

The next wave: “physician extenders”?

They're potentially an old solution to a very current problem. In fact, their existence can be traced back to Canada's involvement in the 1950s Korean conflict, and they may prove to be a partial answer to systemic challenges, such as how to improve patient care while providing timely and efficient access to health care providers.

They're called physician assistants, or what some describe as “physician extenders,” because they absorb portions of a doctor's workload that don't require high degrees of medical expertise. Canada, the United Kingdom, Australia and Holland are among a host of nations now examining more widespread use of physician assistants, taking their lead from the US, where assistants have been working for 40 years.

Although they are now a fixture on the US health care scene, their use and training didn't become common until after Dr. Eugene Stead selected 4 Navy corpsmen in 1965 to inaugurate the first Physician Assistant Program at Duke University in North Carolina. Stead based his curriculum on the fast-track training provided to doctors during World War II.

That small start has since become a flood. Today, more than 130 accredited US programs graduate some 4500 physician assistants annually. Curricula average 26 months and involve a measure of classroom and lab training in basic medical and behavioural sciences, followed by clinical rotations in surgery, pediatrics, obstetrics and gynecology, internal, geriatric and emergency medicine. No internship or residency is involved.

The assistants work at all times under the supervision of a licensed physician. According to the Canadian Association of Physician Assistants, an assistant's responsibilities can vary widely depending on such factors as experience and clinical setting. In some cases, assistants may conduct examinations, diagnose and treat illness, order and interpret tests, take medical histories, write prescriptions for some drugs, assist in surgery or even perform emergency procedures. Typically they handle more “routine” cases.



Associated Press

The US military began training physician assistants in 1965; there are now 63 600 in both civilian and military practice.

Some 63 600 assistants now practise in the US, where they are the fourth fastest growing profession. The US Bureau of Labour Statistics projects 50% growth in their numbers by 2014.

By contrast, there are only 150 physician assistants in Canada, and most of those are in the military. The Canadian Forces Medical Services School in Borden, Ont., is the only Canadian educational institution now training physician assistants, with roughly 2 dozen graduates annually.

But the civilian medical field is slowly warming to the notion of physician assistants. Manitoba has regulated the use of “clinical assistants” since 2002. These professionals work primarily in surgical theatres (pre-op through post-op), although “they also work in medical areas, such as neurology and cardiology,” says Chief Petty Officer 2nd Class Marc Pellerin, the communication director for the Canadian Association of Physician Assistants.

The Manitoba Medical Association recently gave its blessing to creating Canada's second physician assistants' training program, a 26-month, masters-level course at the University of Manitoba. It is scheduled to accept its first students in September 2008.

“They'll be modelling their program on ours,” Pellerin says. “So it will be

uniform with what we're doing at the military school.”

In Ontario, a 1-year pilot to evaluate the use of physician assistants in 5 hospital emergency departments (Brockville, Cambridge, Guelph, Quinte/Trenton and Timmins) is nearing completion, and a larger initiative is just ramping up. It will place, and test, some 50 assistants in internal medicine, emergency, orthopedic surgery, complex continuing care and rehabilitation settings in 25 hospitals. Among candidates being assessed are international medical graduates. Ultimately, it's hoped the program's reach can be extended to community health centres and family practices.

Coordinated by the Ontario Hospital Association, the Ontario Medical Association and the Ministry of Health and Long-Term Care, the initiative is part of HealthForceOntario, the province's health care human resources strategy, which includes a commitment to launch a post-secondary physician assistant training program.

“Several universities, and now other provincial ministries, are expressing interest in this multidisciplinary team approach,” says Canadian Association of Physician Assistants Vice-President Master Warrant Officer Rob Bruyns. “They all want to study our curriculum as a template — we could be looking at one large uniform profession. But for now, all eyes are on the Ontario program to see how it unfolds.” — David McCabe, Ottawa

DOI:10.1503/cmaj.071041

WHO regulations to prevent spread of infectious disease

Under new WHO regulations aimed at preventing the spread of infectious diseases, all 193 member states must report within 24 hours of assessment any disease or event that may constitute a public health emergency of international concern.

The new International Health Regulations (2005) were officially adopted on June 15, 2007, within the 2-year target set by the 58th World Health Assembly