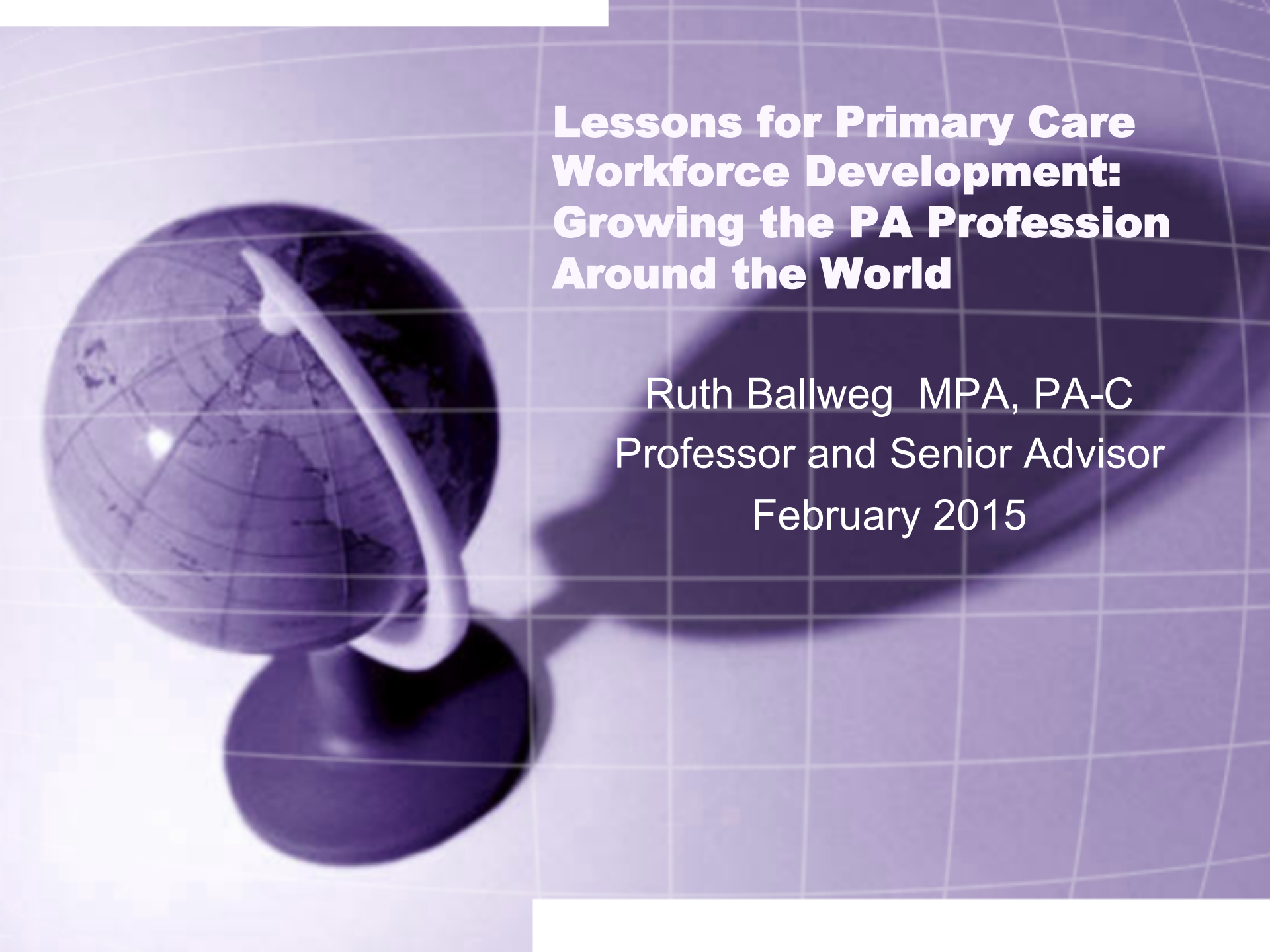

Lessons for Primary Care Workforce Development: Growing the PA Profession Around the World

Ruth Ballweg MPA, PA-C
Professor and Senior Advisor

February 2015

Learning objectives

At the end of this activity participants will be able to:

1. Outline the history of the physician assistant movement in the US.

2. Outline the development and current status of the MEDEX physician assistant program at the University of Washington Department of Family Medicine.

3. Describe examples of new PA programs around the world developed to meet local needs for access to primary care.

4. List key issues in introducing the PA profession, practice and training into new medical care environments.

CME

This live series activity, UW Family Medicine Grand Rounds, is under review for 1 Prescribed Credit by the American Academy of Family Physicians. Attendees should claim only the credit commensurate with the extent of their participation in the activity.

Competing interests

- Ruth Ballweg serves as Director of international Affairs for the National Commission on Certification of Physician Assistants and

- She has served as a consultant for the Ministries of Health in New Zealand and in Queensland, Australia.

Disclosure of Off-Label Drug Use

The of material in this CME activity will not include discussion of unapproved or investigational uses of products or devices.

The Global View

- Feldshers (Peter the Great)
- Barefoot Doctors
- African Models
- US Health Workers – Informally Trained

MEDEX Class 1 - 1969

Dick Smith's MEDEX Principles for Developing New Health Care Roles #1

- Collaborative Model
  - Practicing Physicians
  - Medical Associations (organized Medicine)
  - Training Institutions (medical schools
  - Other Health Organizations

Dick Smith's MEDEX Principles for Developing New Health Care Roles #2

- The "Receptive Framework"—it's not just about the "training."

  Making the world "safe" for the new provider role by developing marketing (imagery), governance, regulatory, reimbursement, and professional organizational structures ahead of time.

  Preparing communities prior to receive new clinicians.

Dick Smith's MEDEX Principles for Developing New Health Care Roles #2

- Receptive Framework (slide 2)

Alaska Villages In" The Bush" were involved In planning for the DENTEX Program

Community Preparation can include a "grow-your-own" strategy to prepare local individuals for entrance into the new career.

Dick Smith's MEDEX Principles for Developing New Health Care Roles #3

- Deployment Systems—students and future preceptors/employers selected together
  - Directed at areas of need
  - Assurance of Placement
  - Applicant Pool Development for "grow your own" strategies.

Dick Smith's MEDEX Principles for Developing New Health Care Roles #4

- Competency Based Training: Needs Assessment and Task Analysis
- Start by identifying the skills the new clinician will need and then work backward from there to develop the curriculum. (This is opposite from starting with "theory" and moving forward from there.)

Dick Smith's MEDEX Principles for Developing New Health Care Roles #5

- Practitioner Involvement: MEDEX was cosponsored by the Washington State Medical Association
  - -Needs Assessment and Task Analysis
  - -Selection and matching
  - -Utilization of practicing physicians as teachers/ preceptors
  - -One-on-one relationships between MEDEX and physician in training and employment

Dick Smith's MEDEX Principles for Developing New Health Care Roles #6

- Continuing Education
  - Extends Training Process
  - Provides for continuous growth and expansion of the role.

PA Experiences that have “spread the word.”

- Military deployment
- Peace Corps
- Religious Missions
- Corporate Employment
- Educational Programs and Projects
- Epidemics
- Global Emergencies

Key Principle

- “Adapt, not Adopt”

The Netherlands

- The Netherlands – “one government” approach brought planned success in 10 years. 800+ PAs in 2014
- Netherland hosts first International Meeting of PAs, Amsterdam, October 2014

The Pilot Projects

- United Kingdom
- Scotland
- Ontario
- Queensland
- South Australia
- New Zealand

- New Zealand:
  - 8 US PAs now participating in 2-year pilot

Why?
Some Examples

- Netherlands: train current employees in large hospital systems for expanded roles.
- United Kingdom: Scotland
- Queensland: Rural Remote Centers and also Urban Hospital Inpatient Roles (cardiology)
- South Australia: Specialty Roles: Surgery, Pediatrics
- New Zealand: Compare different roles: inpatient hospitalists in surgery. Future: Urology, Rural ER, Mental Health

Why? (non pilots)

- South Africa: Rural Regional Hospital Roles (3 programs)
- Ghana: Upgrade health workers (1 program), “Generic” (1 program)
- Saudi Arabia: Training male military personnel (one program)
- India: Assist in complex surgeries (e.g. cardiac) for those who can afford them.

Why? (pending)

- Ireland: Surgery Roles (Program opens 2016)
- New Zealand: Mixed roles, maintaining health workforce despite out-migration of new medical graduates. Efficiency. Continuity.
- British Columbia: shorten wait times for elective surgical procedures, hospitalist roles to decrease hospital stays, “replace” expensive locum tenens physicians.
- China: Develop programs and provide care for “migrant workers” (rural workers in large urban factories).
- Japan: Supporting NPs but potential for PAs in surgery—especially cardiac surgery roles.

- Progress… But slow!

Facilitating Factors

- Physician Champions
- The US Experience
- PA Innovators/Risk Takers/Pioneers
- “A Specific Problem to Solve”
- Globalization

Barriers

- Physician Culture
- Nursing
- The Nurse Practitioner “Issue”
- “Junior Doctors”
- Union Issues
- Languages

+/-

- Turnover in Governments
- New Technology
- International Medical Graduates
- Expanded Roles for Health Professionals
- Epidemics
- Health Professions Shortages
- Growth/Expansion of Medical Schools

Other Factors

- Governance -- “Delegation” or “Regulation”
- Regulatory/Licensing bodies
- Certification
- Accreditation
- Economic Practice Models/ Reimbursement
- Marketing/Visibility

- UK – Name Change
- Activities
  - National Conference in Birmingham in March, 2014
  - Royal College of Physicians agrees to help (2014)

- **Canada**:
  - Manitoba Meetings to design PA based rural health system
  - New Alberta regulations allow for PA practice
  - Possible decreased support in Ontario
  - Opportunity for Follow-up
  - Accreditation Issue – MD process

- **South Africa:**
  - Plans for more programs
  - Sustainability issue with one University

- **Australia:**
  - James Cook University – first cohort completed 2nd year of 3-year program.
  - New intake in 2014
  - Biggest Breakthrough: Queensland Health agreed that local district proceed with Hiring PAs rather than creating a highly bureaucratic hiring process at Headquarters.

Australia

- Presentation and Participation in International Conference on Rural Generalism in Conjunction with Australia Rural Doctors Association and Australian College of Rural and Remote Medicine.
- Emphasis on “growing your own” as a solution to rural health care shortages.

Australia

- Individual meetings with regional Chief Medical Officers throughout Queensland.

New Zealand Project

- 1st Pilot (2 “surgical hospitalists” in Auckland
- 2nd Pilot (Ministry of Health)—7 US PAs in Rural/Primary Care Placements
- Rigorous Evaluation
- Work on regulatory and Educational Agencies
- Building relationships with physician groups and District Health Boards

- New Zealand:
  - Primarily Rural or Small Town Placements

- New Zealand:
  - Decision (based on the UK) to be “Associates”
  - PAs have formed New Zealand Academy of Physician Associates
  - Evaluators Employed/Evaluation Designed
  - Meetings, February 2014

    Deans of Medical School and Nursing Schools, University of Auckland
    Chair, New Zealand Medical Council (Regulator Board)
    CEO, Leader of Rural Doctors Group, NZ Medical Association
    Chief Medical Officer, Ministry of Health
    CEO, Health Workforce of New Zealand
    Director of Medical Education Programs, Middlemore Hospital, Auckland
    Synergia Evaluation Consultants, Auckland
    Maori Tribal Groups – Hamilton, New Zealand

Other African Countries

- Increased interest in non-physician clinicians.
- Updating of clinical systems and training models. (e.g. Mozambique)

Australia

- James Cook University –graduated first cohort December 2014.
- New intakes in 2014 and 2015.

Australia Biggest Breakthrough:

- Queensland Health agreed that local districts can proceed with hiring PAs rather than creating a highly bureaucratic hiring process at headquarters.

New Zealand

- 7 US P in 2-year pilot.
- Completed 2014
- Evaluation Presented April 2015

New Zealand

- PAs have formed New Zealand Academy of Physician Assistants.
- Evaluators Employed/Evaluation Designed.
- Meetings, November 2013 ("Receptive Framework)
  - Deans of Medical School and Nursing Schools, University of Auckland
  - Chair, New Zealand Medical Council (Regulator Board)
  - CEO, Leader of Rural Doctors Group, NZ Medical Association
  - Chief Medical Officer, Ministry of Health
  - CEO, Health Workforce of New Zealand
  - Director of Medical Education Programs, Middlemore Hospital, Auckland
  - Synergia Evaluation Consultants, Auckland
  - Maori Tribal Groups – Hamilton, New Zealand

New Zealand: 2014

- February 18: Presentation to the New Zealand Medical Council re: regulation.
- February 27: Presentation to Health Workforce New Zealand Board (a component of Queensland Health re: regulation).

Recent and Future Meetings

- NZ regulatory Groups and Policy Makers – February 2014
- UK National Meeting at Birmingham – March 2014
- AAPA Meeting, Boston – May 2014
- AMEE Meeting, Milan, Italy – September 2014
- International Association of Medical Regulatory Agencies (IAMRA), London – September 2014
- The Netherlands, First International Conference, Amsterdam – October 2014
- WONCA-April 2015
- International Health Workforce Collaborative –May 2015-London
- Interntional PA Conference in India—October 2015

Questions?/Comments!/Discussion!

Family Medicine Grand Rounds

Faculty Coordinator:
William R. Phillips, MD, MPH
(206) 543-9425
wphllps@u.washington.edu

Staff Coordinator:
Katie Clements
(206) 543-3101
katlyn08@uw.edu

http://depts.washington.edu/fammed/grand-rounds