



Scope Document

Position statement on the potential role of physician assistants/associates¹ in the Australian and Aotearoa New Zealand healthcare systems

Purpose:

The purpose of the proposed work is to develop a position statement outlining the College's position on the role of physician assistants/associates (PAs) in the Australian and Aotearoa New Zealand health care systems and, in particular, its views on key issues all governments need to consider before potentially introducing (or further rolling out in the case of Queensland and Aotearoa New Zealand) this role in their health care systems.

This new position statement will build on the work already done by the Policy & Advocacy Team (please refer to the *Background Section* below for more detail) and will be developed through the establishment of a bi-national CPAC Working Group.

Once drafted, the position statement will be sent to relevant College bodies and affiliated specialty societies for feedback to inform its further refinement prior to being submitted to CPAC-EC for approval and publication.

Once approved and published, this document will be used as a tool for advocacy to Australian and Aotearoa New Zealand governments and other relevant stakeholders such as other medical colleges and health professional organisations that stand to be impacted by the proposed role (please refer to the *Stakeholders section* below for further information).

Background / context:

The PA role was established in the 1960s in the United States to address issues of rural and remote access and disparity of health care in underserved populations. The role also exists in other countries including Canada, the United Kingdom (UK), Germany, the Netherlands, Aotearoa New Zealand and Australia (Queensland only at present).

PAs are currently rare in both Australia and Aotearoa New Zealand:

- PAs were introduced in Aotearoa New Zealand in 2010.² As of May 2024, there were 43 PAs employed in the New Zealand health system across various settings including general practice, urgent care centres, dermatology clinics and an emergency department.³
- In 2014, the first PA role was established in the public health sector in Queensland. In 2016, there were approximately 40 Australian trained PAs.⁴ Six PAs are currently

¹ Note: In Australia, these health professionals are referred to as "physician assistants" whilst in Aotearoa New Zealand, they are referred to as "physician associates".

² deWolfe L, Collins S. Regulation of physician associates in Aotearoa New Zealand mitigates a medical practitioner workforce crisis and leads to stronger, diversified healthcare teams. The New Zealand Medical Journal (Online). 2024 Jul 19;137(1599):9-12. <https://nzmj.org.nz/media/pages/journal/vol-137-no-1599/regulation-of-physician-associates-in-aotearoa-new-zealand-mitigates-a-medical-practitioner-workforce-crisis-and-leads-to-strong/3381172ff4-1721184722/1599-editorial-1.pdf>

³ deWolfe L, Collins S. Regulation of physician associates in Aotearoa New Zealand mitigates a medical practitioner workforce crisis and leads to stronger, diversified healthcare teams. The New Zealand Medical Journal (Online). 2024 Jul 19;137(1599):9-12. <https://nzmj.org.nz/media/pages/journal/vol-137-no-1599/regulation-of-physician-associates-in-aotearoa-new-zealand-mitigates-a-medical-practitioner-workforce-crisis-and-leads-to-strong/3381172ff4-1721184722/1599-editorial-1.pdf>

⁴ Queensland Health, Physician Assistants in Queensland: Consultation Paper. 2016. https://www.health.qld.gov.au/_data/assets/pdf_file/0022/442147/pa-consultation-paper.pdf



employed in the public system in Queensland in Townsville, the Sunshine Coast and on the Darling Downs.⁵

Neither Australia nor Aotearoa New Zealand currently trains or regulates PAs although there have been recent consideration by the Aotearoa New Zealand Government about regulating them.

Despite the small numbers of PAs in the Australian and Aotearoa New Zealand at present, there are increasing concerns amongst medical practitioners, including our members and particularly trainees, about the potential expansion of the PA workforce in Australia and Aotearoa New Zealand and the consequences this could have on key issues such as:

- quality of care and patient safety
- training and employment of physicians
- scope of practice and professional boundaries
- regulation and certification
- integration into the healthcare system
- impact on cost and resource allocations.

In Australia, these concerns have mainly been prompted by a Queensland hospital service issuing a proposal to further rollout PAs in emergency department settings in mid-2024⁶ followed by more recent comments from the Queensland Health Director-General, David Rosengren, about workforce shortages and the potential for a greater role for PAs.⁷

Although in Australia jurisdictions other than Queensland appear comparatively less interested in introducing the PA role in their health care system, it remains a concern for members and in particular trainees that this may change in a context where governments look for solutions to address widespread workforce shortages and maldistributions.

In Aotearoa New Zealand, there are concerns the role will be expanded as the New Zealand Physician Associate Society is proposing the PA role as a solution to pressing workforce shortages, and consideration is being given by the Ministry of Health – Manatū Hauora to seek Parliamentary approval for PAs to be independently regulated.

Many members would also be aware of the significant debate that has recently unfolded about the role of PAs in the UK healthcare system^{8,9} where the role is currently the subject of an independent review established by the UK Secretary of Health and Social Care.¹⁰

⁵ [Queensland Health Director-General David Rosengren identifies workforce numbers as biggest challenge - ABC News](#)

⁶ Note: This business case is not publicly available but it has been referred to in the media. See for example: [Fury over Queensland physician assistant proposal - Medical Republic](#), [Queensland physician assistants paid more than junior doctors - Medical Republic](#), [Queensland Health extends deadline for physician assistant feedback - Medical Republic](#) and [Qld physician assistant plan on hold, not axed, says minister | The Courier Mail](#)

⁷ [Queensland Health Director-General David Rosengren identifies workforce numbers as biggest challenge - ABC News](#)

⁸ See for example: [Physician associates: Parliament was "misadvised" on RCP's support for regulation, fellows say | The BMJ](#), [Independent inquiry finds serious governance failures at the Royal College of Physicians of London | The BMJ](#) and [Independent Learning Review undertaken by the King's Fund](#)

⁹ Note: NHS England's [NHS Longer Term Workforce Plan](#) includes a goal of establishing a workforce of 10,000 PAs by 2036/37 with a particular focus on targeting more PA roles towards primary care and mental health services. However, this is in a context where the NHS proposes to double medical school places to 15,000 and increase clinical training places by almost 60,000.

¹⁰ [Leng review: further detail on the areas to be covered by the review of physician associate and anaesthesia associate professions - GOV.UK](#)



Given this context, it is important for the College to be proactive in developing a position statement that outlines its views on the potential role of physician assistants/associates in the Australian and Aotearoa New Zealand healthcare systems and the key issues governments need to consider before their potential introduction or further expansion.

This new position statement will build on the following work undertaken by the College on the issue of PAs to date:

- **Policy & Advocacy background paper**
 - The Policy & Advocacy Team developed a high-level background paper on PAs which was presented at the July 2024 College Trainees' Committee (CTC) meeting ([Appendix A](#)).
- **Member communications**
 - On 27 August 2024, the [first edition of the College's quarterly Workforce Insight bulletin](#) sent to all College members included information about PAs.
- **Member engagement**
 - The RACP *Your Workforce, Your Say Survey* aimed at all active Australian members was launched at the end of August 2024. It included 9 questions specifically on PAs exploring issues such as whether members felt there is a role for them, their views on PAs' scope of practice, title, qualifications, regulation and supervision. A summary of results to questions on PAs is included at [Appendix B](#).
 - Focus groups across State and Territories, and discussions with relevant College bodies on workforce priorities including PAs.
- **RACP statement on PAs and Government engagement**
 - A [short statement on PAs](#) was approved by the PRACP and was communicated to all members via the [October 2024 President's Message](#). It focused on ensuring that critical issues, such as patient safety, clinical governance, scope of practice, training, supervision, and any unintended consequences (including for trainees) are central considerations for governments considering introducing or further rolling out PAs in the Australian health care system.
 - The key concerns outlined in this short statement were communicated to the Australian Department of Health and Aged Care (DoHAC) in October 2024.
- **Media release**
 - A media release titled [Medical experts call on QLD Government to undertake thorough consultation before introducing physician assistants](#) was published in January 2025 followed by a [PRACP interview in the Medical Republic](#)
- **Other stakeholder engagement Hi**
 - Meetings with Queensland members, AMA Queensland, RACGP, ACEM and other relevant organisations to find out more about any PA-related developments

Alignment:

This work strongly aligns with CPAC's focus on workforce advocacy. It is of high relevance and interest to both Fellows and trainees across Australia and Aotearoa New Zealand as



governments may consider introducing or further rolling out PAs across their health care systems to alleviate workforce shortages and maldistribution.

Deliverable:

- A position statement outlining the College's position on the role of physician assistants/associates (PAs) in the Australian and Aotearoa New Zealand health care systems and in particular, its views on key issues governments need to consider before potentially introducing or further rolling out this role in those health care systems.

Stakeholders:

Internal stakeholders to be consulted on the draft position statement prior to CPAC approval:

- College Trainees Committee
- College Education Committee
- RACP Member Health and Wellbeing Committee
- College Overseas Trained Physician Committee
- Aotearoa New Zealand Policy and Advocacy Committee
- Aotearoa New Zealand Trainees Committee
- Office of the Dean
- Education, Learning and Assessment team
- Professional Practice team
- Specialist Training Program (STP) Management Group
- Adult Medicine Division (AMD) Council
- Paediatrics & Child Health Division (PCHD) Council
- Paediatrics Policy & Advocacy Committee
- AFPHM Council
- AFPHM Policy & Advocacy Committee
- AFOEM Council
- AFOEM Policy & Advocacy Committee
- AFRM Council
- AFRM Policy & Advocacy Committee
- AChAM Committee
- AChPM Committee
- AChSHM Committee
- AMD Specialty Societies
- PCHD Specialty Societies
- State and Territory Committees
- Aboriginal and Torres Strait Islander Health Committee (ATSIHC)
- Māori Health Committee (MHC)
- Relevant CPAC Policy & Advocacy Advisory Groups (PAAG) including the Workforce (PAAG)
- Consumer Advisory Group
- Broader membership via consultation page on website to be promoted via usual RACP Communications' channels



External stakeholders:

Please note, whilst it is not envisaged that we will consult externally on the position statement before publication, updates to relevant external stakeholders during development will be considered along with further engagement with these stakeholders post-publication.

- Federal, State and Territory governments in Australia – key government ministers and shadow ministers, key civil servants in relevant departments
- Aotearoa New Zealand government – key government ministers and shadow ministers, key civil servants in relevant departments
- Medical stakeholders:
 - Australian Council of Presidents of Medical Colleges (CPMC)
 - Aotearoa New Zealand Council of Medical Colleges (CMC)
 - Medical Deans of Australia and New Zealand (MDANZ)
 - Australian Medical Association (AMA)
 - The Royal Australian College of General Practitioners (RACGP)
 - The Royal New Zealand College of General Practitioners (RNZCGP)
 - Australian College of Rural and Remote Medicine (ACRRM)
 - Australasian College of Emergency Medicine (ACEM)
 - Royal Australasian College of Surgeons (RACS)
 - Council of Medical Colleges (Aotearoa New Zealand)
- Other potential health professional stakeholders
 - Allied Health Professions Australia
 - Allied Health Aotearoa New Zealand
 - Australian Nursing and Midwifery Federation
 - Australian College of Nurse Practitioners
 - College of Nurses Aotearoa (NZ)
 - Australasian College of Nursing
 - Association of Salaried Medical Specialists (Aotearoa New Zealand)

Assumptions:

In scope:

- A position statement focused on outlining the College's position on the role of physician assistants/associates (PAs) in the Australian and Aotearoa New Zealand health care systems and in particular, its views on key issues governments need to consider before potentially introducing or further rolling out this role in those health care systems.
- Review of positions taken by relevant Australian and Aotearoa New Zealand stakeholders such as the RACGP, the AMA and the Medical Council of New Zealand.

Out-of-scope:

- A comprehensive review of the role of PAs overseas and associated evidence as to their benefits and disadvantages is out-of-scope for this work.

Constraints:

- Interest and availability of members to lead this work.
- Potential knowledge-related limitations within the membership given general novelty of role
- Resources (financial and staff time):
 - Staff capacity: This work will be resourced within the Policy & Advocacy Team's allocated resources for CPAC Work Plan activities for 2025/2026



- Financial resources: We do not expect significant financial resources to be required for this work beyond those already available to the Policy & Advocacy Team.

Proposed timeline for the development of the position statement once the binational CPAC Working Group has been established:

Tasks	Approximate timeframe
Development of initial draft position statement	<i>5 months</i>
CPAC-EC approval of draft prior to internal consultation	<i>1 month</i>
Internal consultation with relevant College bodies and RACP-affiliated Specialty Societies	<i>2 months</i>
Revise draft statement following internal consultation	<i>2 months</i>
Final approval from CPAC and publication	<i>1 month</i>
Publication and dissemination	<i>1 month</i>
Total	<i>12 months</i>

Approvals (office use only)			
Lead Policy Officer	Claire Celia	<input checked="" type="checkbox"/> Approved	31/03/2025
Manager	Dorota Sacha-Krol	<input checked="" type="checkbox"/> Approved	2/04/2025
General Manager	Timothy Bowen	<input checked="" type="checkbox"/> Approved	4/04/2025
CPAC-EC	CPAC-EC	<input checked="" type="checkbox"/> Approved	10/04/2025



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Appendix A – Background paper on PAs – As submitted to the CTC July 2024 meeting

1.1 PA Role in Similar Countries

The PA role was established in the 1960s in the USA to address issues of rural and remote health access and disparity of health care in under-served populations.

From the 1970s, PAs gained United States (US) federal government acceptance as a solution to physician shortages and the medical community helped support the new profession by encouraging the setting of accreditation standards, the establishment of a national certification process and standardised examination, as well as the development of continuing medical education requirements. The PA role now mirrors most areas of medicine practiced by medical and surgical practitioners.

The PA role also exists in other countries including Canada, the United Kingdom (UK) and the Netherlands.¹¹ In very limited numbers, they work in [Aotearoa NZ as a non-regulated health profession](#).¹² [All Aotearoa NZ practicing PAs are required to be experienced in their specialty and certified in the US, the UK, or Canada](#).¹³ According to the NZ Council of Medical Colleges, there are currently 12 physician associate practitioners in the country as of late 2023.¹⁴

The role of PAs in the UK¹⁵ health care system is currently the subject of significant debate¹⁶ and has led to public protests.¹⁷ It has also resulted in the resignation of Dr Sarah Clarke, the President of the UK Royal College of Physicians (RCP),¹⁸ which includes within its structure the Faculty of Physician Associates (FPA). The FPA was established in 2015 to provide professional support to PAs across the UK and is responsible for reviewing and setting standards for the education and training of PAs as well as the physician associate national certification.¹⁹ That the FPA sits within the structure of the RCP has created significant conflict of interest issues between the RCP and its physician members. Some of the key concerns raised about the deployment of PAs in the UK healthcare system include:

- lack of a defined scope of practice;
- unclear lines of accountability and responsibility in the National Health Service (NHS);

¹¹ Queensland Government, Queensland Health, Physician assistant – Clinical governance guideline. May 2024. Version 4.10. https://www.health.qld.gov.au/_data/assets/pdf_file/0027/147627/gh-gdl-397.pdf

¹² Note: The Aotearoa New Zealand Ministry of Health/Manatū Hauora is looking to regulate the PA workforce: <https://www.mcnz.org.nz/assets/News-and-Publications/Consultations/Ministry-of-Health-PA-Consultation-document.pdf>.

¹³ New Zealand Physician Associate Society (NZPAS), PAs working in New Zealand. <https://nzpas.org.nz/whats-a-pa/#:~:text=PAs%20Working%20in%20New%20Zealand>

¹⁴ Submission to the Consultation: Proposal to regulate the Physician Associate profession. [pa-consult-cmc-response.pdf](#)

¹⁵ Note: In the UK, PAs, are now referred to as “Physician Associates” rather than “Physician Assistants”

¹⁶ See for example: [1203984_recommendations-to-council---rcp-short-life-working-group-on-pas.pdf](#) (emfiles4.com), [BMA launches legal action against GMC over dangerous blurring of lines between doctors and physician associates - BMA media centre - BMA](#); [RCP apology cold comfort for UK docs - Medical Republic](#), [College publishes new statement on Medical Associate Professions | Royal College of Physicians of Edinburgh \(rcpe.ac.uk\)](#), [Physician Associates in UK healthcare \(rcpsg.ac.uk\)](#), [Royal College hailed for stance in Physician Associate row | The Herald \(heraldscotland.com\)](#) and [Wider use of physician associates will increase inequality, say UK doctors | Doctors | The Guardian](#).

¹⁷ See for example: [Anger over physician associates with barely any training treating NHS patients in roles far beyond their remit as evidence mounts of care causing misdiagnoses and deaths | Daily Mail Online](#) and [Protesters condemn replacing doctors with physician associates and the 'Americanisation' of health | Morning Star \(morningstaronline.co.uk\)](#)

¹⁸ [RCP president steps down "with immediate effect" after physician associates row | The BMJ](#)

¹⁹ Royal College of Physicians, The Faculty of Physician Associates at the Royal College of Physicians: <https://www.fparcp.co.uk/>



- patient safety issues;
- lack of clinical experience for newly qualified PAs compared with nurse practitioners²⁰; and
- concerns over PA deployment in areas that struggle to recruit and retain General Practitioners (GPs), which could lead to inequalities in patient care and outcomes.²¹

1.2 PAs in Australia

PAs are currently rare in Australia. The first PA role in Australia was established in Queensland's (Qld) public health sector in 2014.

In 2016, there were approximately 40 Australian trained PAs.²² Current numbers are not publicly available.

However, there is increasing concern amongst medical practitioners that Australia may follow the UK in making PAs more prevalent in the health care system as a potential solution to workforce shortages.

At present, it appears that Qld is the only Australian jurisdiction that employs PAs in its public health sector. Qld Health defines a PA as: "a clinician working as a member of a multidisciplinary team under the delegation and supervision of a medical practitioner". It notes "the role is generalist in nature, with a focus on primary, emergency and preventative care" and that "under delegated practice a PA may specialise, depending on experience, and the scope of clinical practice of the supervising medical practitioner."²³

At present, PAs cannot register with the Australian Health Practitioner Regulation Agency (AHPRA) and they are not recognised under the Medicare Benefits Schedule (MBS) or the Pharmaceutical Benefits Scheme (PBS).

In May 2024, Qld Health released a Clinical Governance Guideline (the Guideline) for PAs in the Qld public health system. The Guideline provides recommendations regarding best practice and a standardised approach to the clinical practice and professional development framework for PAs in Qld's public health system.²⁴ The document acknowledges there is a very small number of PAs in the sector.

The Guideline may have been issued as a response to the controversy over the lack of a clear clinical scope for PAs in the UK; of interest, the Guideline clearly states that any medical practitioner employed by QLD Health may decline to supervise a PA.

1.2.1 Australian Policy Context

As in other countries where they operate, the potential introduction, implementation, and acceptance of PAs in the Australian health care system will strongly depend on the definition

²⁰ British Medical Association (BMA) Wales council chair Iona Collins, "If a doctor can do it, why not a PA". 29 November 2023, British Medical Association (BMA), <https://www.bma.org.uk/news-and-opinion/if-a-doctor-can-do-it-why-not-a-pa>

²¹ Ungoed-Thomas J, Wider use of physician associates will increase inequality, say UK doctors. 30 June 2024 The Guardian. <https://www.theguardian.com/society/article/2024/jun/30/wider-use-of-physician-associates-will-increase-inequality-say-uk-doctors>

²² Queensland Health, Physician Assistants in Queensland: Consultation Paper. 2016. https://www.health.qld.gov.au/_data/assets/pdf_file/0022/442147/pa-consultation-paper.pdf

²³ Queensland Government, Queensland Health, Physician assistant – Clinical governance guideline. May 2024. Version 4.10. https://www.health.qld.gov.au/_data/assets/pdf_file/0027/147627/qh-qdl-397.pdf

²⁴ Queensland Government, Queensland Health, Physician assistant – Clinical governance guideline. May 2024. Version 4.10. https://www.health.qld.gov.au/_data/assets/pdf_file/0027/147627/qh-qdl-397.pdf



of their role and scope of practice, all of which are currently unknown in the Australian context besides in QLD, to the broad extent known.

At present, the Australian Government's focus is on strengthening primary care through its [Strengthening Medicare agenda](#) and associated reviews including the [Scope of Practice Review](#).²⁵ From this work, it is clear that the Australian Government is investigating barriers and incentives relating to health practitioners full scope of practice in primary care. The review explores additional clinical tasks and functions non-medical health practitioners may be able to undertake, such as prescribing and referrals to specialist care.

At this stage, it is unclear whether PAs will feature in the Australian Government's work on strengthening primary care or whether the Australian Government will expand its focus towards scope of practice of non-medical health practitioners in secondary care. It is also unclear that there is will be an appetite for non-GP based referrals to specialists, with recent public concerns raised by the RACGP.²⁶ Discussion papers published to date by the Scope of Practice Review provide no mention of PAs.

1.2.2 RACGP and AMA Qld views on PAs

Both the Royal Australasian College of General Practitioners (RACGP)²⁷ and the Australian Medical Association (AMA) Qld²⁸ have made their views public on the role of PAs in the Australian healthcare system in 2018 and 2016 respectively. Neither organisation is in favour of the role of PAs.

Key concerns raised by AMA Qld about PAs becoming more prevalent in the Australian health care system include:

- There is no 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.
- Any move to introduce or increase the number of PAs 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 Qld does not 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 realised since repeat procedures, repeat consultations, and poor patient outcomes then impact the system.
- Collaborative care arrangements between medical practitioners and other health practitioners must remain the benchmark standard of practice. AMA Qld 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.
- Delivering more trained doctors should remain the focus of health workforce policy and future health service delivery.

²⁵ Note: The College made a submission to Phase 3 of the Scope of Practice Review: https://www.racp.edu.au/docs/default-source/advocacy-library/racp-brief-to-inform-the-unleashing-the-potential-of-our-workforce-scope-of-practice-review---overview-of-the-role-of-physicians-and-paediatricians-in-the-australian-government-s-primary-care-reform.pdf?sfvrsn=4ed6dd1a_7

²⁶ The Royal Australian College of General Practitioners, news, 'RACGP unveils Scope of Practice Review insights' [online]; [RACGP - RACGP unveils Scope of Practice Review insights](#)

²⁷ The Royal Australian College of General Practitioners, Position Statement: Physician assistants in general practice. 2018. <https://www.racgp.org.au/advocacy/position-statements/view-all-position-statements/health-systems-and-environmental/physician-assistants-in-general-practice>

²⁸ Australian Medical Association (AMA) Queensland, Feedback to the Australian Government's plan to introduce Physician Assistants (PAs) in Queensland. 2016. <https://www.ama.com.au/sites/default/files/2022-10/AMA%20Qld%20Physician%20Assistant%20Submission.pdf>



Key concerns raised by the RACGP about PAs becoming more prevalent in the Australian health care system include:

- increased barriers to training for medical students, interns and registrars
- reduced numbers of GPs working in rural areas
- reduced support for the current primary care workforce if funding is diverted to support a new health professional role.

The RACGP states that “it does not support an increase in the implementation of the physician assistant role in the current Australian medical workforce context” and that it sees the priority as being appropriate distribution of the medical workforce: “it recognises that when distribution of medical workforce is balanced across urban, regional, rural and remote areas, combined with sufficient intern and GP training places, the physician assistant role may complement the general practice team and the rural hospital workforce.”



Appendix B - Summary of results to questions on PAs in the RACP Your Workforce, Your Say Survey – Sept/Oct 2024

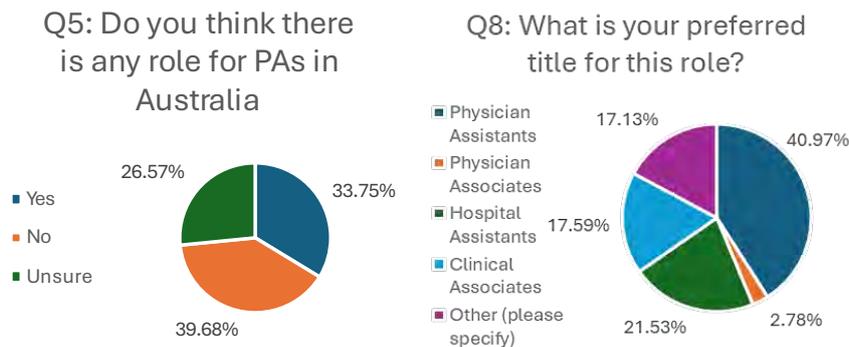
Summary of results

Of the survey respondents who answered the question ‘Do you think there is any role for Physician Assistants (PAs) in Australia?’, 40% responded with ‘No’, 34% responded with ‘Yes’ and 27% responded with ‘Unsure’ (see Figure 2). Of the respondents that answered the question ‘What is your preferred title for this role?’, 41% responded with ‘Physician Assistants’, 22% responded with ‘Hospital Assistants’, 18% responded with ‘Clinical Associates’, 17% responded with Other and 3% responded with ‘Physician Associates’ (see

Figure 1 – Survey Q5 results

Figure 2 -Survey Q8 results

Figure 3).



When asked about the possible scope of the PA role, respondents who were supportive of PAs in the health workforce typically cited a range of paper work, administrative work, referral based work, procedural work that could be undertaken by a PA. Importantly, a large number of those supportive respondents acknowledged that PAs could perform functions that in many cases, are already performed in the health and hospital system by other professional groups. This indicated a lack of clarity as to how PAs would fit into the healthcare workforce landscape without duplication or further fragmentation.

“We already have underutilised colleagues with excellent clinical abilities (e.g. clinical nurses, allied health staff) who should be afforded the ability to practice in clinical duties, patient education, etc.”

The majority of respondents felt that some form of degree was the minimum qualification a PA needs to have. Of respondents that felt a degree was necessary, most suggested an allied health or nursing degree. Many respondents also felt that PAs should undertake some form of placement or in hospital training as part of their qualifications.

The majority of respondents felt that PAs should be required to be registered, regulated, accredited, and undertake CPD. Respondents also generally called for PAs to be linked to a dedicated professional body with a clear physician negotiated standard of practice.



Respondents strongly believed that PAs should function under close physician supervision, whether direct or in a dotted line via other senior clinical staff reporting to the physician.

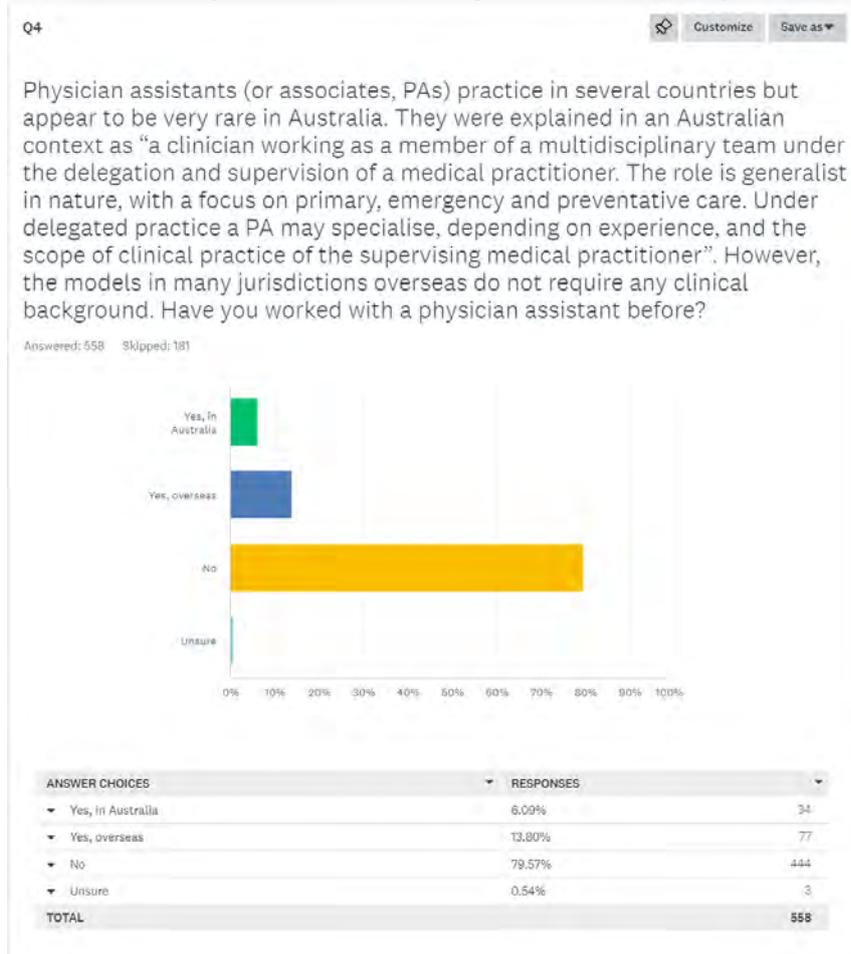
"Every clinician - medical, nursing, allied health, pharmaceutical - needs CPD. [PAs] should be no different."

"If they are to be called physician assistants, then they must be supervised by physicians."

Of the respondents that felt there was not a role for PAs in the Australian healthcare system, three key rationales were provided: (1) respondents felt that PAs would increase physician workload due to the supervision and training associated with working with PAs; (2) some respondents believed that implementation of PAs would lead to a reduction in patient safety and quality of care due to the lack of formal training/education; (3) many respondents emphasised that the role of a PA was currently undefined in scope and limited in career progression, both factors that would increase the chance of scope creep.

"This area is fraught with difficulty - delineating workplace roles etc, and in particular providing career progression. I find it hard to conceptualise what kind of career pathway this will provide. It will be a magnet for dissatisfied individuals who couldn't get into medical school."

Overview of quantitative survey results to PA questions



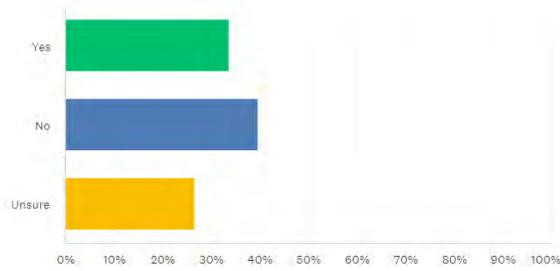


Q5

Customize Save as

Do you think there is any role for physician assistants in Australia?

Answered: 557 Skipped: 182



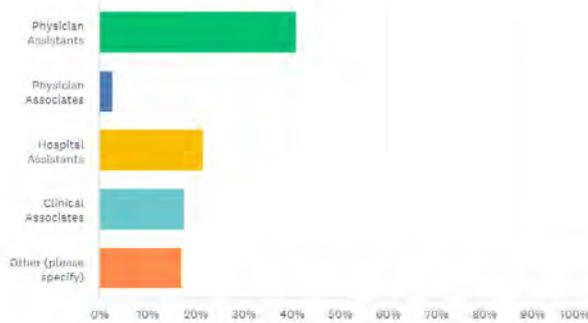
ANSWER CHOICES	RESPONSES
Yes	33.75% 188
No	39.68% 221
Unsure	26.57% 148
TOTAL	557

Q8

Customize Save as

What is your preferred title for this role?

Answered: 432 Skipped: 307



ANSWER CHOICES	RESPONSES
Physician Assistants	40.97% 177
Physician Associates	2.78% 12
Hospital Assistants	21.53% 93
Clinical Associates	17.59% 76
Other (please specify)	Responses 17.13% 74
TOTAL	432

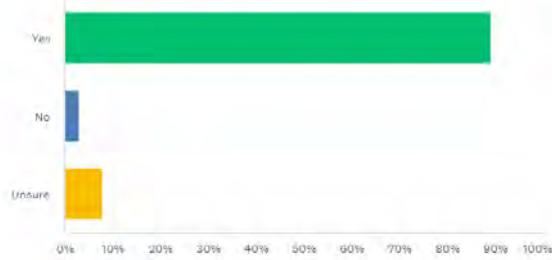


Q11

 Customize  Save as

If yes, do you think physician assistants need APHRA registration?

Answered: 435 Skipped: 304



ANSWER CHOICES	RESPONSES	
Yes	89.20%	388
No	2.99%	13
Unsure	7.82%	34
TOTAL		435