Advanced health practitioners with an extended scope of practice make important contributions to healthcare, either by meeting specific service delivery needs or helping to address an under-supply of doctors, especially in rural, remote and outer island settings. Pacific health workforce planners must now consider the potential impact on existing models of care and roles of advanced practitioners from the increasing number of medical graduates from both within and outside the region; particularly, the balance of doctors’ roles with those of established advanced health practitioners.

What is an advanced healthcare practitioner?
Expanded and advanced healthcare practitioners are those whose roles typically go beyond customary doctor–nurse–midwife models of practice. Although terminology varies, titles include Physician or Medical Assistants, Nurse Practitioners, Health Extension Officers, Clinical Nurse Specialists (CNS) and various types of allied health professionals with extended scopes of practice.

What is their place within the health workforce, how are they trained and what sort of work do they do?
Advanced practitioner roles have emerged because they represent either:

a) a better or more effective model of care, or
b) a quicker way to address gaps in the health workforce.

Types of advanced practitioner
There are two broad categories of expanded and advanced practitioner:

1) those, like Physician Assistants and anaesthetic technicians, which have developed as new roles that are complementary to existing health professions; and
2) those, like Nurse Practitioners or CNSs, who already have professional qualifications and roles (usually in nursing) but who have taken on an advanced practitioner role with an extended scope of practice (e.g. prescribing, wound care).

Advanced practitioner training
Most advanced practitioners have an existing healthcare qualification – often in nursing or allied health. They then undertake additional training, usually at master or postgraduate diploma level. Specific (primarily postgraduate) training programs have been established for new roles.

How advanced practitioners work
Some advanced practitioners may substitute for doctors in expanded primary care roles in specific contexts, especially in rural or remote areas, to meet local service needs and where there is an existing or projected under-supply of the medical workforce.

Others may work as complementary practitioners in quite specialised roles in established secondary and primary health care settings. They retain all of the competencies required for their original qualification (e.g. nursing) but have an advanced level of practice in a particular area (e.g. surgical care, management of long term or chronic conditions, community mental health).

How effective are they?
Quality and safety of patient care
Over 200 studies have examined the patient care provided by Physician Assistants. These studies have demonstrated a safe, high quality of care comparable to that of medical practitioners, provided they work within the framework of their delegated responsibilities.

Patient acceptance
At least 10 more studies have concluded that Physician Assistants are well accepted, with no significant difference in patient acceptance compared with medical practitioners.

Cost implications
Studies of the care provided by CNSs show that they can reduce hospital admissions and visits to the emergency department.
shorten hospital lengths of stay, and decrease the unnecessary use of diagnostic tests.

However, the economic benefits of introducing advanced practitioners are not easy to quantify. Their inclusion in the workforce should therefore be based on service need and workforce planning, and not for direct or anticipated cost savings.

**Regulation and registration**

Advanced practitioners generally work at the interface between their own profession and medicine. This has led to regulatory and registration issues, particularly in establishing new roles, such as Physician Assistants. In the United States, Physician Assistants are a regulated profession and must complete a licensure examination and continuing professional development (CPD). They are not regulated in this way in Australia or the United Kingdom.

Advanced practitioners (e.g. Nurse Practitioners) with an existing professional qualification usually practice under the regulatory framework of their original profession; and are registered with an extended scope of practice.

**What types of advanced practitioner are working in the Pacific?**

A WHO review in 2001 identified several different types of non-doctor practitioner providing essential preventive and advanced curative care, especially in community settings in many Pacific countries: Cook Islands, Fiji, Federated States of Micronesia, Kiribati, Marshall Islands, Papua New Guinea, Solomon Islands, Samoa, Tonga, Tuvalu and Vanuatu.

In common with other regions, the titles used in the Pacific are diverse and inconsistent, and include: Nurse Practitioner, Medical or Health Assistant, Health Officer, Health Extension Officer and CNS. Training programs and the level and quality of care also varied considerably: in where they were delivered (academic institution, by the employer, or on-the-job), duration (ranging from <1 year up to 4 years), and whether or not a nursing qualification was a pre-requisite for training.

In 2006, the WHO noted that where access to doctors and health services is limited, Nurse Practitioners and Medical Assistants play a vital role in meeting healthcare needs. These roles can be particularly important for primary or emergency care in rural, remote and outer island settings.

CNS roles in the Pacific have also developed for specialised hospital roles like anaesthesia or to meet specific service delivery needs (e.g. in primary ophthalmic or ear care).

**What effect may current health system financing and workforce factors have on their role?**

The place of Nurse Practitioners and other categories of health worker with an expanded scope of practice now need to be re-considered in the emerging Pacific context, where larger-than-usual numbers of medical graduates will complete training within and outside the region. The balance of workforce roles across the national health services needs to be planned and managed to avoid overlap, the displacement of some experienced advanced practitioners and a reduction in applicants for advanced training. Advanced nurse practitioner models give career development opportunities and are most effective in Pacific countries where:

- there is a large pool of nurses within the health workforce
- nurses are already living and working in underserved areas
- nurses are already providing an extended range of curative and preventive services; and
- training for nurses encourages them to be flexible and multi-skilled.

Advanced practitioners also have a potential role as supervisors and trainers of new medical graduates – not only in primary care and community settings but also in specialised aspects of secondary care.

**Planning implications of medical staff scale-up on advanced practitioner roles**

Integrating and deploying large numbers of new medical graduates without impacting on the role and function of advanced care practitioners will require careful planning; including defining their relative scopes of practice, costing the human resources needed to deliver the national model of care (i.e. staffing costs to achieve the clinical service guidelines for each level of service; salaries and allowances; patterns of referral) to maximise efficiency and cover minimal staffing needs.

**Policy implications for the Pacific**

Based on the international experience and regional trends presented, Pacific Island countries using advanced practitioner models would also benefit from specific policies on:

1. Adoption of standard scope of practice guidelines including treatment and referral protocols, responsibilities and tasks, including in relation to the medical workforce.
2. Career structures that allow progression in public service, clinical education roles or graduate entry into medical training.
3. Clinical supervision, performance review and CPD (including opportunities for maintaining and upgrading skills through short in-country or overseas hospital placements).
4. Medico-legal protections and defining equitable service and practice conditions (e.g. safe accommodation and working conditions, minimum equipment supplies).

**ABOUT: The HRH Knowledge Hub**

The Human Resources for Health Knowledge Hub, funded by AusAID from 2008, forms part of the School of Public Health and Community Medicine at the University of New South Wales. Our publications also report on a number of significant issues in human resources for health. We also have resources available on leadership and management issues, maternal, newborn and child health workforce, migration and mobility of the health workforce and human resource issues in public health emergencies.

For further information, as well as a list of the latest reports, summaries and policy briefs, please visit [www.hrhhub.unsw.edu.au](http://www.hrhhub.unsw.edu.au)