IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

IMO Submission to the HSE on
The Role of the Physician Associate – Guidance Document

September 2024
Irish Medical Organisation
10 Fitzwilliam Place
Dublin 2
Tel (01) 676 72 73
Email : imo@imo.ie
Website www.imo.ie

The IMO is the Trade Union and Representative Body for doctors in Ireland and represents over 7,500 doctors working across the health services.

At the IMO AGM 2024 the following motions in relation to Physician Assistants were adopted as IMO policy:

> *The IMO call on the Department of Health and the HSE to engage with the IMO and other stakeholders in regard to establishing a clear and definitive role for the grade of Physician Assistant/Associate appropriate to their level of training.*
>
> *The IMO call on the Department of Health and the HSE to engage with the IMO and other stakeholders in relation to the governance and reporting relationships attached to the grade of Physician Assistants/Associates and their role within the context of multidisciplinary teams.*
>
> *The IMO call on the HSE to issue instructions to all HSE funded healthcare settings advising that Physician Assistants/Associates cannot be used to cover doctors shifts or rotas.*
>
> *The IMO calls on the Minister for Health and the Government to confirm that the Medical Council will remain solely a body to register and accredit Registered Medical Practitioners and that any new health profession (such as Physician Assistants/Associates) will be accredited by different avenues.*
>
> *The IMO calls on the HSE and postgraduate training bodies, to engage with the IMO so as to ensure that any development of the role of physician associates/assistants does not compromise the training and competency attainment of general and specialist doctors in training (through the traditional or alternative pathway).*

The IMO recognises the global shortages of doctors and has long campaigned for a fully resourced medical workforce plan to meet the needs of the population. Ireland currently has significant deficits across all specialties which are directly leading to long waiting lists and poorer health outcomes for patients, enormous pressures on doctors who are challenged with delivering care in an under resourced environment and high levels of burnout and stress among medical professionals.

The introduction of the grade of Physician Associate (PA) will not alleviate the medical workforce deficits and should not, be seen as replacement for highly trained medical professionals. The HSE and Department of Health must ensure that Ireland trains and employs an appropriate number of doctors to meet the needs of a growing population.

It is critical that, in developing a formal introduction of the grade of Physician Associate, the HSE work with the IMO so as it examine the experience of other jurisdictions, patient safety issues, appropriate scope of practice in line with education and qualifications, impact on medical teams, governance and regulatory issues.

UK Experience

While PAs were initially employed to support doctors, the UK experience shows widespread substitution of doctors by PAs, with PAs working at registrar level and replacing doctors on rotas. The dangers of PAs working beyond their scope of training in the UK has led to fatalities and numerous patient safety concerns. In addition many doctors have reported that their workload has increased while opportunities for the training of doctors has decreased.

In a survey of over 18,000 doctors, the BMA[1] found

- 87% of doctors said the way PAs and AAs currently work in the NHS was always or sometimes a risk to patient safety,
- 86% of doctors reported that they felt patients were not aware of the difference between these roles and those of fully qualified doctors, showing the immense scope for patient confusion about the level of care they are receiving.
- Nearly 80% of doctors stated that they were occasionally or frequently concerned that a PA or AA they worked alongside was working beyond their competence.
- Rather than reduce workload for doctors, more than half (55%) of BMA respondents reported that their workload had increased.

Despite the establishment of a Competence and Curriculum Framework alongside a professional faculty for PAs, the absence of regulation and a clearly defined scope of practice has enabled PAs to work beyond their scope of training thus posing a significant risk to patient safety. .

The BMA called for an immediate halt to the recruitment of Medical Associate Professionals (MAPs) in the UK, including PAs and AAs on the grounds of patient safety pending regulation and the development of a defined scope of practice.

Scope of Practice and Patient Safety Issues

Physician Associates are not trained as medical doctors, yet their undefined and unregulated scope of practice raises concerns about the potential of PAs to work beyond their training and competence and provide unsafe care within a multidisciplinary team.

- The title of "Physician Associate" has led to significant confusion for patients and healthcare professionals alike with patients confusing Physician Associates for fully qualified doctors. This confusion can lead to patients believing they are being treated by a doctor, underestimating their need for further medical consultation, delaying critical treatments and exacerbating health issues.
- The change of title from Physician Assistant to Physician Associate has empowered management in other jurisdictions to expand the role far beyond what is safe and what is within their scope of competence. Associate solicitors and senior associate solicitors are fully qualified solicitors so it is not unreasonable for patients to presume that a PA is

[1] https://www.bma.org.uk/media/py5h43hp/bma-maps-survey-1.pdf

similarly qualified to the level of a doctor. Within advertisements for the roles of PAs the HSE has deliberately suggested that PAs are trained to the equivalent level of a doctor.

- The PA role should be designed for more structured and protocol-driven tasks, it is not suited for the unpredictability and diagnostic challenges of undifferentiated care either in the acute or GP setting and it cannot be the case whereby PAs can easily transfer between specialties or between healthcare settings. Assessment of undifferentiated patients by PAs poses a risk to patient safety in terms of the risk of missed or delayed diagnosis as well as over investigation.
- Ensuring that PAs are used appropriately and within their scope of practice is essential to maintaining high standards of care.
- PAs must never be a substitute for medical practitioners who undergo years of high-level medical training to provide complex, highly skilled care to patients. Failure to maintain this distinction poses a risk to patient safety and undermines the professionalism of medical practitioners and integrity of medicine.
    - Training of PAs comprises of 58 weeks clinical of clinical practice following a health sciences degree is in no circumstances equivalent the years of medical education and post-graduate training undertaken by doctors.
- PAs are not trained as medical doctors, as has happened in the UK, their undefined and unregulated scope of practice raises concerns about the potential of PAs to work beyond their training and competence.
- The BMA , the Royal Colleges of Physicians[2] , Anaesthetists[3], General Practise[4] and Emergency Medicine[5] in the UK have all expressed their concerns that this health grade should now be limited to:
    - assessment and referral only
    - that they should not be allowed to diagnose independently
    - they should not be allowed to treat independently

- In the UK while the GMC is to regulate PAs, there are no plans to set the scope of practice. Therefore the BMA have defined the scope of practice for physician assistants – including the General scope as well as specialty specific scope of practice. The Scope of practice defines what PAs are expected to do and what they may do under supervision and with the agreement of the supervising consultant or GP as well as a list of activities, behaviours or tasks that PAs must not do under any circumstance.

For example PAs must never

- *Be rostered on a Medical Rota in Lieu of a Doctor*
- *Use the title of consultant, doctor, trainee doctor, residents, SHO*

[2] https://www.rcp.ac.uk/media/hicpkr33/recommendations-to-council-rcp-short-life-working-group-on-pas.pdf
[3] https://rcoa.ac.uk/training-careers/working-anaesthesia/anaesthesia-associates
[4] https://www.rcgp.org.uk/representing-you/policy-areas/physician-associates#:~:text=The%20RCGP%20position%20is%20that,high%2Dquality%2C%20integrated%20care.
[5] https://rcem.ac.uk/rcem-physician-associates/

- *Request, interpret, and evaluate laboratory and diagnostic tests*
- *Make independent treatment decisions*
- *Discharge patients independently*
- *Diagnose/manage undifferentiated patients*
- *order diagnostic investigations that include ionising radiation*
- *prescribe medications*

- *Joint Aspiration/injection,*
- *Lumbar Puncture,*
- *Nerve block,*
- *Surgical first assist.*

Governance and Workload for Specialists

While the stated intention of employing PAs is to free up specialists for more complex work, although the document envisages that PA supervision will diminish over time, the supervision of PAs by consultants and GPs raises issues of governance and workload taking away from valuable clinical time and adding in significant levels of clinical responsibility.

- Supervision and training of NCHDs provided by consultants and GPs to date have been predicated on the fact that those being supervised have had rigorous university training in medicine, tested clinical knowledge, and honed skills in deductive reasoning and critical thinking.
- The required level of supervision for PAs in Ireland is not known, as the training model for PAs differs significantly from that of medical students, non-consultant hospital doctors, and GP trainees. This presents a problem for the supervisor and renders the process unsafe due to uncertainty around the foundation upon which skills development can be safely facilitated. This raises additional concerns around indemnity for the supervising doctor.

Impact on Medical Training and NCHDs

Given the current significant deficits in medical workforce numbers, particularly in regard to hospital specialists and GPs there are already extreme pressures in delivering high quality training to their trainees.

- PAs are to be employed to carry out less-complex procedures which are normally carried out by NCHDS as part of their training. The employment of PAs will reduce access to theatre time (already limited in training hospitals) for surgical trainees and procedure time for medical trainees with long-term negative impacts on the quality of training for medical professionals.
- Currently there are insufficient number of consultants employed in the HSE and GP specialists to support the supervision of NCHDs. A requirement for supervising consultants to train and supervise PAs will interfere with and reduce training and supervision opportunities for NCHDs.

- Our public health service relies heavily on International Doctors who are in most cases not able to avail of structured training or appropriate career pathways.
- Training programmes for PAs introduces further competition for tight resources.
- The starting salary for PAs In Ireland is that of an SHO, despite the latter's greater training and responsibility. This discrepancy demoralises doctors and undermines the value of rigorous medical education and training. Ireland must ensure fair remuneration practices to maintain morale and professionalism.
- The additional supervisory duties imposed on doctors, coupled with concerns about job security and professional recognition for our international doctors will lead to decreased morale and difficulties in attracting doctor to work in Ireland.
- PA posts should not be introduced in circumstances where such a post requires the suppression of NCHD posts.
- PAs should not be included on medical rotas as a substitute for NCHDs.

Regulation: The absence of clear regulatory framework for physician associates poses risks to maintaining professional standards and accountability within multidisciplinary teams.

- In the interests of patient safety all Medical Practitioners in Ireland must be registered with the Medical Council who is the independent statutory body for regulating medical professionals. Among its roles the Medical Council is responsible for ensuring that registered medical professionals are appropriately qualified and assuring the quality of medical education and postgraduate training as well as continuing medical education and professional development. The Medical Council is also responsible for setting the standards for professional conduct and ethics that doctors must comply with, investigating complaints about doctors and taking action to protect the public, where necessary.
- Similarly, nurses and pharmacists must be registered with the Nursing and Midwifery Board or the Pharmaceutical Society of Ireland. Other recognised healthcare professionals are at various stages of regulation with CORU. The absence of a plan for the statutory regulation of PAs would appear to be a regressive step.
- Consultants appear to have full responsibility for PAs. This eventually could lead to situation where a Consultant is struck off the register for an error made by a PA, while the PA is allowed to remain in employment.
- In the interests of patient safety, PA should be subject to statutory regulation by CORU, In the absence of a statutory regulatory framework for PAs it is difficult to see how the employment of PAs in Ireland can proceed.

Based on the comments above the IMO seeks to engage further with the HSE with regard to the Role of the Physician Associate and the Draft Guidance Document.