Letter to The Editor: Introducing Physician Assistants to Thailand's Rural Health

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Dear Editor,

We read with interest the paper by Thira and Patarawan Woratanarat, titled "Assessment of Prospective Physician Characteristics by SWOT Analysis", published in the *Malaysian Journal of Medical Sciences*, Volume 19, Issue 1, January 2012 (1). It reports outcomes of a SWOT analysis conducted among 568 medical students at Chulalongkorn University with the objective of becoming "a good physician in the future". In the last cohort measured (i.e., 2010), it turned out to be that 12.56% of the surveyed students did not want to be a doctor at all. The authors further indicate that despite the growth towards 18 medical schools in Thailand, still, the demand for medical doctors cannot be supplied. Can these results be extrapolated to the Thai medical student population in general? If so, which more measures, besides increasing the number of medical schools, would finally halt the medical workforce shortage? As shown, not only will there be an absolute shortage of physicians (i.e., due to a lower influx of junior doctors and retirement of seniors), but also in the relative count (i.e., due to feminisation of the profession and maldistribution of the medical workforce throughout Thailand). Even though not statistical significant (P = 0.553), a positive trend had been demonstrated from 2008 to 2010 (25.00%, 25.95%, and 29.65%, respectively) that 5th year medical students were increasingly not willing to work in rural area or community after graduation (1). Herewith, Thailand has a looming (rural) health care crisis at hand.

With the knowledge that the majority (i.e., > 60%) of Thailand's population largely resides in rural areas (2) and an increasing number of students appear not willing to work in these areas, it may be suggested that it is time to consider reforming the supply of medical health care by introducing a new type of medical care provider. This new provider, who will be able to practise medicine under supervision of an attending medical doctor, may ensure a better access to care in the rural underserved areas of Thailand.

One of such a provider of interest is the physician assistant (PA). The PA profession originated from the United States, where in the mid 60's, a solution was sought to address the medical workforce shortage. A PA is trained to the medical model and is competent to take medical history, do physical examination, render diagnosis, and perform a whole range of (surgical) interventions, next to the capability of prescribing medication. The advantages of adding PAs to medical teams have caused a global movement, and increasingly more countries, such as Australia, Canada, Germany, Ghana, India, the Netherlands, the United Kingdom, and Scotland, now train and deploy PAs to enable medical task shifting (3). The role of PAs in rural health care has been reported and underlines the value of deploying such a provider in terms of ensuring continuous access to care to consumers whom, without PAs, would likely be deprived of medical care. The main conclusion of a systematic review (4) conducted in 2010 concerning American PAs working in rural health care shows that PA deployment is cost-efficient and their services are valued.

How can PAs solve the imbalance between demand and supply of medical care in Thailand? At the district-level health post, a PA should have the role as the provider of first medical contact. This can be an improvement of the present system of village health volunteer, who is usually a layperson with little knowledge in medicine. Factors that may contribute to the retention of PAs serving their rural communities after their training were suggested in an article by Coombs et al. (5); from their survey, it is clear that students who had a rural upbringing were more likely to practise in rural care after graduation (OR = 2.29, 95% CI = 0.89–5.85, P = 0.001). This fact could be made a condition for matriculation to minimise the risk of brain drain.

Under the presumption that PAs will be introduced to the Thai rural health care system, it should be addressed that a PA is not the sole provider but needs to collaborate with the community health nurse practitioners (CHNPs) and a certified midwife. They should work in a team-based model, in which the CHNPs are much better equipped with nursing knowledge and skills to cover the chronic care and prevention

of health problems, whereas the PA practices the broad range of family medicine under supervision of an attending medical doctor from a neighboring community health center. This system can be implemented under the present universal coverage policies (6). The usefulness of implementation of PAs can be expected. However, the preparation of basic requirements, a good training curriculum adapted to the local needs, and the acceptance of this new kind of medical personnel by Thai medical society are required.

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