomes, as opposed to doctors running over the place, and team collaboration lost all of the place due to busy wards
- Adaptable to private practice, and are able to work with doctors in their specialty, this taking burden off the hospital systems
- Needed in places where it is efficient to have a doctor but unfeasible to have a nurse
- Ability to work in clinics and wards where limited doctors are found i.e. nursing home and respite care, rehab wards, vaccination programs as well as panels and government bodies that require medical personnel's evaluation on opinion and management

These are some of the major settings where PAs can be applied to, however, there are much more, and this is solely dependent on the government and the health system.

What do Physician Associates need for them to flourish?

- Lobbying and awareness
- A nod from the government
- Some form of research trial in NSW hospitals to show their efficacy in our hospitals
- Pressure on the AMA, and the Nursing and Midwives' Association
- Get the Physician Associate title protected by Law, and a regulatory body who would monitor accreditation and board exams/licenses
- Access to the PBS/Ability to order diagnostic imaging, and Medicare access if they choose to consult privately
- Support of Tertiary Courses and Specialization programs for option further study

How will Physician Associates benefit Australia?

- Cost effective and cheap to employee
- Provide education and support to future PAs and medical students/junior doctors
- Decrease in hospital/clinic wait times
- Introduction to rural and remote regions of Australia, as well as working with indigenous communities
- Will always be hospitalists – meaning they will remain on the same ward if they choose not to change specialties, longer than rotating doctors, allowing a better operational flow in our hospitals, and better team management
- Longer intimate consultations with patients as opposed to the usual time constricted consultations, rather than have patients brushed off by their doctors, PAs are able to sit and discuss in detail what is wrong with the patient, addressing all needs and concerns, able to do welfare and psychological cheque not able to be done via our current GPs
- Work well with doctors and nurses, and are the go-to people when nurses cannot reach doctors
- Doctors are able to focus heavily on sicker patients as well their training and specializations whilst leaving medical care to the PAs
- More clinician to patient health ratio
- More consistent care across the board, more attentive and less medical negligence in regards to patient care
- Provide support to struggling wards and units i.e. Maternity Ward at Blacktown Hospital which has many doctors and midwives walk out. Imagine if Pas were available, they would be able to supervise midwives and deliver babies, their seniors would be working difficult and life-threatening cases, limiting baby deaths.
- Catering to the growing and ageing population ensuring everyone has access to adequate primary healthcare.

These are some of the features that PAs will bring to the healthcare system.

Physician Associate misconceptions:

- They are doctors or pretending to be doctors
- Don't know their part or place in the medical system
- Are nurses or similar to nurses
- Are "failed doctors"

- Unsafe or inefficient (Medical studies around the world proves that Pas are just as safe and efficient as doctors
- That they are a cheap replacement for doctors (this will never be the case; we will always need doctors)
- Have a shorter medical education and training and therefore unskilled; (this not true, PAs come from health and clinical backgrounds, their intense training and education focuses purely on what they CAN do, further learning will obviously develop over time as they are exposed to more medical cases)
- That they are a "Doctor's assistance"
- They stop medical students from learning, PAs will undergo general medical student rotations with their counterparts
- They will take away training positions from doctors. This is not true. PAs do not undergo a compulsory residency to further specialize due to their generalist nature, therefore, there will not be any direct competition with juniors' doctors in regards to training positions, PAs will fill in PA positions, not doctor roles.

I do appreciate you reading this document, and do hope that this raises some basic awareness into the vast and supportive role of the PA position in our health care system. Whilst I do appreciate new medical schools being opened up, the compulsory transition into a specialist in the health care system is timely, and not necessarily beneficial to those requiring urgent or primary care, as many may choose to go into a stream that doesn't benefit the fundamentals of primary care i.e. specialties such as plastic surgery, dermatology, sport medicine. By having PA join streams in Primary care, cardiac medicine, and emergency medicine, this will have a positive impact on the healthcare system.

To even ensure that PAs are introduced and utilized for what they're meant for, the government can easily put pressure on upcoming PA programs to introduce some form of medical bonded place program, where clinicians need to undergo a set number of months/years in rural and remote regions before opting into a position of the choice.

I am happy to put you in touch with academics at JCU who are currently developing the new PA program, but it is something worth looking into, and obviously cannot be initiated without the support of state and national governments.

I do urge you look into this, for the benefit of the Australian people.