



ANZCA
FPM

August 1, 2023

Manatū Hauora / Ministry of Health
e mail: steve.osborne@health.govt.nz

Dear Mr Osborne

Submission on the proposal that the Physician Associate profession be regulated under the Health Practitioners Competence Assurance (HPCA) Act 2003.

The Australian and New Zealand College of Anaesthetists / Faculty of Pain Medicine (ANZCA) is committed to setting the highest standards of clinical practice in the fields of anaesthesia, perioperative medicine and pain medicine. As one of the largest medical colleges in Australasia, ANZCA is responsible for the postgraduate training programs of anaesthetists and specialist pain medicine physicians, in addition to promoting best practice and ongoing continuous improvement that contributes to a high-quality health system.

The New Zealand Committee of the college would like to provide our own feedback on the proposal that the Physician Associate profession be regulated under the Health Practitioners Competence Assurance (HPCA) Act 2003.

The college agrees that at present:

- 1) Physician Associates (PAs) are providing health care in Aotearoa New Zealand
- 2) And that as such, that they should be regulated. The HPCA Act would be the logical mechanism by which to ensure accountability and the safety of patients, but it is unclear under which regulatory authority they would be so regulated. Numbers surely do not warrant the establishment of their own regulatory authority.

However, we have concerns that the implications of introducing this new cadre of health professionals have not been appropriately explored or addressed. We are extremely concerned on many fronts:

- 1) This is a new, and ill-defined workforce, for which a training pathway does not exist in New Zealand. There is, for example a lack of clarity as to whether the name, training or proposed scope of practice of Physicians Associates correlate with that of Physicians Assistants (a pilot project of which was carried out a decade ago, and more recently reported in 2015)¹.
- 2) That report rightly highlighted issues with the supervision required by physicians, and the understanding of the roles of PAs was not well understood by colleagues.

¹ Appleton-Dyer S, Field A, Dale-Gandar L, Boswell A, Wright M, Mahony F, Hanham G. Phase II of the Physician Assistant Demonstrations Evaluation Report. Synergia: Auckland, New Zealand. 2015 Apr 7. <https://www.health.govt.nz/system/files/documents/publications/phase-ii-physician-assistant-demonstrations-evaluation-report-jul15.pdf>

“Understanding the PAs scope of practice also posed challenged to integration of the PA role, at least initially. The notion of “not a nurse but not quite a doctor” was difficult for some to understand.”

- 3) It is vital to safe patient care that *all* members of multidisciplinary teams have a clear understanding of the training, roles, scopes, and competence, along with role boundaries of all members.
- 4) There is potentially a considerable overlap with the existing Nurse Practitioner (NP) scope of practice. New Zealand currently has trained NP’s who are unable to find employment as NPs. NPs are demonstrably important in the evolving flexibility of healthcare delivery. Having gone to the expense of training them, HWNZ should not inadvertently reduce their opportunities to fully contribute.
- 5) In comparison with NPs, issues like the lack of prescribing rights, or the ability to sign ACC, WINZ forms, labs and other referrals severely compromised the potential of the role for PAs.
- 6) The presumed potential for this internationally trained group of workers to be deployed to rural and remote practice, where the lesser availability of supervision, combined with a greater need for cultural knowledge, skills, and competence to provide culturally safe care presents a risk to patients, and to equitable delivery of care.

The New Zealand health care workforce is under undeniable pressure and is in competition with overseas jurisdictions for clinicians. This rushed and flawed attempt to plug a gap will, in our opinion, create more risk and problems that it appears to try and solve. As such, we urge that responses from leaders in the medical workforce to your “targeted consultation” are taken on board, and that the issues identified are appropriately and fully addressed before proceeding further.

Nāku noa, nā



Dr Graham Roper, FANZCA

Chair, New Zealand National Committee
Australian and New Zealand College of Anaesthetists

(For more information, please contact Leonie Walker, Senior Policy Advisor lwalker@anzca.org.nz)