

Issue: Ir Med J; Vol 113; No. 10; P225

Expanding the Role of a Physician's Associate in the Irish Health Service

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Dear Sir,

Physician associates (PAs) are highly skilled healthcare professionals who provide a broad range of medical services in a wide variety of workplaces (including all types of hospital and surgical care, GP practices and community health services). PAs support doctors and surgeons in the diagnosis and management of patients and are trained to perform several roles, including taking medical histories, performing examinations, making diagnoses and analysing test results. They work under the supervision of a named physician and are an integral part of the health service in many countries. The first cohort of 6 PAs graduated from RCSI in 2018. Despite this, the role of a PA is unknown to many in our health service.

Having just completed a two-year fellowship in Toronto, I saw first-hand the advantage of PAs to a surgical team. The PA is an integral part of the team- they attended clinics, endoscopy, surgery and wards, similar to fellows/residents. Their roles were expanded to running PA only clinics for surveillance, survivorship and depot injections. The PA was a coveted member of the team and often a point of contention regarding allocation of the PA among staff.

The role and volume of PAs in Ireland should be expanded. Currently, the RCSI runs the only Physician Associate Studies program in Ireland while there are almost 40 programs in the UK. There are a mix of undergraduate and postgraduate courses. The RCSI program is a two-year Masters program for students with a health-science or science related primary degree.

Critics to the role of a PA will argue that patients will always want to see their physician and that the role of a PA will negatively impact the experience of a surgical trainee. In an Irish study of 270 patients in both a public and private Dublin hospital, there was a willingness to be seen by a PA. [1] Unlike a surgical trainee who moves every 6-12 months in Ireland, a PA can become a permanent member of the department which improves continuity of care for patients. The presence of a PA in theatre can also increase productivity as they have experience with the surgeon's preferences regarding instruments, setup, positioning, draping. Any reduction in time for set up can only be beneficial for surgical trainees' exposure. There are also potential to economic advantages to employing a PA in a department from reducing the need for locum cover and improving productivity.

The role of the PA should be further expanded in the Irish healthcare service for the benefit of patients and physicians alike.

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