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Amanda Hammer
Acting Senior Director
Workforce Strategy Branch, Strategy Policy & Planning Division
Department of Health
Floor 8, 147 Charlotte Street
BRISBANE Qld 4000

By email: PA@health.qld.gov.au and
Amanda.Hammer@health.qld.gov.au

88 L'Estrange Terrace
Kelvin Grove 4059

PO Box 123
Red Hill 4059

Ph: (07) 3872 2222
Fax: (07) 3856 4727

amaq@amaq.com.au

ACN: 009 660 280
ABN: 17 009 660 280

Dear Ms Hammer

Thank you for providing AMA Queensland with the opportunity to provide feedback to the Queensland Government's plans to introduce Physician Assistants (PA) in Queensland.

AMA Queensland is the state's peak medical advocacy group, representing over 6,000 medical practitioners across Queensland and throughout all levels of the health system. We have previously advocated publicly on workforce issues impacting the medical workforce in Queensland.

AMA Queensland does not support the introduction of PAs in Queensland. While we acknowledge that studies conducted by Queensland Health¹ and in South Australia² have shown the introduction of PAs into certain sectors of the healthcare system has been well received and potentially even viable, we are greatly concerned about the impact that PAs will have on the training and employability of the burgeoning future medical workforce. Recent prior attempts in Queensland to introduce physician assistants failed due to the absence of a clear role for them within the healthcare system.

In Australia, universities have begun offering degrees to enable students to become PAs. The University of Queensland began offering a postgraduate *Master of Physician Assistant Studies* in 2009, but discontinued the course in 2011 due to uncertainties surrounding the future of the PA profession in Australia.³ Other Universities which offered or proposed to offer PA courses include James Cook University, Edith Cowan University in Western Australia and the University of Adelaide. The number of students that passed these courses before they were discontinued is relatively low. The Australian Medical Student Association (AMSA) noted that whilst the fate of recent PA graduates in the Australian health care workforce is uncertain, there are reports of PA graduates working as paramedics, nurses and teachers.⁴ AMA Queensland believes this is because their opportunity for gainful employment is negligible. To date, there is no genuine perceived role of PAs within the healthcare system – particularly when more highly skilled professional such as clinical nurses or junior doctors have greater potential to add value to the system. University driven supply of PAs in no way reflects the desires of the healthcare workforce or the requirements of the system.

During their studies, PAs will inevitably rely on the medical system and doctors to provide them with clinical placements, just as medical students are currently required to do. In a report published by the Commonwealth Government in 2015, it was noted that almost 17,000 medical students are studying in Australian universities⁵. This

¹ Urbis. Evaluation of the Queensland Physician's Assistant Pilot – Final Report. Urbis Pty Ltd; 2010 August, www.aspa-australianpas.org/forms/qld_pa_pilot_report.pdf

² Ho PB, Maddern GJ. Physician assistants: employing a new health provider in the South Australian health system. *Med J Aust.* 2011;194(5):256-8

³ University of Queensland. Closure of the Physician Assistant Program at The University of Queensland. Brisbane: University of Queensland; 2011 May 11. <http://www.uq.edu.au/news/article/2011/05/closure-of-physician-assistant-program- university-of-queensland>

⁴ <https://www.amsa.org.au/wp-content/uploads/2015/08/Physicians-Assistants-Policy-2015.pdf>

⁵ Medical Training Review Panel 18th Report, Commonwealth of Australia, May 2015

number will only increase in future years. Many medical graduates are already reporting that they are struggling to find available training opportunities. It is therefore undeniable that any move to introduce or increase the number of PAs in the health system will reduce the opportunities for medical students to access clinical placements and training, when their value to the healthcare system as a whole is significantly greater than PAs.

AMA Queensland would also like to take this opportunity to stress our continued opposition to task/role substitution in the medical workforce. While the Queensland Government is obviously concerned with trying to find efficiencies in its delivery of health services, AMA Queensland will never support substitution of medical practitioners with other classes of health practitioners for workforce reasons or cost savings. The promised efficiencies and cost savings are rarely realized as repeat procedures, repeat consultations and poor patient outcomes then beleaguer the system. Role substitution in any form has proven to be bad for patients and only adds to the maintenance of a high-quality health system.

Medical practitioners are the only health professionals with the depth of education, training and skills to assess and diagnose the patient as a whole, know the full range of clinically appropriate treatments for given conditions and to understand the relative risks and benefits inherent in those treatments for individual patient's clinical circumstances. They are the only practitioners who are trained to deal with the complexities of patients with co-morbidities. Physician assistants will not be trained to this level. By impacting on the training opportunities of medical students, you are negatively impacting not only the future medical workforce but the future of health care delivery in Queensland.

Collaborative care arrangements between medical practitioners and other health practitioners must remain the benchmark standard of practice. AMA Queensland believes any services of a medical nature provided by other health practitioners should occur within a medically-led health care team where the medical practitioner remains responsible for leading the team and managing the care of patients. Medical practitioners are a cost effective provider of health care services and they have the breadth of skill to fully care for patients and lead health care teams⁶. AMA Queensland believes effective collaboration is good for patients and in the best interests of all members of the collaborative team.⁷

For these reasons, AMA Queensland does not currently support the introduction of PAs. We express our support for not only the ASMA position on PAs⁸ but also the AMA's view on the Role of the Doctor which outlines why delivering more trained doctors should remain the focus of health workforce policy and future health service delivery. We believe that the current balance of care is working effectively, maximising patient safety while preserving patient access. We do not yet see a convincing case to change a system that is not broken, especially in light of the huge impact that the introduction of PAs will have on the training opportunities of future medical students.

Yours sincerely



Dr Chris Zappala
President
Australian Medical Association Queensland

⁶ General Practice Advisory Council (2007). *General Practice Workforce capacity Project Plan*

⁷ See "Collaborative Arrangements – What You Need To Know" at <https://ama.com.au/collaborative-arrangements-what-you-need-know> for further information

⁸ <https://www.amsa.org.au/wp-content/uploads/2015/08/Physicians-Assistants-Policy-2015.pdf>