Queensland Health

Physician assistant

Clinical governance guideline

October 2023

Version 4.9

Queensland Government

Contents

The Department of Health acknowledges the Traditional Owners and Custodians of the lands, waters and seas across the State of Queensland and pays our respects to the Elders past and present.

We value the culture, traditions and contributions that the Aboriginal and Torres Strait Islander peoples have made to our communities and recognise that our collective responsibility as government, communities and individuals are to ensure equity and equality, recognition and advancement of Aboriginal and Torres Strait Islander peoples in Queensland in every aspect of our society.

Aboriginal and Torres Strait Islander peoples are advised that this publication may contain the names and/or images of deceased people.

Physician assistant - Clinical governance guideline

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An electronic version of this document is available at www.health.qld.gov.au/qhpolicy/html/index-p.asp

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).

The employment of PAs is the decision of Hospital and Health Services (HHSs) and the Department of Health (the Department) and will be based on local service and workforce skill mix requirements.

Medical practitioners employed by a HHS or the Department at the time this Guideline takes effect, may decline to supervise a PA. Any medical practitioner who enterers into an agreement to supervise a PA may withdraw from their supervisory arrangements; subject to a valid reason and three months' notice, to be provided in writing.

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

3. Related documents

3.1 Factsheets

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

3.2 Forms and templates

- Physician Assistant Practice Plan
- Medication Prescribing Competency Checklist
- Physician Assistant Application for Endorsement
- Physician Assistant Clinical Practice Report

3.3 Other

- Physician Assistant Core Duties Statement

4. Physician assistant 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 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.

4.2 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. 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. However, 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.

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.

5. 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.

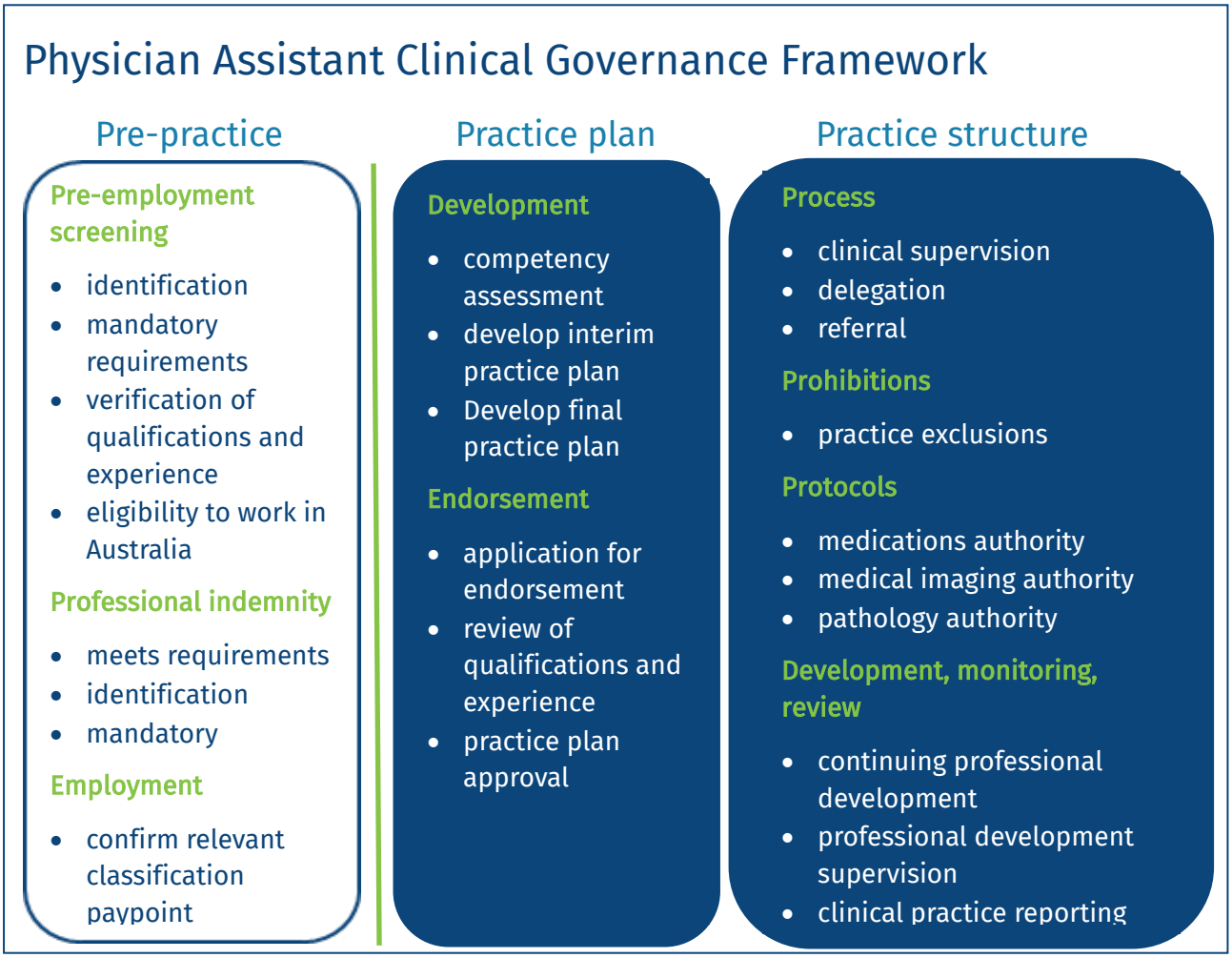

Diagram 1. *Physician Assistant Clinical Governance Framework*

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 Framework. A PA and a supervising medical practitioner employed by HHSs or the Department will be covered under the terms and conditions of Indemnity for Queensland Health Medical Practitioners HR Policy I2 (QH-POL-153)[2], and/or the *Public Sector Act 2023*[3] *(as applicable).*

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 (No 11) 2022 (EB11).*

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 and endorsement

6.1 Competency assessment

A PA will be subject to a competency assessment to enable the development of the individual PA Practice Plan. The most appropriate competency assessment/s, relevant to the PA's training and experience will be used. Competency assessment tools include the mini-clinical evaluation exercise (Mini-CEX), 360 assessment or entrustable professional activity.

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. 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. The Medication Prescribing Competency Checklist should be attached to the practice plan.

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 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.

6.6 Duration of practice plan

PA endorsement and the associated practice plan should have an end date of no more than three 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 their 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. This does not extend to the independent delegation of tasks to other health professionals.

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
- 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 Motor Vehicle Driver form
- 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. A supervising medical practitioner is required to be aware of the purpose of supervision and agree to assume the role and responsibilities of a supervisor.

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 two levels of supervision – direct and indirect. 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

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 HHS service and undertaking periodic review of PA performance
- being contactable for consultation
- ensuring appropriate safeguards are in place for regular and detailed monitoring of performance and referral
- ensuring a medical practitioner is present in the workplace or readily contactable by telephone or other means of communication if not immediately available in person.
- 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.

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 of, administer and possess a non-restricted medicines under the supervision of a medical practitioner and in accordance with a practice plan. The practice plan should reflect the authority to prescribe a medicine as provided under the *Therapeutic Goods (Poisons Standards – July 2023)*.

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 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 Act 2019*. It provides the legislative authority for a PA who is appointed and employed as a PA by a Hospital and Health Service or the chief executive to prescribe, administer, give a treatment dose or possess, of a medicine.

A PA is required to comply with the National Medicines Policy[4].

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.

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 medicines that will not be provided directly to the patient through the hospital 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 restrictions[5].

'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

[4] national-medicines-policy.pdf (health.gov.au)

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

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].

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 Commonwealth Department of Health, and is therefore considered to be out of scope for a PA.

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

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].

7.7.4 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.

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 tests[8]

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

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

- 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 page[9].

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. Development, monitoring and 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.

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

- 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 practicing. The frequency will be determined locally, and a minimum of 10% of patients treated by the PA is recommended.

It is recommended that the PA Clinical Practice Report 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 PA Application for Endorsement.

9. Review

This Guideline is due for review on: 23 October 2026, or earlier as required.

Date of Last Review: 26 October 2023.

Supersedes: Version 4.0

10. Business area contact

Workforce Strategy Branch, Clinical Planning and Service Strategy Division

Queensland Health

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11. Approval and implementation

11.1 Policy custodian

Assistant Deputy Director-General, Workforce Strategy Branch

11.2 Responsible executive team member

Deputy Director-General, Clinical Planning and Service Strategy Division

Effective from: 26 October 2023

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

Term	Definition / explanation / details
AUSLAB	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's network. In addition, it provides integrated access to all patient records on the system, irrespective of the testing laboratory or patient location.
AUSCARE	A state-wide business critical, results acknowledgment application which delivers on-line access to diagnostic results by clinicians across the state.
Continuing professional development (CPD)	The means by which PAs maintain, improve and broaden their knowledge, expertise and competence, and develop the personal qualities required in their professional lives.
Delegation	Requesting another health care professional to provide care on your behalf while you retain overall responsibility for the patient's care.
Handover	The process of transferring all responsibility to another health care professional.
MiniCex	A clinical evaluation exercise for assessing clinical performance and core clinical skills, consisting of an observed clinical encounter with a patient.
Practice	Any role, whether remunerated or not, in which the individual uses his or her skills and knowledge as a health practitioner within their profession. 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 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	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.

	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. Some government organisations, under policies of the owning governments, are self-insured for the same range of matters.
Referral	Directing a patient to obtain an opinion and/ or treatment from another health care professional. 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.
Renewal application for Endorsement	Application to Credentialing Committee to renew the endorsed practice plan which is due to expire.
Run-off cover	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. This type of cover is included in *HR13 Policy*.