

Non-Physician Clinicians: Implications for Physician Workforce Policies

This session is intended to provide an opportunity to review and assess how NPCs have evolved and are evolving in each of the countries. Are there some commonalities across countries? If so, what are they? What are the differences and why have they developed? Of particular interest is the role and relationship of physicians to NPCs.

Research Questions

1. Has there been an increase in the use of non-physician clinicians (NPCs)? If so, what roles do they serve? For purposes of this session NPCs are defined as practitioners that are authorized to provide services that are also provided by physicians. Examples include clinical nurse specialists (CNSs), physician assistants (PAs), nurse practitioners (NPs), certified nurse midwives (CNMs), and certified registered nurse anaesthetists (CRNAs).
2. If there has been growth in the number of individuals in these NPC professions and/or an expansion in their scope of practice, what were the factors behind this growth? If there has not been any significant growth/change in scope, why not?
3. Is the use of NPCs likely to increase? Has there been discussion about skill mix in the delivery of medical services?
4. If the use and role of NPCs has increased in the past several years, does this reflect a conscious public policy decision? Are there explicit policies to encourage the use of NPCs in underserved and/or rural areas?
5. What has been the role and involvement of physicians in recent policies concerning NPCs? Have physicians been supportive or opposed to an expansion of NPCs?
6. To what extent are NPCs (or some NPCs) permitted to practice independent of physicians? Is the extent of their independence growing?
7. What is the evidence of the impact of NPCs on cost, efficiency, access, quality and patient satisfaction?
8. What are the implications of the growth in NPCs to meet the needs and demands for physicians? Do policy makers view expanding the supply and/or scope of practice of NPCs as part of the solution of addressing current or expected physician shortages?
9. In what way, and to what extent, are NPCs reimbursed or paid and how does it compare to physicians?
10. What is the productivity of the NPCs relative to physicians?

Background to topic:

Conceptually, there are several reasons to expect that the use of non-physician clinicians will increase. The cost and time involved in educating and training a physician is significant; the complexity of medicine is increasing; the supply of physicians has been constrained in many countries; consumer expectations for access and service are increasing; many populations have inadequate access to services, such as those living in rural communities; and the increasing pressure to constrain costs.

Under these circumstances, it is logical to expect the development of and expansion in the use of health professionals that can assume some of the responsibilities of physicians. These professionals would likely be particularly attractive if they can be educated and trained more quickly and less expensively than physicians. If these professionals can safely provide a wide array of services that would otherwise have to be provided by physicians, they would be very attractive to those responsible for assuring access to care and/or controlling the cost of care. If they assisted physicians, individually and collectively, by assuming responsibility for tasks and activities that physicians did not want to undertake without reducing the physician's income then the physician community would likely be supportive of the development of these NPCs. On the other hand, if NPCs are viewed as competing for patients and revenues that would otherwise go to physicians, physicians might oppose their development, even if the NPCs improved access to care at a reasonable cost.

If defined as health professionals providing services that would otherwise be provided by physicians, there would seem to be several major categories of NPCs - those who are totally independent of physicians, such as podiatrists and chiropractors; those who work in collaboration with physicians, such as nurse practitioners and physician assistants in the US; and assistants/extenders who work wholly under the direction and supervision of physicians, such as nurses with expanded responsibilities or medical assistants.

Authors are asked to address the following issues, focusing on evidence and outcomes:

- Describe the use of NPCs in their country and how they evolved;
- What is known about their impact on costs, quality, access and patient satisfaction?
- What are the implications for physician workforce planning and policies?

Papers should be between 2500 and 4000 words.

In addition, an abstract of not more than 500 words should be provided.