

Physician Assistants

POSITION STATEMENT

College position

ACRRM supports collaborative, team-based models of care that adopt a flexible and broad scope of practice in order to deliver high-quality continuity of local care in rural, remote and First Nations communities. Where resources are limited, it is important that employment models facilitate the best allocation of time, efforts and skills to achieve this standard of care.

The College acknowledges that where there are no established alternative workforce models, Physician Assistants (PAs) working under the direction and supervision of a medical practitioner and as a member of the healthcare team, may have the potential to improve the delivery of high-quality healthcare in rural, remote and First Nations communities.¹

PAs must be employed under appropriate clinical governance frameworks, and with clear credentialing and clinical pathways. They should be trained to work within the Australian context and be appropriately supervised.

Increasing the number of Rural Generalists (RGs) and specialist General Practitioners (GPs) should remain a priority in terms of addressing the inequitable access to healthcare services; improving health outcomes and ensuring that all Australians have access to medical care. This includes prioritising training and supervision for RG and GP registrars, junior doctors and medical students.

Medical practitioners who are supervising PAs under the delegated model should receive associated remuneration and support for this work.

While models of care may differ, rural, remote and First Nations communities are entitled to equitable access to high quality care. They should not be forced to accept a lower standard of care than urban Australians or assume that this standard is the norm or only level of service which they can expect.

What is a Physician Assistant?

Physician Assistants (PAs), also known as Physician Associates, are health professionals who work under the delegation and supervision of a medical practitioner. They are trained as generalists and can augment and extend the services traditionally provided by a doctor.²

PAs are trained to perform patient examination, order and interpret tests and imaging, diagnose, order treatment, formulate management plans and review patients, assist in surgery, perform minor surgical procedures as required, and refer to consultant specialists. Their individual scope of practice is determined by the supervising medical practitioner.

Currently PAs cannot register with Australian Health Practitioner Regulation Agency (Ahpra) and are not recognised under the Medicare Benefits Schedule (MBS) and the Pharmaceutical Benefit Scheme (PBS). There are no PA training courses operating in Australia and consequently PAs must be recruited from overseas.

Current Landscape of Physician Assistants

A limited number of PAs have been employed in Australia, usually in the public sector in the hospital setting. Some may be employed in private practice facilities, noting that their services are not eligible for MBS rebates.

A pilot program in Australia has previously observed five US trained and accredited PAs employed by Queensland Health across urban, rural and remote settings. This pilot provides early evidence that a delegated PA role may have the potential to benefit the community by increasing the capacity of the health system; however, further evidence is needed to fully assess its effectiveness and sustainability.³

Studies from the UK⁴ and US⁵ concerning the PA model have identified various challenges related to implementation and effectiveness. It is important to note that these studies do not specifically address PA roles in rural settings.

PA's and Rural, Remote and First Nations Healthcare

ACRRM supports a multidisciplinary team-based approach to providing patient-centred care, where standards of quality, safety and continuity are maintained; each team member is working to an appropriate scope of practice; and there is ongoing collaboration and communication between all members of the team. This approach is critical to ensuring high quality care in rural, remote and First Nations contexts.

The College also supports innovative, placed-based solutions to meeting workforce needs.

PA's working under the direction and supervision of a medical practitioner and as a member of the healthcare team, may have the potential to improve the delivery of high quality healthcare in rural, remote and First Nations communities.⁶ However their employment should occur where this can complement and improve quality care and where it is supported by appropriate training, credentialing and supervision.

Given that there are no current PA training courses available in Australia, PA's from overseas who work in rural, remote and First Nations contexts may require additional training, including the acquisition of an appropriate rural generalist skillset. If PA's are to become a permanent feature of the workforce, Australian-based training courses would need to be developed and accredited.

It is essential that all PA's working in First Nations communities should have robust and appropriate cultural training and supervision to ensure they are providing benefit and not harm to these vulnerable communities.

It is important that PA's do not come to be regarded as a permanent lower cost alternative or replacement for services provided by an RG or GP, nor should new roles be established where there are other established workforce models which could undertake these roles. This may include Nurse Practitioners and paramedics.

In any economic analysis of the benefits of employing PA's, it should be noted that appropriate clinical governance frameworks, credentialing and clinical pathways for their employment in rural, remote and First Nations practice are not yet in place. These are essential and their development and implementation would involve considerable time and financial resources.

Increasing the number of RGs and GPs through addressing medical workforce and practice funding issues, should remain the priority in terms of addressing the inequitable access to healthcare services and improving health outcomes in these communities. Anticpite, orei parivir

Key Issues for Consideration

Employment of PA's should be subject to the following conditions:

- 1. The quality of healthcare to rural, remote and First Nations communities must be upheld** – PA's should be employed where they can complement and improve quality care rather than a permanent, lower cost alternative or replacement to services provided by an RG or GP.
- 2. Training and mentoring opportunities for medical students, junior doctors and registrars must not be compromised** – priority must be given to fostering the next generation of rural doctors, particularly RG and GP trainees. The employment of PA's must not compromise opportunities and time allocated for training and employment of junior doctors and medical students.

Likewise the supervision of PA's should negatively impact on the ability of the limited pool of supervisors to train and support junior doctors. It is important to note that medical training is largely based on an apprenticeship model and implicit to the role of each supervisor is their responsibility to produce a future medical practitioner and potential supervisor.
- 3. PA supervisors are appropriately recognised and supported** – In addition to ensuring that they have adequate time for supervision, the additional responsibilities of supervision should be recognised through appropriate remuneration arrangements. This includes recognition of the role that supervisors play as clinical consultants in addition to their teaching and supervision responsibilities.
- 4. Availability of other workforce options** – Before employing a PA, all existing workforce options which could fill the same needs should be considered. The potential to compromise other workforce roles, including Nurse Practitioners and paramedics, and the cost involved in establishing the required PA governance and support mechanisms should also be assessed before proceeding.
- 5. Appropriate governance, credentialing and clinical pathways** – PA's must be supported by clinical governance frameworks that support local delegated medical practice in determining appropriate clinical roles and supervision within the healthcare team.
- 6. Registration and Insurance** – PA's, like any health care professional, should be registered and regulated by Aphra and meet the usual CPD and other registration requirements. There should be appropriate and transparent indemnity arrangements in place that protect the interests of all parties, including supervisors.

Endnotes

- 1 Powell, B. (2013). Physician Assistants in Australia: the solution to workforce woes?. Australian Medical Student Journal, 4(1). Available at [Physician Assistants in Australia: the solution to workforce woes? - Australian Medical Student Journal](#)
- 2 Van Den Brink, G. T. W. J., Hooker, R. S., Van Vught, A. J., Vermeulen, H., & Laurant, M. G. H. (2021). The cost-effectiveness of physician assistants/associates: a systematic review of international evidence. PLoS One, 16(11), e0259183. <https://doi.org/10.1371/journal.pone.0259183>
- 3 Kurti, L., Rudland, S., Wilkinson, R., DeWitt, D., & Zhang, C. (2011). Physician's assistants: a workforce solution for Australia?. Australian Journal of Primary Health, 17(1), 23-28. <https://doi.org/10.1071/PY10055>
- 4 Ferreira, T. (2024). The role of the physician associate in the United Kingdom. Future Healthcare Journal, 11(2), 100132. <https://doi.org/10.1016/j.fhj.2024.100132>
- 5 Hooker, R. S., Klocko, D. J., & Luke Larkin, G. (2011). Physician assistants in emergency medicine: the impact of their role. Academic Emergency Medicine, 18(1), 72-77. <https://doi.org/10.1111/j.1553-2712.2010.00953.x>
- 6 Powell, B. (2013). Physician Assistants in Australia: the solution to workforce woes?. Australian Medical Student Journal, 4(1). Available at [Physician Assistants in Australia: the solution to workforce woes? - Australian Medical Student Journal](#)

Find out more

If you have any queries relating to this Position Statement, please contact us by:

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ACRRM acknowledges Aboriginal and Torres Strait Islander peoples as the custodians of the lands and waters where our members and staff work and live across Australia. We pay respect to their elders, lores, customs and Dreaming. We recognise these lands and waters have always been a place of teaching, learning, and healing.