

A Clear Vision of the Current State and the Future of the PA Profession in Europe in 2020

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Introductions

- Kate Straughton
- Physician Associate trained in the UK at the University of Birmingham in 2008
- Clinical practice in general hospital role
- President of Faculty of Physician Associates at the Royal College of Physicians, London



Introductions

- Ciara Melia
- Physician Associate trained in Royal College of Surgeons in Ireland
- Current Role: PA in Breast & General Surgery in Beaumont Hospital in Ireland.



Disclosure

- We have nothing to disclose



Objectives

- Identify the countries where the PA model has been introduced.
- Provide an update on the Physician Associate profession in the UK, Netherlands and Republic of Ireland
- Discuss challenges faced by these countries in progressing the development of the PA profession
- Summarize the requirements for American PAs who might want to work in these settings.





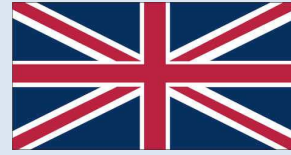
Question 1

- How many countries in Europe have adapted the American Physician Assistant model?



Answer...

- The UK



- The Netherlands



- Germany



- Bulgaria



- Switzerland



- Republic of Ireland



Question 2

- Do you know which European country was the first country to introduce the Physician Assistant model?





The Netherlands



Question 3

Approximately how many PAs are there working in Europe? (excluding US Military PAs)?

- A. 500
- B. 2,500
- C. 4,500
- D. 20,000



Answer

C. 4,500

- The UK – approx. 1,800
- The Netherlands – approx. 1,500
- Germany – approx. 1,000
- Bulgaria - >100
- Switzerland – approx. 60
- Republic of Ireland - 28



EuroPA-C

- European PA Collaboration
- Last conference in Berlin in August 2019
- https://www.youtube.com/watch?v=EOm_RSk_oD4&list=PL1fSGv7gIPwxhWkvAWwtqJNDOB9ZGVj-y



De “Rode Draad”

The Red Thread

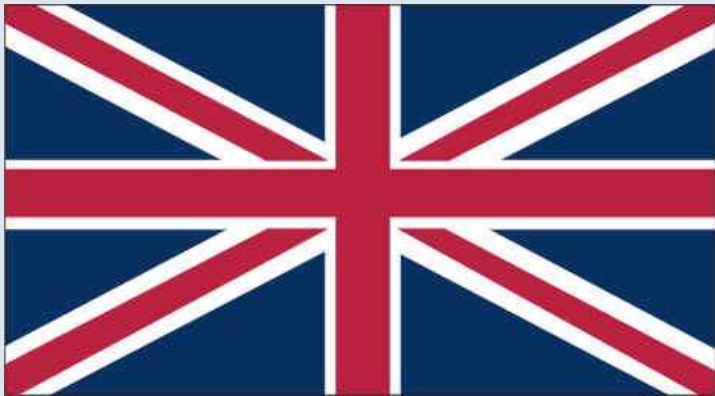
- Common elements:
- Medical model
 - Apprentice
- Complement existing workforce
 - Not a substitute
- Collaborative practice
 - “Supervision”





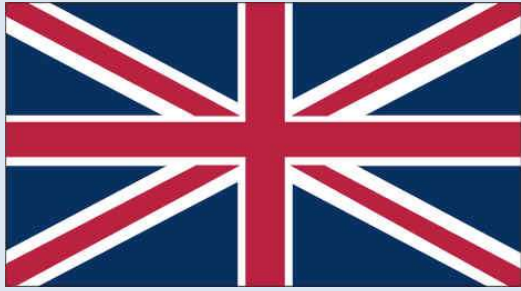
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PHYSICIAN ASSOCIATES IN THE UK





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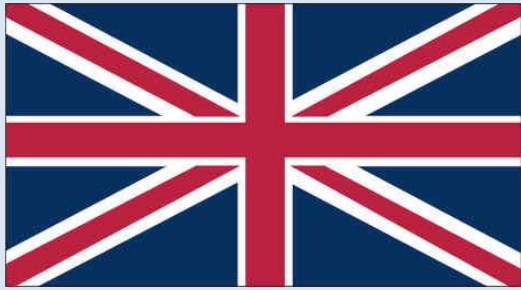
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- 2002 – 2 US trained PAs came to work in the UK
- 2004 – Pilot scheme of US PAs in West Midlands¹, followed by a second pilot scheme in Scotland²; UK pilot schemes began training
- 2005 – UKAPA set up as professional organisation
- 2008 – First Framework-based courses started training
- 2013 – Name changed to Physician Associate
- 2015 – UKAPA moved to FPA@RCP

1. Woodin J, McLeod H, McManus R. Evaluation of US-trained physician assistants working in the NHS in England: Interim Report: The introduction of US-trained physician assistants to primary care in Tipton: First impressions

2. Buchan J, O'May F, Ball J. New Role, New Country: introducing US physician assistants to Scotland. Human Resources for Health. 2007;5(1).



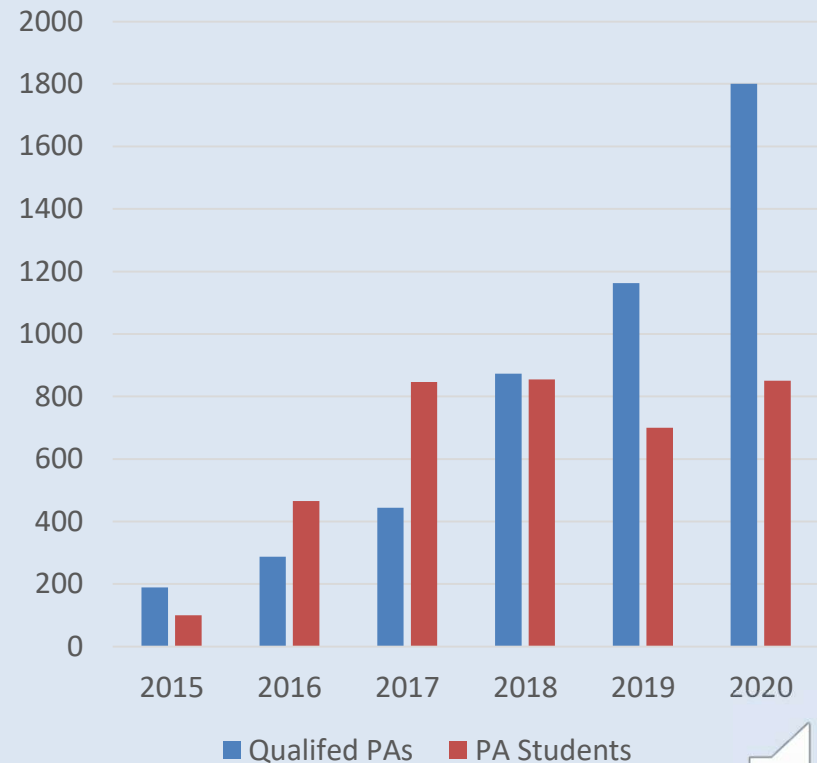


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- 2020: Approx 1,800 qualified PAs working across England, Scotland, Wales & Northern Ireland
- Managed Voluntary Register – PAs sign up to CME requirements, Scope of Practice, F2P – Recertification exam – every 6 years
- But soon... **GMC!**

FPA Membership numbers
Dec 15 – March 2020

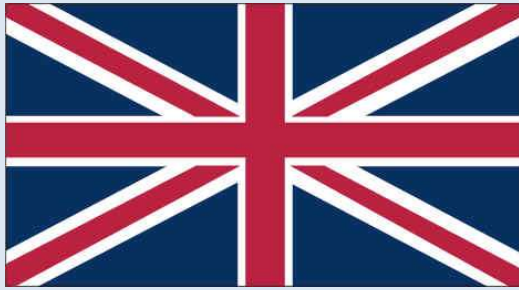




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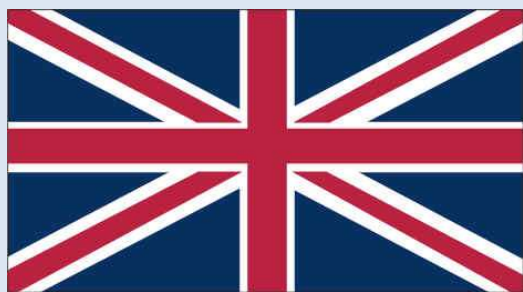
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Location of Universities training PAs





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Generalist Settings

16.5%	Emergency Medicine
28.4%	General Practice
8.2%	Acute Medicine

Paediatric Settings

2.1%	General Paediatrics
0.4%	Critical Care
0.8%	Neonatology

Psychiatry Settings

0.8%	Psychiatry
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Ritsema T. Faculty of PAs census results. London: Royal College of Physicians, 2018. www.fparcp.co.uk/about-fpa/fpa-census

Adult Medical Settings

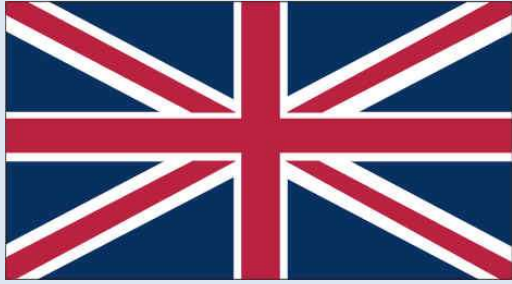
3.3%	Cardiology
2.9%	Care of the Elderly
0.4%	Critical Care
1.3%	Dermatology
2.1%	Gastroenterology
3.3%	General Internal Medicine
0.8%	Genitourinary Medicine/ Sexual Health
2.5%	Haematology
0.4%	Infectious Diseases
1.7%	Nephrology
1.3%	Neurology / Stroke Medicine
1.3%	Oncology
1.3%	Respiratory Medicine
0.4%	Rheumatology

Surgical Settings

0.4%	Cardiothoracic Surgery
0.4%	ENT
8.9%	General Surgery
1.7%	Neurosurgery
1.7%	Obstetrics & Gynaecology
0.8%	Plastic Surgery
0.4%	Transplant Surgery
7.6%	Trauma & Orthopaedics
1.7%	Urology
2.1%	Vascular Surgery

Some respondents work in more than one specialty, so sum is >100%



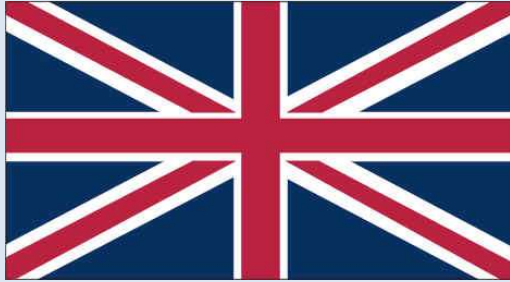


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- Moving Forward...
- Our opportunities and challenges are
 - Regulation of PA role by GMC
 - Quality Assessment processes of PA courses with accreditation
 - Development of prescribing rights
 - More work around career framework and development



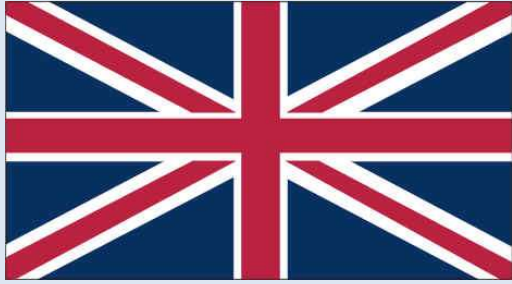


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For more information about
Physician Associates in the UK,
please visit <https://www.fparcp.co.uk>



PHYSICIAN ASSISTANTS IN THE NETHERLANDS



Slides provided by
Luppo Kuilman
Department of Physician Assistant
Studies
Northern Arizona University



The Netherlands



- In 2000 there was an imbalance between the supply and demand of medical care across hospitals in the Netherlands.
- The Dutch government launched a Pilot-project of the PA profession in Leiden University Medical Center in 2001
- This class consisted of 4 students





PA Education in the Netherlands

- 36 month masters program in Nijmegen in 2003
- Entry requirements: Bachelors degree in a healthcare role with a minimum of 2 years clinical experience.
- PA students are directly hired by a Physician/healthcare institute at the start of their course and receive a wage throughout their studies.
- In turn they are required to work 2 days a week on that service for the duration of their studies. 2 days a week are part of their mandatory clinical rotations and 1 day a week in university.
- A dissertation piece is also required for completion of the masters.





The Progression of Education

- There are now Five programs in the Netherlands where you can study the Physician Assistant programme;
 - Utrecht
 - Amsterdam
 - Nijmegen
 - Rotterdam
 - Groningen
- each with ~20 students; and their numbers are increasingly on a year to year basis
- To date: Approximately 1500 qualified Dutch PA's.





PA's in employment: The Dutch Experience

- General Practice \approx 10 %
- Hospital setting \approx 85 %
- Mental healthcare \approx < 5 %





Developmental stages of Dutch PA education & profession

- 2001: University of Applied Sciences, Utrecht
- 2003: HAN University of Applied Sciences, Nijmegen
- 2005: Inholland University of Applied Sciences, Amsterdam
- 2005: Hanze University of Applied Sciences, Groningen
- 2005/2009: Rotterdam University, a university of applied sciences, Rotterdam
- 2012-2017: demonstration project “independent practice PA”
- 2015: final report on reserved acts voorBIGhouden handelingen, conclusion: change of law has proven to be effective/expedient (*sic.* safe)
- 2016: follow up study on elective cardioversion/defib, endoscopy
- 2016: news flash: MoH intends to include PAs into the BIG law as an article 3 profession (among MDs, midwives, nurses)





Legal Status of Dutch PA Profession: The Big Law

The trial of the Big Law had been introduced since January 1, 2012: independent practice though in collaboration with a medical doctor (experimental article in BIG law for a period of 5 years):

- a. examine and assess a patient, and based upon the obtained data rendering the diagnosis and a treatment plan;
- b. carry out the treatment plan and carry out common medical procedures (including Rx and low-moderate complex surgeries, excluded: intra-cranial, intra-abdominal, intra-thoracic);
- c. setting indications and recognizing complications of medical procedures and operations and anticipate on these;
- d. conduct of reserved acts referred to in Article 7;
- e. providing of emergency care, monitoring vital body functions and undertake interventions where necessary to solve threats/problems
- f. refer to, consult and collaborate with physicians and other healthcare professionals;
- g. give advice, information and the provision of preventive care.





Reserved Acts, Article 7

Reserved acts formerly only the realm of medical doctors:

1. The physician assistant is authorized to:
 - a. *Perform surgical operations;*
 - b. *Perform endoscopies;*
 - c. *Perform catheterization;*
 - d. *Give injections;*
 - e. *Perform punctures;*
 - f. *Provide elective cardio version;*
 - g. *Apply defibrillation;*
 - h. *Prescribe medicines (Rx).*





Reserved Acts, Article 7 continued...

2. The authority referred to in the first paragraph shall apply only insofar as it concerns:

- A. acts which fall within the area of expertise, referred to in Article 6;*
- B. actions of a limited complexity;*
- C. routine operations;*
- D. actions which are incalculable risks;*
- E. actions exerted by applicable national guidelines, standards and protocols derived.*

In summary the Dutch Physician Assistants have a lot of autonomy and practice medicine in alongside the medical teams. Point 2 refers to their limitations.





International Dutch PA Presentations

- **A new medical trained 'kid on the block' in cardiothoracic surgery?** Invited keynote speech on role of Physician Assistants in Cardiothoracic Surgery at *Symposium Safety first: 'Er gaat niets boven... Veiligheid in de cardiothoracale chirurgie'*, Universitair Medisch Centrum Groningen; (6 November 2015)
- **Einen Paradigmenwechsel in der medizinischen Praxis: Einführung von Physician Assistants in Deutschland** Invited lecture to Bachelor Physician Assistant studentt about current state, current global developments en future directions. Mathias University of Applied Sciences, Rheine (North Rhein-Westphalia, Germany); (May, 2014)
- **Doktor tidak pernah berjalan sendirian": the physician assistant as associate in medical care** Invited keynote speech (by MAMA, Malaysian Ministry of Health) about Physician Assistant profession at annual conference of the Malaysian Association of Medical Assistants; (3-5 July, 2013).
- **Panel K: New Models of Care: Substitution of Care in the Netherlands** panel discussion (together with Miranda Laurant and Nancy Wijers (Radboud University Nijmegen Medical Center) at 8th Annual AAMC Physician Workforce Research Conference, Washington DC, USA; (May, 2012)
- **The Physician Assistant: Shifting the Paradigm of Medical Practice** Invited keynote speech about role of physician assistants in CTS, at Roland Hetzer International Cardiothoracic en Vascular Surgery Society 1 Expert Forum, Lissabon, Portugal; (October, 2011)
- **PA Education: Five Countries — Paper (Session 1075)** Poster presentation about research "Physician Assistant Education: Five Countries", at PAEA forum 2010, Baltimore, MD, USA; (2010)
- **Qualität durch Vielfalt und Kontinuität: Physician Assistants als konstanten Faktor im medizinischen Bereich in den Niederlanden** Invited keynote speech during G_win: Zukunftsberufe Gesundheit about the Dutch PA training model, Bremen, Germany; (19-20 November 2010)
- **Globalization of Physician Assistant education** Invited keynote speech during Scientific meet van de Indian Association of Physician Assistant, Coimbatore, Tamil Nadu, India; (September 2010)

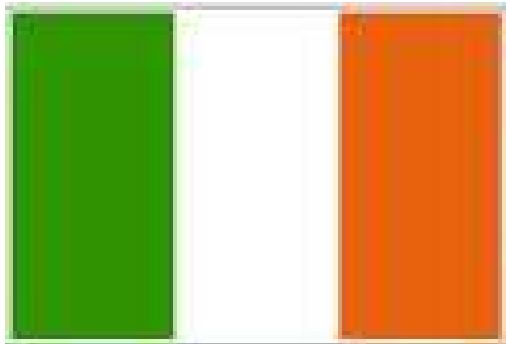




RCSI

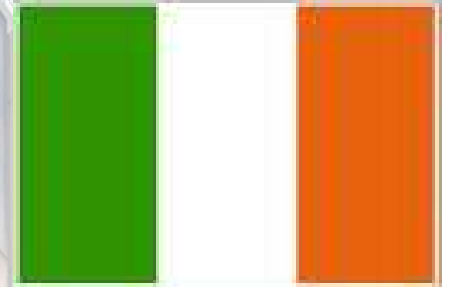
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Physician Associates in the Republic of Ireland

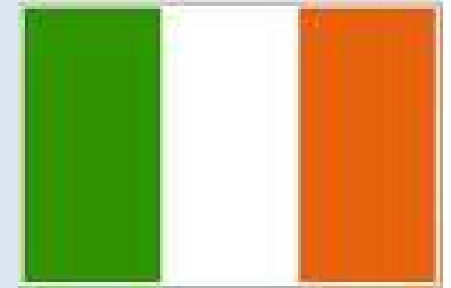


Pilot Project

- Royal College of Surgeons in Ireland (RCSI)/Department of Health (DoH)/Beaumont Hospital (public hospital) – July 2015
- PAs from America/UK/Canada– across 4 surgical services in Beaumont Hospital
- RCSI 1st Master's programme – Jan 2016
- First cohort of 6 students
- To date there is only 1 university in Ireland that offers the Physician Associate programme



RCSI MSc Physician Associate Studies

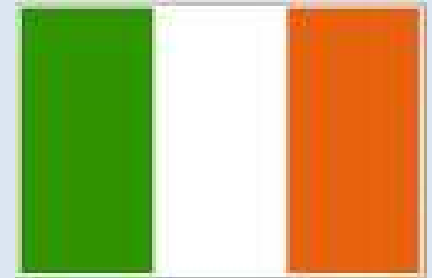


- Applicants must have a primary level 8 degree in health sciences or general sciences.
- 2 full calendar years (50:50 Theory/Clinical and a dissertation in quality improvement).
- Rotations across GP practice, medicine & surgery, obstetrics & gynaecology and psychiatry specialities.
- RCSI has now commenced its 5th Cohort of students to the programme in January 2020 – 14 students.



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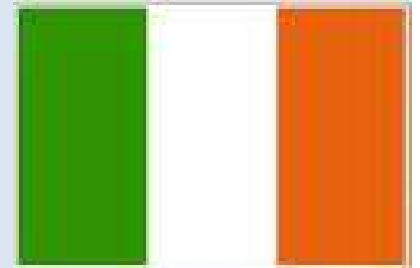
Graduate Employment



- Total of 28 graduates from 3 cohorts
 - 18 PA's employed
 - Public Hospitals
 - Private hospitals
 - Primary Care
 - 8 PA's in temporary employment to assist with Covid19 in this pandemic
 - 2 PA's are currently unemployed
- Breast Surgery
 - Colorectal Surgery
 - Emergency Department
 - Spinal Surgery
 - Internal Medicine
 - General Surgery
 - GI Surgery
 - ENT
 - Neurosurgery
 - Vascular Surgery
 - Primary Care
 - Respiratory
 - Orthopaedics
 - Infectious Diseases



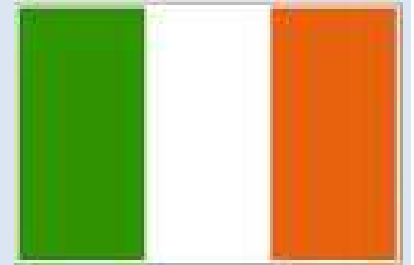
Examples of PA Efficiencies



- Reduced waiting time for theatre by 33% over 6 months (Public Hospital)– How?
 - PA responsible for theatre list
 - PA can pre-assess the patients for the theatre list
 - PA always has reserve patients ready in case of late cancellation
- A single point of contact between cardiologists and patient in ED (Private Hospital)– Efficiencies?
 - Decreased wait time for cardiac patient to be assessed
 - Better communication between Cardiologist & Cath lab
 - Medication reconciliation for all patients admitted
- Pre-op assessment done when patients attend vascular clinic – How?
 - PA on site in the clinic
 - Allows doctors to continue seeing patients
 - Avoids calling patients back to hospital for this assessment
- Creating an established pathway of care in ENT –Efficiencies?
 - Reduce OPD waiting times by pooling Hearing Loss cohort of patients to a streamline Audiology service.
 - Telephone Clinic for patients to help reduce patients returning to clinic for MRI results
 - Coordinating a combined ENT/ Neurosurgery / Endocrine Pituitary clinic



PA Growth & Development since 2015



- 3 cohorts of PA graduates to date
- Developed a Managed Voluntary Registry (MVR) in Jan 2018
- Irish Society of Physician Associates (ISPA)
 - May 2019
 - 28 members including 2 UK trained PA's
- Irish Physician Associate National Exam (IPANE) on 25th January 2020.



Publications & Presentations

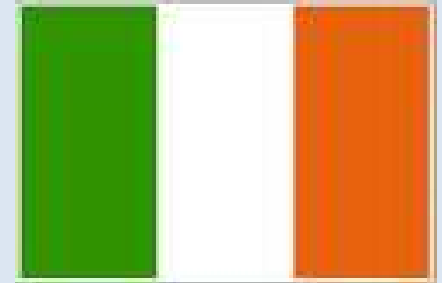
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- Joyce P, Ní Dhónaill R, Clarke M, Holland J. **The role of anatomical dissection in Physician Associate Studies**, Paper under review by Anatomical Sciences Education.
- Hix L. Joyce P. **Experience of the Irish Physician Associate role: PA and supervising consultant perspectives**. Poster presented at the [Global Health Research Convening](#), Stanford University, US, Wednesday the 29th January 2020. Paper being written up.
- Over the past two years the Irish PA's have displayed many posters highlighting the changes and improvements they have been able to achieve on various services
- **'Virtually Avoidable' – The Economic Impact of an Average Neurosurgical Outpatient Appointment** by Jana Crowley was awarded 1st place in the 8th Quality & Safety Meeting in Beaumont Hospital – Nov 2019



Challenges for the PA profession in Ireland



- Implementation of the Physician Associate profession in the HSE (Health Service Executive)
- Employment of our PA graduates
- Regulation of the Physician Associate profession – through ? IMC
- Prescribing rights
- Further development of ISPA
- Communicating our profession with the public



2016 Physician Associate Studies

2017 Physician Associate Studies



2018 Physician Associate Studies

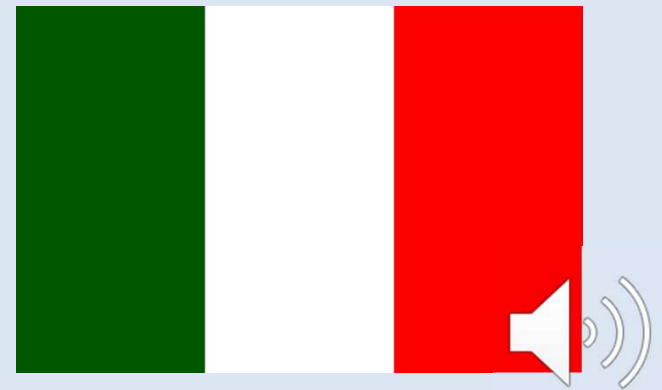
2019 Physician Associate Studies



2020 Physician Associate studies



Where to next?



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So you want to work internationally?

- Experience?
 - Clinical
 - Travel
- Other skills
 - Academic
 - Research
- Languages
- Benefits and risks



“...PAs can be viewed as *the* profession, designed as uniquely adaptable, that is moving from the USA to other parts of the world at this time *expressly because* it can meet the world’s current health workforce gaps.”

**(EVALUATION OF PHYSICIAN ASSISTANTS
TO NHS SCOTLAND, 2009)**



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