

Physician Assistant (PA)

Clinical Governance Guideline

September 2021



Physician Assistant – Clinical Governance Guideline

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1. Purpose

The Physician Assistant (PA) Clinical Governance Guideline (Guideline) provides recommendations regarding best practice and a standardised approach to the clinical practice and professional development framework for PAs within the Queensland public health system.

This Guideline identifies relevant legislation and policy and defines processes that support efficient and safe service provision that will contribute to improved health outcomes for Queenslanders.

2. Scope

This Guideline is relevant to PAs and supervising medical practitioners. All health care providers within the interdisciplinary team should be familiar with the clinical practice elements of the Guideline. The Guideline provides information for all Queensland public health system employees and all organisations and individuals acting as its agents (including partners, contractors, consultants and volunteers).

This document does not cover the practice of a PA working in the private health sector.

3. Related documents

Factsheets

- Factsheet 1: Clinical Governance Guideline Overview
- Factsheet 2: Employment Arrangements
- Factsheet 3: Professional Indemnity

Forms and templates

- Physician Assistant Practice Plan (Appendix 1)
- Physician Assistant Application for Endorsement (Appendix 2)
- Physician Assistant Clinical Practice Report (Appendix 3)
- Summary of Physician Assistant Medicines Authorities (Appendix 4)

4. PA Role

4.1 Background

The PA role was established in the 1960s in the United States of America (USA) to address issues of rural and remote health access and disparity of health care in underserved populations. The role now mirrors most areas of medicine practised by medical and surgical practitioners. The PA role also exists in other countries including Canada, United Kingdom and Netherlands.

In 2011, Health Workforce Australia (HWA) published *The potential role of Physician Assistants in the Australian context*. The report noted evidence of positive workforce and patient access benefits, especially in Indigenous communities and under-serviced areas in comparable health systems internationally.

The role was piloted in Queensland and South Australia between 2008 and 2010 to test the potential suitability and value of the role. The Pilot demonstrated the PAs integrated well with their clinical teams, created distinct roles which complemented the existing nursing and medical roles and enhanced service delivery.

The final PA Pilot Steering Committee made several recommendations to support the establishment and introduction of the role in Queensland. The clinical governance developed during the Pilot has been used as a foundation to establish robust clinical governance for the role.

The first PA role in Queensland's public health sector was established in 2014.

4.1 Role Overview

The PA is an emerging health profession in Australia with small numbers employed in the private and public health care sectors.

A PA is a clinician working as a member of a multidisciplinary team under the delegation and supervision of a medical practitioner. The role is generalist in nature, with a focus on primary, emergency and preventative care. However, under delegated practice a PA may specialise, depending on experience, and the scope of clinical practice of the supervising medical practitioner.

A PA uses similar diagnostic and therapeutic reasoning to a medical practitioner. PA education programs are built on a medical care model which includes, but is not limited to: anatomy; physiology; biochemistry; pharmacology; physical diagnosis; pathophysiology; microbiology; clinical laboratory science; behavioural science; paediatric and adult emergency medicine; medical ethics; clinical skills; clinical decision making; public health; and health of special populations. In most cases, as a pre-requisite to PA education programs in Australia, PAs will have obtained a tertiary level education and had previous healthcare experience.

The collaborative relationship between a PA and the supervising medical practitioner is considered a defining feature of the profession. The nature of supervision for each delegated clinical practice activity may vary according to a number of factors such as clinical type, patient acuity, health care setting or context, and the PA experience and competence.

As a PA's competence increases, the level of supervision will change and/or practice scope will broaden. The supervising medical practitioner defines the activities and other clinical practice elements in an individual Practice Plan, which is then endorsed by the Medical Credentialing Committee. The supervising medical practitioner retains overall responsibility for health care delivery; and at no time will the PA override or substitute for a medical practitioner.

5. Clinical Governance Framework

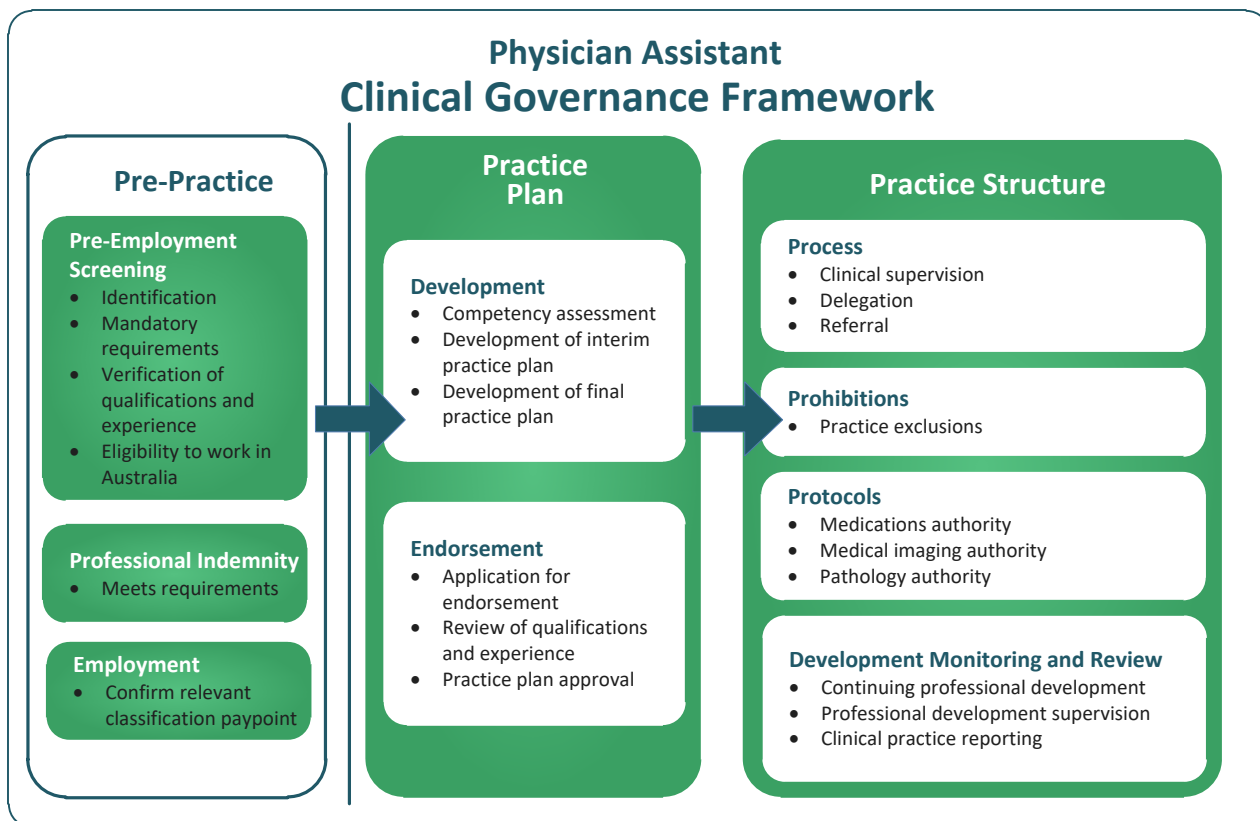


Fig 1. Physician Assistant clinical governance framework

5.1 Overview

The PA Clinical Governance Framework (Framework) is underpinned by the application of a quality pre-practice verification, assessment and endorsement process and a robust clinical practice structure to guide the standard of accountability, responsibility, authority and other mechanisms to allow a PA to effectively and safely provide patient care.

The Framework provides the recommended minimum standards and processes for all clinically related aspects of the PA role. The Framework aligns with the Clinical Governance Frameworks of other professions within the Queensland public health system.

The PA Clinical Governance Guideline outlines fundamental best practise for the role of PA, to ensure a systematic approach to managing, maintaining and improving the quality of patient care within the public health system.

5.1.1 Pre-Practice

PA pre-employment screening principles, requirements and processes must align with Queensland Health policy. The relevant information can be located in the Recruitment and Selection HR Policy B1 (QH-POL-212)¹.

Professional Indemnity is also an element of the pre-practice component of the clinical governance framework. A PA and a supervising medical practitioner employed by Hospital and Health Services (HHSs) or the Department of Health will be covered under the terms and conditions of Indemnity for Queensland Health Medical Practitioners HR Policy I2 (QH-POL-153)², and the *Public Service Act 2008*³.

The PA role has been classified in the Professional Officer stream of the *Hospital and Health Service General Employees (Queensland Health) Award – State 2015* and under the terms and conditions of the *Queensland Public Health Sector Certified Agreement (No10) 2019 (EB10)*.

PA factsheets relating to employment arrangements and professional indemnity can be found on the Department's Physician Assistant intranet site

<https://qheps.health.qld.gov.au/wsb/html/physician-assistants>.

6. Practice Plan Development & Endorsement

6.1 Competency Assessment

A PA may be subject to a competency assessment to enable the development of the individual PA Practice Plan. The most appropriate competency assessment will be determined by the supervising medical practitioner. A mini-clinical evaluation exercise (Mini-CEX) is an example of a mechanism to complete the competency assessment.

6.2 Developing an Interim Practice Plan

The principal supervising medical practitioner may determine that a PA works under an interim Practice Plan while the PA's competence and level of required supervision is determined. The PA will continue to work in accordance with the interim Practice Plan until the final Practice Plan is approved by the HHS Executive Director of Medical Services (EDMS) as delegated by the HHS Chief Executive.

The level of supervision provided under the interim Practice Plan should minimise risk and maximise patient safety. This will include a closer level of monitoring and review than proposed under the final Practice Plan.

¹ www.health.qld.gov.au/__data/assets/pdf_file/0034/635893/qh-pol-212.pdf

² www.health.qld.gov.au/system-governance/policies-standards/doh-policy/policy/qh-pol-153.pdf

³ www.forgov.qld.gov.au/working-in-the-public-service/support-employees/legal-protection-for-employees

6.3 Developing the Practice Plan

The clinical practice activities delegated to the PA, and the level of supervision required to perform these will be documented in the Practice Plan (Appendix 1). The Practice Plan is developed collaboratively between the principal and secondary supervising medical practitioners and the PA.

The Practice Plan identifies:

- Principal and secondary supervising medical practitioner information, including job title, contact details, registration number, credentials, and scope of clinical practice
- Clinical practice activities
- Practice exclusions and restrictions
- Supervision and consultation requirements
- Prescription authority
- Pathology authority
- Medical imaging authority
- Agreement by both the supervising medical practitioners and the PA
- Agreement by supplementary supervising medical practitioners
- Approval by the HHS EDMS

The assignment of delegated clinical practice activities should be routinely reviewed by the supervising medical practitioner in consultation with the PA. It is expected that PA practice will develop and expand over time.

6.4 Application for Endorsement

All PA Practice Plans will be approved by the HHS EDMS as delegated by the HHS Chief Executive. A final Practice Plan shall be attached with other supporting evidence to a PA Application for Endorsement form (Appendix 2) and submitted to the HHS Medical Credentialing Committee. This will occur prior to the expiration of the interim Practice Plan, and within 60 days of commencement of practice.

The HHS EDMS role is to:

- verify that the identified principal and secondary medical practitioners are suitable to supervise a PA
- consider and approve the interim Practice Plan
- consider and approve the Practice Plan (if delegated by HHS Chief Executive) and submit with the PA Application of Endorsement form to the HHS Medical Credentialing Committee
- consider any appeals and determine decisions.

The HHS Medical Credentialing Committee's role is to:

- review the verified PA qualifications and experience as outlined in the application and supporting evidence
- ensure the activities outlined in the Practice Plan are within the PA's qualification and experience and within the supervising medical practitioner's scope of clinical practice
- consider and determine endorsement of the PA Practice Plan and sign the Application of Endorsement
- retain a copy of the endorsed Application and Practice Plan
- provide further advice to the HHS Chief Executive and EDMS if required.

A PA must disclose status of international registration or certification (if appropriate) including any conditions, past or present suspensions, reprimands or undertakings, limitations on activity by another facility or jurisdiction; or any other matter that the HHS Medical Credentialing Committee could reasonably expect to be disclosed in order to make an informed decision on endorsement.

6.5 Amending an Endorsed Practice Plan

A Practice Plan must be amended if there is a substantial change in the practice activity or context. This may include a change in the service stream or setting in which the PA works or change of supervising medical practitioner. Any substantial amendments to a Practice Plan must be submitted for approval to the HHS EDMS as a delegate of the HHS Chief Executive.

The supervising medical practitioner retains the right to immediately limit or reduce the PA activities or increase the level of supervision without prior approval from the HHS EDMS or HHS Medical Credentialing Committee. This action may be documented in a PA Clinical Practice Report (Appendix 3).

6.6 Duration of Practice Plan

PA endorsement and the associated Practice Plan should have an end date of no more than 3 years from the date of approval by the HHS EDMS. However, it is recommended that the Practice Plan is reviewed by the HHS EDMS following the first 12 months of practice; and by the principal supervising medical practitioner during the 6-monthly review of the individual professional development plan or Career Success Plan (CSP).

6.7 Appeals

A PA who has had an Application for Endorsement denied, withheld, or limited to that requested, can appeal against the decision.

A request for reconsideration can be made in writing by the PA to the HHS EDMS (if delegated from HHS Chief Executive), within 14 business days from receipt of notification. The HHS EDMS will then determine to confirm or reject the original decision within 30 business days of receipt of the appeal.

7. Practice Structure

7.1 Delegation

The principal supervising medical practitioner retains overall accountability for the execution of any duties undertaken by the PA, and remains responsible for the overall management and clinical outcomes of the patient and for the decision to delegate activities.

A delegated activity must be:

- within the credentialed scope of clinical practice of the principal and secondary supervising medical practitioners
- within the qualifications, experience, knowledge, skills, and competency of the PA
- within legislative authority
- appropriate for the context i.e. sound, evidence-based medical practice, that meets patient needs, and service delivery scope
- consistent with the service provider's policies
- negotiated and agreed between the PA and supervisor
- documented in the Practice Plan.

Accepting delegated activity is an indication that the PA:

- agrees to accept the specific activity
- confirms that the activity is within his or her professional scope of practice and within delegated practice outlined in the Practice Plan
- has the appropriate experience and competence
- acknowledges the level of responsibility and accountability
- acknowledges that they do not take the place of the supervising medical practitioner as the principal medical decision-maker
- agrees to not delegate activities which have been delegated to them
- agrees to not undertake any activity which is prohibited.

The PA is responsible and accountable for making a professional judgement about when an activity is beyond their capability, and for initiating immediate attention or consultation with their supervising medical practitioner and other members of the health care team as appropriate.

If necessary, the PA is to institute treatment procedures essential for the life of the patient.

Should a patient decline to be assessed or treated by a PA, the PA must immediately refer the patient to a medical practitioner.

7.2 Referral

Another health professional may refer aspects of a patient's care to a PA. Also, a PA may refer aspects of a patient's care to other health professionals, as previously agreed with the supervising medical practitioner.

The referral should be:

- agreed to be accepted by the recipient
- based upon clinical assessment of patient need
- within the authority of the referring health professional and/or within the authority of the PA
- within legislation
- in line with service provider's policies
- supported by appropriate and sufficient communication and information about the patient and the patient's treatment to enable continuing care.

7.3 Handover

A PA may only handover a patient's care to another health professional with the prior agreement of the supervising medical practitioner.

7.4 Practice Exclusions

It is determined that a PA may not:

- sign a death certificate. However, a PA may declare 'life extinct' in lieu of the supervising medical practitioner
- complete or sign a prescription that is eligible for PBS reimbursement either through the PBS access scheme, or one that will be filled by a private pharmacy
- complete or sign a prescription for highly specialised drugs that require medical specialist authority
- complete or sign a request for private pathology tests eligible for Medicare rebates covered by the pathology table of the *Health Insurance Act 1973*, or that would otherwise be valid if requested by a registered Medical Practitioner holding a valid Medicare Australia Provider Number for a private patient
- sign a Workers Compensation Form or Medical Certificate for a Motor Vehicle Driver's Licence
- sign forms that attract a Commonwealth benefit
- order blood or blood products unless specified in the Practice Plan
- perform any medical service, procedure, function, or activity which is outside of the assigned role as identified in the Practice Plan
- work without access to a nominated supervising medical practitioner.

7.5 Clinical Supervision

A PA must work under the direction of the supervising medical practitioners appointed as a principal supervisor and a secondary supervisor as indicated in the Practice Plan. In addition, shift supervision may be provided by supplementary supervisor/s as appropriate.

7.5.1 Responsibilities of the Principal Supervising Medical Practitioner

The principal supervising medical practitioner is required to:

- hold general or specialist registration with the Medical Board of Australia and must have been credentialed and granted scope of clinical practice by the HHS Medical Credentialing Committee
- be eligible to supervise a PA as determined by the HHS EDMS
- nominate a secondary supervisor
- identify and collaborate with the secondary supervisor
- assess PA competencies
- collaboratively develop, agree, and sign a Practice Plan
- submit a PA Application for Endorsement to the HHS Medical Credentialing Committee
- assign activities based on individual competencies and case complexity, with regard to the services that can be provided by the health facility and the supervisor's scope of clinical practice
- clearly communicate directions and expectations of how the activity is to be performed
- arrange for the secondary supervisor to be available in periods of absence
- provide direct assistance and/or intervention and/or consultation when required
- review a minimum of 10% of PA treated patient charts, or as documented and agreed
- assess and appraise performance through direct observation, consultation with other stakeholders, review of documentation, use of assessment tools etc.
- review and countersign relevant records and documentation
- facilitate developmental opportunities
- complete written reports as required
- have the appropriate skills, attributes, and capacity to provide clinical supervision.

It is recommended that a principal supervising medical practitioner only supervises a maximum of two PAs at any one time.

Medical practitioners with limited registration cannot be appointed as the PA principal supervisor.

7.5.2 Responsibilities of the Secondary Supervising Medical Practitioner

The secondary supervising medical practitioner is required to:

- hold general or specialist registration with the Medical Board of Australia and must have been credentialed and granted scope of clinical practice by the HHS Medical Credentialing Committee

- be eligible to supervise a PA as determined by the HHS EDMS
- assist in assessing PA competencies
- collaboratively develop and sign a PA Practice Plan
- provide direct assistance and/or intervention and/or consultation when required
- assume the role of principal supervising medical practitioner in the event that the principal supervising medical practitioner is not available or on periods of absence.

7.5.3 Responsibilities of the Supplementary Supervising Medical Practitioner/s

The supplementary supervisor will provide direct and/or indirect supervision and support to a PA on a shift by shift basis. Only supervisors that are named on the practice plan will be able to supervise a PA.

Supplementary supervisors will be required to:

- hold general or specialist registration with the Medical Board of Australia and must have been credentialed and granted scope of clinical practice by the HHS Medical Credentialing Committee
- be aware of the purpose of supervision and agree to assume the role and responsibilities of a supplementary supervisor
- have the appropriate skills, attributes, and capacity to provide supplementary supervision
- be familiar with the PA Practice Plan and sign to indicate agreement to be a supplementary supervisor
- provide direct assistance and/or intervention when required
- review and countersign relevant records and documentation.

7.5.4 Levels of Clinical Supervision

Supervision may be provided through three levels of supervision – direct, indirect, and remote. Different activities may require different levels of supervision which will be defined in the Practice Plan.

The nature of supervision may vary according to a number of factors including:

- patient type
- service type
- Clinical Services Capability Framework (CSCF) of the facility
- level of acuity and complexity of patient care required
- PA experience and competence
- location and environment.

Level One - Direct Clinical Supervision

Direct clinical supervision may occur until the PA has become familiar with the role and the practice environment. This level of supervision may be necessary until the supervisor has determined the skills and competence of the PA.

Features of direct clinical supervision by the supervising practitioner may include:

- retaining direct and principal responsibility for the patient
- being predominantly present, giving directions and observing the PA
- providing cooperative care and shadowing arrangements
- being immediately available when clinical care is being provided by the PA
- countersigning all medical records and documentation
- completion of the formal reporting as defined in the Practice Plan.

Level Two - Indirect Clinical Supervision

Indirect clinical supervision may remain appropriate for delegated practice or may occur until the supervising medical practitioner is confident that the skills and competence of the PA are such that level three supervision is appropriate for some specific activities.

Features of indirect clinical supervision by the supervising practitioner may include:

- remaining accountable for patient outcomes and care but the PA takes primary responsibility for individual patient care
- working within the same service setting/facility and undertaking periodic review of PA performance
- being contactable for consultation
- working within the same service setting/facility and undertakes periodic review of performance
- ensuring appropriate safeguards are in place for regular and detailed monitoring of performance and referral
- ensuring a medical practitioner is present in the workplace at all times
- initially agreeing with a PA to meet daily until determining when to reduce the frequency of the meetings
- ensuring supervision meetings include a review of a sample of medical records from patients seen by the PA. Charts should be selected to ensure a sufficient range of clinical presentations and treatment interventions are reviewed.

Level Three – Remote Clinical Supervision

Remote clinical supervision allows for a PA to work with more autonomy for specific activities as defined in the Practice Plan. This may occur once the supervising medical practitioner is confident that the PA demonstrates the skills and competence to provide safe and effective patient care with a lower level of monitoring.

Features of remote clinical supervision by the supervising practitioner may include:

- readily contactable by telephone or other means of communication if not immediately available in person
- ensuring appropriate safeguards are in place for monitoring and referral
- defining the frequency of meetings in the Practice Plan
- ensuring supervision meetings include a review of a sample of medical records from patients treated by the PA.

7.6 Medications

A PA is authorised under Schedule 6, Part 3 of the *Queensland Medicines and Poisons (Medicines) Regulation 2021* to:

- prescribe, give a treatment dose, and administer a wide range of medications to patients
- write medical orders and prescriptions for administration in a patient's medication and history charts

Specific prescribing and administration requirements will be defined in the Practice Plan. The practice plan will state the circumstances and conditions for a PA to use a controlled drug, restricted drug or poison.

The PA Practice Plan used to define the clinical practice scope of the PA is only on the form approved by the Director-General or their delegate (Appendix 1) as required by the *Queensland Medicines and Poisons (Medicines) Regulation 2021*.

7.6.1 Legislation, Regulation and Policy

The *Queensland Medicines and Poisons (Medicines) Regulation 2021* is established under the provisions of Section 240 of the *Medicines and Poisons Action 2019*. It provides the legislative authority for a PA who is "appointed and employed as a physician assistant by a Hospital and Health Service or the chief executive to prescribe, administer, give a treatment dose or possess, of a medicine.

The full text of relevant sections and the definitions relevant to the Regulation is reproduced at Appendix 4.

A PA is required to comply with the National Policy on the Quality Use of Medicines⁴.

7.6.2 Prescribing

Medications are usually supplied to patients through an 'imprest system' at the hospital, and/or through the patient's individual supply. Prescriptions for medicines which are supplied through the imprest system do not require a PA to have a Pharmaceutical Benefit Scheme (PBS) Prescriber Number.

⁴ www.health.gov.au/internet/main/publishing.nsf/content/nmp-quality.htm

7.6.3 Prescribing Exclusions

Pharmaceutical Benefit Scheme (PBS)

A PA cannot complete or sign a prescription that is eligible for PBS reimbursement, either through the PBS access scheme, or through a private pharmacy. Therefore, a PA cannot write a prescription for drugs and/ or poisons that will not be provided directly to the patient through the imprest system or filled through the hospital pharmacy.

There are a number of medicines on the List of Approved Medicines (LAM) that where prescription is restricted to certain practitioners such as medical specialists, medical superintendents, endorsed podiatrists etc. A PA is unable to prescribe medicines that fall within these restrictions⁵.

Therapeutic Goods Administration

A PA must not prescribe, administer, or give a treatment dose of medicines that have not been approved by the Therapeutic Goods Administration. www.tga.gov.au

'Off-Label' Use

A PA must not practice outside the terms of the manufacturer's product information ('off-label'), unless instructed and documented by the supervising medical practitioner and there is sufficient evidence base to demonstrate the safety and efficacy of using the drug or poison.

7.7 Medical Imaging

Medical imaging encompasses a range of technologies used to produce images of internal body structures. These technologies are known as modalities and include: plain film radiography, ultrasound, fluoroscopy, Computed Tomography (CT), Magnetic Resonance Imaging (MRI), angiography and nuclear medicine. Most of these modalities use ionising radiation, with the exception of ultrasound and MRI.

The range of modalities that can be requested by a PA will be determined by the supervising medical practitioner and defined in the PA Practice Plan, and must align with legislative requirements and the appropriate clinical guidelines. Internal protocols may need to be developed in collaboration with the medical imaging service provider.

7.7.1 Legislation and Regulation

A PA is subject to, and required to comply with, the *Queensland Radiation Safety Act 1999* and the *Queensland Radiation Safety Regulation 2021*⁶.

⁵ www.health.qld.gov.au/clinical-practice/guidelines-procedures/medicines/approved-list/default.asp

⁶ www.legislation.qld.gov.au/view/pdf/inforce/current/sl-2021-0125

Radiation Safety Act 1999

It is a requirement under the *Radiation Safety Act 1999*, that only an 'Authorised Person' may request a diagnostic procedure for another person. (Division 4, section 41 Diagnostic or therapeutic procedures).

Radiation Safety Regulation 2021

The *Radiation Safety Regulation 2021* defines a PA as “*appointed by the chief executive, and employed by the department, as a physician assistant; or appointed by a Hospital and Health Service established under the Hospital and Health Boards Act 2011, and employed by the Service as a physician assistant*”.

Under Part 9, Section 66 of the *Radiation Safety Regulation 2021*, PAs are identified as authorised persons to request a diagnostic procedure where:

- a) The PA's Practice Plan states they can request a diagnostic procedure; and
- b) The PA requests the diagnostic procedure under the supervision of their supervising medical practitioner; and
- c) The supervising medical practitioner is identified and authorised under section 65 (of the *Radiation Safety Regulation 2021*) to request the diagnostic procedure.

A diagnostic procedure is defined in Schedule 6, Part 1 of the *Radiation Safety Regulation 2021*.

7.7.2 Medical Imaging Exclusions

MRI is currently managed through specific requestor, provider, and item level restrictions set by the Federal Department of Health, and is therefore considered to be out of scope for a PA.

7.7.3 Access to Results and Reporting

Most public medical facilities have access to a Radiology Information System (RIS) and a Picture Archiving and Communication System (PACS). These systems provide on-line access to diagnostic images and imaging reports.

It should be noted that there are a number of different systems in use across the state. A PA will require access to the appropriate systems at the facility in which they are practising in order to access medical imaging results. It is suggested that access to the RIS and PACS systems to be arranged as part of the PA's orientation to the facility.

Information and recommendations regarding best practice for the reporting of diagnostic imaging procedures is available through the *Guideline for the Provision of Diagnostic Imaging Reports*⁷.

⁷ www.health.qld.gov.au/__data/assets/pdf_file/0029/147386/qh-gdl-017.pdf

7.7.4 Medical Imaging - Medicare Billing Eligibility

Medical imaging is a service which attracts a Medicare benefit when the services are requested by a clinician with an appropriate Medicare Provider Number (MPN). At this time, Medicare Australia does not issue MPNs to PAs. Therefore, a PA working within public facilities cannot request a medical imaging service that will attract a Medicare benefit.

7.8 Pathology

A PA requires access to a wide range of clinical information to facilitate clinical reasoning and support the formation of a differential diagnosis. A PA may be responsible for some or all aspects of a pathology request, including signing off on pathology tests. The PA delegated practice, including pathology requesting and collection exclusions, will be defined in the Practice Plan.

7.8.1 Legislation and Regulation

A PA is not subject to pathology specific legislation or regulations. However, they are required to follow the protocols and guidelines that have been determined by Pathology Queensland, and relevant policy and processes at the facility level. ~~In addition, they are required to follow Medicare procedures in relation to pathology ordering.~~

7.8.2 Pathology Queensland Guidelines

Pathology Queensland provides:

- a comprehensive diagnostic pathology service in accordance with published Pathology Queensland test list, including chemical pathology, haematology, transfusion medicine, microbiology, immunology, anatomical pathology and cytopathology
- written guidelines and pro-formas that should be followed when collecting specimens and requesting pathology tests⁸
- access to test results on the laboratory information system. Laboratory Information Systems and Solutions (LISS) support and manage the relevant information systems AUSCARE and AUSLAB
- PA authorisation to request pathology tests. Application forms are available via the Laboratory Information Systems and Solutions Intranet page⁹.

7.8.3 Pathology - Medicare Billing Eligibility

A PA within public health facilities can request pathology tests without a MPN if it is defined in the Practice Plan. On application to LISS, the PA will be issued with an AUSLAB code which must be used for all pathology tests.

However, it should be noted that the pathology order number does not allow PAs to bill pathology services to the MBS. Any billed pathology requests must be requested and authorised by the supervising medical practitioner.

⁸ <http://qheps.health.qld.gov.au/hssa/pathology/testing/specimen-collection.htm>

⁹ <http://qis.health.qld.gov.au/DocumentManagement/Default.aspx?DocumentID=31844>

8. Development, Monitoring & Review

8.1 Continuing Professional Development

A PA who is engaged in any form of clinical practice is required to participate regularly in continuing professional development (CPD) that is relevant to their professional scope of practice in order to maintain, develop, and enhance the PA's knowledge, skills and performance to ensure that the delivery of appropriate and safe care.

CPD should include a range of activities to meet individual learning needs including practice-based reflective elements, such as clinical audit, peer-review or performance appraisal. A PA should also participate in activities to enhance knowledge such as courses, conferences and online learning. The CPD programs of medical colleges accredited by the Australian Medical Council (AMC) meet these requirements.

8.1.1 CPD requirements

The PA is not a nationally registered profession. However, aligning generally to Australian Health Practitioner Regulation Agency (AHPRA) continuing professional development registration standards, it is recommended that:

- CPD requirements will be discussed with the principal supervising medical practitioner
- CPD will include annual basic life support education
- A minimum of 20 hours of CPD activities per calendar year are deemed appropriate
- The CPD should be relevant to practice as a PA and align with the context of practice
- Additionally, 10 hours per year in medication related education (if included in practice scope and endorsed from the medical credentialing committee to prescribe, administer, or give a treatment dose of medicines)
- One hour of active learning will equal one hour of CPD. It is the PA's responsibility to calculate how many hours of active learning have taken place
- A PA should keep written documentation that demonstrates evidence of completion of CPD
- Documentation of self-directed CPD must include dates, a brief description of key learning, and the number of hours spent undertaking each activity
- Participation in mandatory training as set by the HHS may be counted as CPD
- In addition to the CPD portfolio, where applicable, a PA is required to retain any receipts, tax invoices or certificates of attendance to verify participation in CPD activities.

8.1.2 Approved development programs

As formal professional development programs for PAs are limited, alternative programs available for other health professions including medical practitioners may be accessed for the purposes of CPD.

The Australian College of Rural and Remote Medicine (ACRRM) has issued a position statement in recognition of the PA role and accepts PAs into its CPD programs. Completion of the ACRRM CPD programs will provide a PA with formal CPD points.

CPD may be achieved through education programs, seminars, workshops, lectures, conferences, discussion groups, multimedia or website-based programs, or the research and preparation of articles published in medical publications or other such publications relevant to the area of practice, or review of professional journals, or any combination of two or more of the above or self-directed learning consistent with maintenance of competence.

8.1.3 Professional Development Supervision

In addition to the clinical supervision provided by the supervising medical practitioner in relation to the PA's clinical practice, it is recommended that CPD related supervision is provided to specifically focus on the PA's professional development requirements.

This is regular protected time that enables in-depth discussion of, and reflection on clinical practice, and may include:

- review and feedback on performance; identifying strengths and weaknesses and performance issues
- observation of practical skills including procedural skills and patient interaction
- discussion of difficult or unusual cases
- discussion of cultural and management issues
- medical record reviews.

Professional development supervision may be a planned formal process or undertaken on an ad hoc basis. These sessions may be documented in a Professional Development Supervision Plan or alternatively, the planned formal sessions may be achieved through the professional development or Career Success Plan (CSP)

8.2 Clinical Practice Reporting

It is important to consider a process for monitoring PA progress and contribution to clinical service and patient outcomes. This will assist in ensuring the provision of a quality patient care, maximising input and outcomes.

The frequency and extent of review depends on the skill and competence of the PA and the scope in which they are practising. The frequency will be determined locally, and a minimum of 10% of patients treated by the PA is recommended.

It is recommended that the Physician Assistant Clinical Practice Report (Appendix 3) is completed at formal review meetings. This report does not replace the need for self-monitoring by the PA, nor does it abrogate responsibility of the supervising medical practitioners to monitor the case load, competency and clinical practice of the PA.

A copy of this report must be retained by the principal supervising medical practitioner and may be submitted to the HHS EDMS on request or HHS Medical Credentialing Committee in support of a renewal or amendment Application for Endorsement.

9. Review

This Guideline is due for review on: 27 September 2023

Date of Last Review: 27 September 2021

Supersedes: Version 3.0

10. Business Area Contact

Workforce Strategy Branch

Queensland Health

Telephone: 3708 5740

Email: PA@health.qld.gov.au

11. Approval and Implementation

Policy Custodian:

Senior Director, Workforce Strategy Branch

Responsible Executive Team Member:

Deputy Director-General, Corporate Services Division

Effective from: 27 September 2021

12. Definitions of terms used in the guideline and supporting documents

Term	Definition / Explanation / Details
AUSLAB	<p>The Queensland Pathology State-wide pathology information system. Available in Queensland public health facilities, it provides clinical staff with a standard user interface for all pathology and scientific testing performed within the Department of Health network.</p> <p>In addition, it provides integrated access to all patient records on the system, irrespective of the testing laboratory or patient location.</p>
AUSCARE	<p>A State-wide business critical, results acknowledgment application which delivers on-line access to diagnostic results by clinicians across the State.</p>
Continuing Professional Development (CPD)	<p>The means by which PAs maintain, improve and broaden their knowledge, expertise and competence, and develop the personal qualities required in their professional lives.</p>
Delegation	<p>Requesting another health care professional to provide care on your behalf while you retain overall responsibility for the patient's care.</p>
Handover	<p>The process of transferring all responsibility to another health care professional.</p>
MiniCex	<p>A clinical evaluation exercise for assessing clinical performance and core clinical skills, consisting of an observed clinical encounter with a patient.</p>
Practice	<p>Any role, whether remunerated or not, in which the individual uses his or her skills and knowledge as a health practitioner within their profession.</p> <p>For the purposes of this Guideline, practice is not restricted to the provision of clinical care. It includes using professional knowledge in a direct non-clinical relationship with clients, working</p>

	management, administration, education, research, advisory, regulatory or policy development roles, and any roles that impact on safe, effective delivery of services in the profession.
Professional indemnity insurance arrangements	<p>Arrangements that secure for the practitioner, insurance against civil liability incurred by, or loss arising from, a claim that is made as a result of a negligent act, error or omission in the conduct of the practitioner.</p> <p>This type of insurance is available to practitioners and organisations across a range of industries and covers the costs and expenses of defending a legal claim, as well as any payable damages.</p> <p>Some government organisations, under policies of the owning governments, are self-insured for the same range of matters.</p>
Referral	<p>Directing a patient to obtain an opinion and/ or treatment from another health care professional.</p> <p>This usually involves the transfer (in part) of responsibility for the patient's care, usually for a defined time and for a particular purpose; such as care outside your area of expertise.</p>
Renewal application for Endorsement	Application to Credentialing Committee to renew the endorsed Practice Plan which is due to expire.
Run-off cover	<p>Insurance that protects a practitioner who has ceased a particular practice or business, against claims that arise out of activities that occurred when he or she was conducting that practice or business.</p> <p>This type of cover is included in <i>HR13 Policy</i>.</p>

Appendix 1



Queensland
Government

Queensland Health Practice Plan – Physician Assistant

Radiation Safety Regulation 2021

Medicines and Poisons (Medicines) Regulation 2021

Purpose

The Practice Plan is to provide a framework for clinical practice and supervision of the physician assistant (PA). The Practice Plan will define the individual scope of practice specific to the PA position.

Compliance

The Practice Plan template is in an approved form and all sections must be completed.

This form complies with Section 48 of the Acts Interpretation Act 1954, the Medicines and Poisons Act 2019, and the Radiation Safety Act 1999, and is approved by the Director-General, Department of Health in accordance with the definition of 'practice plan' as stated under:

- Schedule 6, Part 3 Physician Assistants of the Queensland Medicines and Poisons (Medicines) Regulation 2021.
- Part 9, Section 66 Physician Assistant authorised under Practice Plan of the Radiation Safety Regulation 2021.

The Practice Plan will be used in accordance with the **Physician Assistant Clinical Governance Guideline** (the Guideline) www.health.qld.gov.au/qhpolicy/docs/gdl/qh-gdl-397.pdf.

Process

- An interim Practice Plan is developed during the initial competency assessment period.
- A (final) Practice Plan is developed and agreed by the PA and supervising medical practitioners.
- An Application for Endorsement and supporting evidence is submitted to the Hospital and Health Service (HHS) Medical Credentialing Committee for consideration and verification.
- Approval from HHS Executive Director Medical Services as the HHS chief executive delegate.

Interim Practice Plan

Practice Plan

An interim Practice Plan may be used for a period of up to 60 days to assess the physician assistant competencies.

Practice Plan start date:		Review date:	
---------------------------	--	--------------	--

A Practice plan is reviewed by the HHS Medical Credentialing Committee in the first year and then every 3 years.

Physician assistant

Name:	
Practice location/s:	
Contact telephone number:	

Principal supervising medical practitioner

Name:	
Position title:	
Contact telephone number:	
Scope of Clinical Practice:	

Secondary supervising medical practitioner	
Name:	
Position title:	
Contact telephone number:	
Scope of Clinical Practice:	
Please note:	
<ul style="list-style-type: none"> <i>The principal supervising medical practitioner can serve as a supervisor to a maximum of 2 physician assistants (including the applicant named in this practice plan).</i> <i>In the absence of the principal supervisor, the secondary supervisor is expected to fulfil this role. If the absence is for an extended period of time, an appointment of a principal and secondary supervisor is required.</i> 	

1. Delegated practice

Physician assistants are required to practice under delegation. Collaboratively, the physician assistant and the supervising medical practitioners will determine the delegated practice scope required. The physician assistant will only accept assigned activities that are:

- consistent with the Clinical Service Capability Framework and facility policies*
- within the credentialing and scope of clinical practice of supervising medical practitioners*
- consistent with physician assistant education, training, experience, and competence.*

*This is not intended to be a complete list of activities or responsibilities but should be indicative of the types of activities that the physician assistant may be likely to perform in the role with direct, indirect, or remote supervision. **Physician assistant activities:***

2. Consultation requirements

The physician assistant is responsible and accountable for making a professional judgement about when an activity is beyond their capability or scope of professional practice, and for initiating consultation with their supervising medical practitioner and other members of the health care team as appropriate.

Please consider and complete as appropriate:

Activity/circumstances that always require immediate consultation

--

Activity that will be undertaken only after consultation

--

Activity that will be undertaken only under direct supervision

--

Please note:

- A physician assistant cannot take the place of the supervising medical practitioner as the principal medical decision maker.
- If a patient declines to be assessed or treated by the physician assistant, immediate referral to a medical practitioner must occur.

3. Practice exclusions

There are some activities which a physician assistant is prohibited to undertake:

- sign a death certificate; A physician assistant may declare 'life extinct' in lieu of the supervising medical practitioner
 - complete or sign a prescription that is eligible for reimbursement through the Pharmaceutical Benefits Scheme (facility pharmacies), or that will be filled by a private pharmacy
 - complete or sign a prescription for highly specialised drugs that require medical specialist authority
 - complete or sign a request for private pathology tests which are eligible for Medicare rebates covered by the pathology table of the *Health Insurance Act 1973*, or that otherwise would be valid if requested by a registered medical practitioner holding a valid Medicare Australia provider number for a private patient
 - sign a workers compensation form or a medical certificate for a motor vehicle driver's licence
 - sign forms that attract a commonwealth benefit
 - perform any medical service, procedure, function or activity, which is outside of the assigned role
 - work without access to a nominated supervisor.
- Other:

4. Medicines authority

Yes No

The physician assistant has been assessed as competent and is authorised to prescribe, give a treatment dose, and administer scheduled medicines including writing medical orders and prescriptions for administration in a patient's medication and history charts.

5. Medicines restrictions

*In accordance with the Medicines and Poisons (Medicines) Regulation 2021 Schedule 6, Part 3, the physician assistant may prescribe, give a treatment dose, and administer the following 2, 3, 4 & 8 scheduled medicines **with the following RESTRICTIONS:** (complete if required)*

Medication Schedule	Level of supervision <i>(determined by, and oversighted by the supervising medical practitioners)</i>		
	Level 1 <i>All orders approved and co-signed in real time</i>	Level 2 <i>All orders co-signed within 24 hours</i>	Level 3 <i>Random review</i>
Schedule 2			
Schedule 3			
Schedule 4			
Schedule 8			

The following medicines are not permitted except under a prescription:
 (e.g. concentrated electrolytes, insulin and oral hypoglycaemics, NSAIDS, cytotoxics & immune suppressants, anticoagulants, aminoglycosides)

6. Pathology authority

Yes No The physician assistant is authorised to request public pathology tests within the approved Queensland Pathology guidelines.

Exceptions/restrictions:

Yes No The physician assistant is authorised to order blood and blood products.

Exceptions/restrictions:

7. Medical imaging authority

The physician assistant is authorised to request medical imaging procedures as follows:

Yes No Plain film x-rays
 Yes No Ultrasound
 Yes No Computed tomography

Exceptions/restrictions:

8. Agreement

I accept and agree to the delegated activities defined within this practice plan.

Physician assistant Name:	Signed:	
	Date:	

Principal supervising medical practitioner Name:	Signed:	
Registration number:	Date:	

Secondary supervising medical practitioner Name:	Signed:	
Registration number:	Date:	

Supplementary supervising medical practitioner Name:	Signed:		
Registration number:		Date:	

9. Approval from Hospital and Health Service Executive Director Medical Services

<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved		
Signature:			
Name:			
Position Title:		Date:	

Privacy Notice

Personal information collected by the Department of Health and Hospital and Health Services is handled in accordance with the *Information Privacy Act 2009 (Qld)*. By you completing the Practice Plan in the approved form, the employing Hospital and Health Service is collecting your personal information in accordance with the *Medicines and Poisons (Medicines) Regulation 2021 and the Radiation Safety Act 1999 and the Radiation Safety Regulation 2021*.

The completion of the Practice Plan is required for Physician Assistants to lawfully use scheduled medicines authorities under the *Medicines and Poisons (Medicines) Regulation 2021* and request medical imaging under the *Radiation Safety Regulation 2021*. Offences and penalties under the *Medicines and Poisons (Medicines) Regulation 2021 and the Radiation Safety Act 1999* will apply if the Physician Assistant uses scheduled medicines or requests medical imaging without a completed and current approved Practice Plan.

All personal information will be securely stored and only accessible by appropriately authorised Department of Health and Hospital and Health Service employees or their agents. The personal information recorded in the Practice Plan will only be made available to:

- The individual Physician Assistant as a record of their individual scope of practice and for their communication purposes.
- Clinicians with supervisory responsibility for the Physician Assistant's practice to inform the expectations and requirements of the supervisory relationship.
- The individual Physician Assistant's operational manager to inform workload management, professional supervision and support.
- The Hospital and Health Service delegate/s with responsibility for the endorsement of the Practice Plan, and supporting administration staff, for the purposes of the endorsement of the Practice Plan.
- Other employees of the Hospital and Health Service as required for the delivery of relevant services, for quality improvement activities, and to inform Physician Assistant education.
- Individuals engaged by the Department of Health and/or the employing Hospital and Health Service to undertake the evaluation of the Physician Assistant role in Queensland.

Personal information recorded in the Practice Plan will not be disclosed to any third parties without the consent of the Physician Assistant, unless required or authorised by law.

For information about how the Department of Health and Hospital and Health Services protect your personal information and your rights to access your own personal information, please refer to the Queensland Health website at www.health.qld.gov.au.

Attachment 1 - PA Practice Plan

Assessing Medication Prescribing Competency

This form is to be completed by the PA and the supervising medical practitioners and attached to the PA Practice Plan.

Date Completed:	
Completed by:	

Competency Area and Key Performance Indicators	Competent	Comment if No
Information Gathering		
<ul style="list-style-type: none"> Takes and/ or reviews the medical and medication history and undertakes a physical examination as appropriate. 	Yes / No	
<ul style="list-style-type: none"> Assesses and interprets all relevant patient records to ensure knowledge of patient's management. 	Yes / No	
Prescribing Decision (<i>clinical and pharmaceutical knowledge</i>)		
<ul style="list-style-type: none"> Assesses the potential for unwanted effects (e.g. allergy, drug interactions, special precautions, and contraindications) and how to avoid/ minimise, recognise and manage them. 	Yes / No	
<ul style="list-style-type: none"> Assesses the effect of multiple pathologies, existing medication, and contraindications; demonstrating an understanding of the mode of action and pharmacokinetics of medicines how these mechanisms can be altered (e.g. age, renal impairment), and effects on dosage. 	Yes / No	
<ul style="list-style-type: none"> Selects the most appropriate medicine, dose, formulation, and route for the individual patient. 	Yes / No	
<ul style="list-style-type: none"> Knows the limits of own knowledge and skills, and works within them, referring back to the supervising medical practitioner when required. 	Yes / No	
<ul style="list-style-type: none"> Establishes multi-professional links with practitioners working in the same specialist area. 	Yes / No	
<ul style="list-style-type: none"> Accesses reference tools (e.g. MIMS and Antibiotic Guidelines) to inform decisions. 	Yes / No	
<ul style="list-style-type: none"> Understands the restriction on completing or signing a prescription: <ul style="list-style-type: none"> ~ for highly specialised drugs that require medical specialist authority. ~ that is eligible for reimbursement through the Pharmaceutical Benefits Scheme (facility pharmacies), or that will be filled by a private pharmacy. 	Yes / No Yes / No	
Communication (<i>appropriate written and verbal</i>)		
<ul style="list-style-type: none"> Writes legible, clear and complete medication instructions (e.g. prescriptions/ written orders) which meet legal requirements. 	Yes / No	

<ul style="list-style-type: none"> • Prescriptions and written medication orders are signed by the Physician Assistant, and include printed, stamped or hand printed name of the appropriate supervising medical practitioner. 	Yes / No	
<ul style="list-style-type: none"> • Gives clear instructions to the patient about their medication (e.g. compliance requirements, possible side effects, self-administration). 	Yes / No	
<ul style="list-style-type: none"> • Explains the nature of the patient's condition, and the rationale behind (including benefits and potential risks) of management options. 	Yes / No	
<ul style="list-style-type: none"> • Checks and confirms the patient's understanding of, and agreement to, the treatment plan. 	Yes / No	
Review		
<ul style="list-style-type: none"> • Monitors effectiveness of treatment, and potential side effects. 	Yes / No	
<ul style="list-style-type: none"> • Makes changes in light of the therapeutic objective and treatment outcome. 	Yes / No	

Agreement			
Signature:			
Name:			
Title:		Date:	
Signature:			
Name:			
Title:		Date:	

Appendix 2

Physician Assistant Application for Endorsement

The information provided in this application is for the purpose of verifying and endorsing the Physician Assistant (PA) to practice as outlined in the Practice Plan (attached).

Access to this information is limited to the Hospital and Health Service (HHS) Chief Executive, Executive Director Medical Services (EDMS), Medical Credentialing Committee (or secretariat) and the principal and secondary supervising medical practitioners who are named on the PA Practice Plan.

This form should be completed by the PA and submitted to the Hospital and Health Service Medical Credentialing Committee within 60 days of commencement in the role.

Type of Application

- New Application**
- Renewal Application**
- Amendment Application**

Personal Details

First Name		Last Name	
Previous Name			
Date of Birth			

Contact Details

Home Address		Work Address	
Home telephone		Work telephone	
Mobile number		Email	

Required Attachment for Renewal and Amendment Applications

- Physician Assistant Practice Plan
- Evidence of Continuing Professional Development activity
- Physician Assistant Clinical Practice Report (as appropriate)

Required Attachments for New Applications

- Curriculum Vitae/professional portfolio
- Copy of professional awards and qualifications
- Copy of international registration/certification/recertification (if relevant)
- Position description/ employment arrangement
- Physician Assistant Practice Plan
- Credentialing and scope of clinical practice of supervising medical practitioners
- Evidence of Continuing Professional Development activity

References

Please nominate professional referees who can comment on your skills and professional performance in the areas for which you are seeking to practice

Name			
Position Title			
Address			
Work Telephone		Mobile Number	
Email			

Name			
Position Title			
Address			
Work Telephone		Mobile Number	
Email			

Agreement

Physician Assistant Name:			
Signed:		Date:	

Principal Supervising Medical Practitioner Name:			
Signed:		Date:	

Secondary Supervising Medical Practitioner Name:			
Signed:		Date:	

Credentialing Committee Endorsement

Physician Assistant	Principal Supervisor	Secondary Supervisor
<input type="checkbox"/> Qualifications	<input type="checkbox"/> Scope of Clinical Practice	<input type="checkbox"/> Scope of Clinical Practice
<input type="checkbox"/> International Registration/ Certification	<input type="checkbox"/> Eligible to Supervise	<input type="checkbox"/> Eligible to Supervise

PA Application is:
<input type="checkbox"/> Endorsed <input type="checkbox"/> Not Endorsed

Signature:			
Name:			
Title:		Date:	

Appendix 3

Physician Assistant Clinical Practice Report

The Clinical Practice Report is comprised of a chart review and a clinical peer review.

This document is primarily formative to promote high standards of patient safety, and it may be used to:

- *Form part of the Physician Assistant (PA) clinical practice review process.*
- *Substantiate a request from the supervising medical practitioner/s to amend the PA required level of supervision, and/ or delegated activities.*

A PA performance should be compared to the expected performance for this level of position as identified in the Job Description, Performance Appraisal Development and Practice Plan.

Date of Report:	
------------------------	--

Physician Assistant	
Practice Location/s:	
Name:	
Contact Telephone Number:	

Primary Supervising Medical Practitioner	
Name:	
Position Title:	
Contact Telephone Number:	

Secondary Supervising Medical Practitioner (as appropriate)

Name:

Position Title:

Contact Telephone Number:

Please Note:

This report does not replace the need for self-monitoring by the Physician Assistant, nor does it abrogate responsibility of the supervising medical practitioners to monitor the case load, competency and clinical practice of the PA.

2. Chart Review

Charts will be reviewed as part of regular supervision practices. Only one report needs to be completed for each group of charts reviewed.

Charts should be selected to ensure a sufficient number and range of clinical presentations is provided. This is to enable the supervising medical practitioner to determine if the PA is properly managing the clinical caseload, as well as to determine if the current level of supervision is appropriate.

It is suggested there be a mix of complex and routine cases. It is also suggested that a number of selected charts should contain pharmacy or prescriptive orders, and orders for pathology and/or medical imaging tests.

Please Note:

Selection of charts should be done in consultation with the PA to provide him or her with an opportunity to identify individual strengths, and any areas where he or she may consider further assistance and/or closer supervision would be of benefit.

Number of charts reviewed:

Clinical presentations in reviewed charts:

Clinical Chart Review Criterion	Practice Standard		
	Does not meet Standard	Meets Standard	Performs at a high level
Documentation is chronological and contemporary.			
Admission assessment is complete and includes data related to: <i>presentation history, communication, current medications, allergies/reactions, past medical history, and spiritual/cultural/lifestyle/personal information.</i>			
Bio-psychosocial admission data is complete, including: <i>presenting signs and symptoms, nutrition/hydration/elimination, sensory perception/mobility and alignment, skin integument, sleep patterns.</i>			
Documentation relies on factual, clear, concise, and objective descriptions of events and behaviours.			
Documentation avoids subjective conclusions and interpretations.			
Documentation to the patient chart is sufficiently detailed to make informed clinical decisions.			
Physical examination and clinical assessment is documented, and corresponds to the patient's primary presentation.			
Diagnosis flows logically from the recorded physical examination, formation of a differential diagnosis and clinical assessment.			
Appropriate medical imaging tests are ordered based on recorded diagnosis or diagnostic workup.			
Medical imaging tests are ordered according to relevant protocol.			
Medical imaging results are correctly interpreted.			
Appropriate pathology tests are ordered based on recorded diagnosis or diagnostic workup.			
Pathology tests are ordered according to protocol			

Clinical Chart Review Criterion	Practice Standard		
	Does not meet Standard	Meets Standard	Performs at a high level
Pathology results are correctly interpreted.			
The treatment/ management plan is appropriate for the identified primary diagnosis.			
The treatment/ management plan takes into account co-existing conditions.			
The treatment/ management plan is appropriate for the management of chronic conditions.			
An appropriate medication regime is prescribed.			
Care is taken in regard to contraindication/ adverse reactions etc.			
Medications are prescribed/ supplied/ administered only according to the relevant protocol.			
Performed procedures are appropriate, and detailed in the chart documentation including patient consent.			
Pre and post-procedure care is detailed in the chart documentation.			
Referrals are made to specialists/ other practitioners and consultation with supervising medical practitioner is documented where appropriate.			
Discharge planning assessment is completed.			

Chart Administration Review Criterion	Practice Standard		
	Does not meet Standard	Meets Standard	Performs at a high level
Documentation recorded in the chart follows facility requirements (e.g. legible, dated, signed)			

Documentation language demonstrates sensitivity and responsiveness to patient characteristics (e.g. culture, age, gender, disability)			
Health care information/ education provided to patient/ family/ carers are recorded.			

3. Peer Review

Peer reviews can be sought from members of the Physician Assistant's multi-disciplinary health care team. Supervisors can provide comment to the following criterion.

Peer Review Criterion	Practice Standard		
	Does not meet Standard	Meets Standard	Performs at a high level
Works effectively with medical staff and other health care professions as a member or leader of a health care team.			
Effectively interacts with the health delivery team and demonstrates responsiveness to the health care system.			
Demonstrates understanding and application of legal and regulatory framework, as well as the appropriate role of the Physician Assistant.			
Demonstrates application of ethical principles pertaining to the provision or withholding of clinical care, confidentiality of patient information, informed consent and business practices.			
Remains accountable for determining when an assigned activity is beyond capacity or scope of practice, and initiates appropriate consultation with their supervising medical practitioner			
Demonstrates use of evidence based practice in the provision of patient care.			
Demonstrates the use of information technology to manage patient care information, access online medical information, and to support the PA's professional development.			

4. Recommendations from Review

It is recommended that the following amendments be made to the Physician Assistant's delegated activities and/or level of supervision:

Area of practice	Delegated Activity Range	Level of Supervision
	<input type="checkbox"/> Appropriate <input type="checkbox"/> Decrease <input type="checkbox"/> Increase	<input type="checkbox"/> Appropriate <input type="checkbox"/> Decrease <input type="checkbox"/> Increase
	<input type="checkbox"/> Appropriate <input type="checkbox"/> Decrease <input type="checkbox"/> Increase	<input type="checkbox"/> Appropriate <input type="checkbox"/> Decrease <input type="checkbox"/> Increase
	<input type="checkbox"/> Appropriate <input type="checkbox"/> Decrease <input type="checkbox"/> Increase	<input type="checkbox"/> Appropriate <input type="checkbox"/> Decrease <input type="checkbox"/> Increase
	<input type="checkbox"/> Appropriate <input type="checkbox"/> Decrease <input type="checkbox"/> Increase	<input type="checkbox"/> Appropriate <input type="checkbox"/> Decrease <input type="checkbox"/> Increase
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	<input type="checkbox"/> Appropriate <input type="checkbox"/> Decrease <input type="checkbox"/> Increase	<input type="checkbox"/> Appropriate <input type="checkbox"/> Decrease <input type="checkbox"/> Increase

Please note:

If the practice plan is to be substantially amended, the HHS EDMS must approve the amendment.

5. Agreement

I accept and agree to the recommendations identified in this report.

Physician Assistant Name:			
Signed:		Date:	

Principal Supervising Medical Practitioner Name:			
Signed:		Date:	

Secondary Supervising Medical Practitioner Name:			
Signed:		Date:	

Additional Comments:

Appendix 4

Medicines and Poisons (Medicines) Regulation 2021

Current as at 27 September 2021

The following information is a summary only and practice must be guided by the provisions of the Queensland *Medicines and Poisons (Medicines) Regulation 2021*

Part 3 Physician assistants

61 Definition for part

In this part—

practice plan, for a physician assistant, means a document in the approved form—

- (a) developed and signed by the physician assistant and the medical practitioner supervising the assistant; and
- (b) stating the circumstances and conditions for the physician assistant to prescribe, administer, or give a treatment dose, of a medicine.

62 Class of person

A person (a **physician assistant**) appointed and employed as a physician assistant by a Hospital and Health Service or the chief executive.

63 Dealing authorised

	Column 1 Dealing	Column 2 Medicine	Column 3 Scope of dealing
1	prescribe	a non-restricted medicine	the medicine is prescribed under— the supervision of a medical practitioner; and a practice plan for the physician assistant
2	give a treatment dose	a non-restricted medicine	the medicine is given under— the supervision of a medical practitioner; and a practice plan for the physician assistant
3	administer	a non-restricted medicine	the medicine is administered under— the supervision of a medical practitioner; and a practice plan for the physician assistant
4	possess	an S4 or S8 non-restricted medicine	the medicine is possessed for a purpose mentioned in this column

Physician Assistant – Clinical Governance Guideline

Published by the State of Queensland (Queensland Health)

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