The Royal New Zealand College of General Practitioners
Te Whare Tohu Rata o Aotearoa

15 July 2026

Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand
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Tēnā koutou

MCNZ consultation — draft Professional Standards for Physician Associates

Our position

The College supports clear professional standards for physician associates as an essential component of regulation and patient safety. To be fit for Aotearoa New Zealand's general practice and rural hospital medicine contexts, the standards should be strengthened before they are finalised — particularly to make te Tiriti o Waitangi, hauora Māori and cultural safety explicit and accountable; to sharpen role clarity and patient transparency; to reinforce safe supervision, credentialling and transfer of care; and to build in evaluation of equity and workforce impacts.

The College also supports the Council of Medical Colleges' submission but has made a separate, more detailed submission reflecting the distinctive and varied settings in which our members practise — as vocationally registered specialist GPs and rural hospital doctors leading multidisciplinary teams that will increasingly include physician associates.

Introduction

The Royal New Zealand College of General Practitioners (the College) welcomes the opportunity to comment on the Medical Council of New Zealand's (the Council's) draft Professional Standards for Physician Associates. The College is the professional body and postgraduate training organisation for vocationally registered general practitioners and rural hospital doctors, and speaks for more than 90 percent of New Zealand's specialist GPs and rural hospital doctors.

This submission continues the College's engagement on physician associate (PA) regulation. In our February 2026 submission on the regulatory framework, the College supported regulation of PAs as a necessary safety baseline, while cautioning against expansion of PA scope into general practice and primary care until safeguards are integrated and evidence of effectiveness is proven. As the scopes of practice, prescribed qualifications and supervision framework have been settled and gazetted, this submission focuses on the professional standards that will govern PA conduct across all areas of practice — including general practice, rural hospital medicine and after-hours care.

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The College's member feedback was mixed rather than unanimous. Members broadly supported clear professional standards for PAs as a patient-safety baseline, but the main area of comment was the requirement to practise only with an onsite supervising doctor. Most who responded considered this too restrictive especially for small, rural, and marae-based practices and favoured a flexible, relationship-based approach (including offsite oversight for experienced PAs), while a minority sought stronger supervision. Members also noted that PA supervision draws on GP time and affects registrar training.

We commend the Council's intent that the standards put patient interests first and set minimum requirements for safe practice, communication, consent, collaboration and professional behaviour. Our recommendations are offered to strengthen the standards so they are demonstrably fit for the Aotearoa New Zealand context. They are organised against the Council's five standard domains, preceded by a cross-cutting recommendation on te Tiriti o Waitangi, cultural safety and equity.

1. Te Tiriti o Waitangi, cultural safety and equity (cross-cutting)

This is the College's most important recommendation. The draft Patient care standards ask PAs to take a whole-person approach "ap/propriate to the patient and their family and/or whānau" and to "respect patients' rights, values, beliefs, cultures, and perspectives." This is welcome, but it frames culture as respect and competence rather than cultural safety as an expectation of every regulated practitioner. Accompanying that expectation is the practitioner's responsibility to reflect on assumptions, bias and the influence of power in healthcare relationships. Also, the standards do not explicitly cite te Tiriti o Waitangi and the resulting obligations on the Aotearoa health system; Māori health rights arising from te Tiriti o Waitangi, the Code of Health and Disability Services Consumers' Rights, the Pae Ora (Healthy Futures) Act 2023; hauora Māori; or anti-racism.

Clinical safety cannot be separated from cultural safety. PAs are a largely overseas-trained workforce who will care for Māori, Pacific peoples and rural communities that the system already underserves. Standards that are not explicit regarding te Tiriti and cultural safety risk being applied inconsistently and could widen inequities. Making these obligations explicit and accountable is squarely within the College's remit and consistent with the Council's own engagement with its Māori advisory group.

We recommend the standards:

- Explicitly reference te Tiriti o Waitangi, hauora Māori, Māori health rights, anti-racism, and cultural safety (defined as care experienced as safe by the patient and their whānau), alongside equity for Pacific peoples, rural communities, disabled people and people with high health needs.
- Require completion of approved, Aotearoa New Zealand-specific cultural safety and hauora Māori training as a condition of registration and of ongoing practice — and which is prioritised during any provisional period.
- Express cultural safety expectations in measurable, accountable terms, so they can be used by the Council, employers and others to evaluate conduct.

2. Patient care, role clarity and public understanding

Now that the title "physician associate" has been confirmed, there is a real risk that patients and whānau will confuse PAs with doctors. The Patient care and Good communication and informed consent standards should carry explicit transparency duties so that informed consent is genuine.

We recommend the standards require PAs to:

- Clearly introduce themselves and their role at each episode of care, so patients and whānau understand they are seeing a physician associate, not a doctor.

- Make plain what the PA role can and cannot do, who the responsible supervising doctor is, and how a patient can request review by a doctor.
- Record role and supervision information in a way that supports informed consent at booking, on arrival, and at relevant consent points.

3. Safe practice, supervision and credentialling

The draft Safe practice standards require PAs to work within their competence and the defined clinical responsibilities assigned through employer credentialling, to recognise the limits of their knowledge and skills, to seek doctor input when needed, and to comply with their supervision requirements. The College supports these expectations. Supervision also needs to be proportionate to the PAs experience, demonstrated competence, clinical setting and scope of practice. Furthermore, to be workable in general practice, rural and after-hours settings, the standards or accompanying guidance should be more specific.

PA supervision draws materially on GP time. PA supervision must not compromise GPEP registrar training, GP supervision capacity or the sustainability of the general practice and rural hospital workforce — a core College priority. This should be acknowledged in the standards and addressed in implementation and resourcing.

The professional standards for PAs should also state that they must be read in conjunction the Medical Council's scopes of practice for PAs and the supervision framework for PAs. To recognise the relationship and hierarchy of these key documents this statement could be included in the introduction section of the professional standards for PAs or, more prominently, as an instruction following the document title. Our recommendations below refer to supervision elements that are not referenced in these professional standards or are absent in the supervision framework for PAs, and which also need to be included in the professional standards for PAs.

We recommend that the standards and guidance:

- Make clear what supervision means in practice for different settings — including what onsite or immediately-available supervision requires in general practice, rural, marae-based and after-hours care.
- Expect a documented supervision plan for every PA, with a named supervising doctor, defined task limits, escalation pathways, and case-review expectations.
- Recognise that the implementation of PA supervision must be appropriately resourced so that patient safety, GP supervision, registrar education, and workforce sustainability are all maintained.

4. Collaboration, transfer of care and follow-up

The draft Collaboration standards require PAs to work effectively as part of the team and to ensure a safe transfer and handover of care. General practice is a broad, first-contact environment in which undifferentiated and complex presentations are common, so these standards carry particular weight and the College thinks these could be strengthened by expecting PAs to recognise uncertainty, maintain a low threshold for seeking advice and how uncertainty links to escalation, follow-up and closing the patient care loop.

We recommend the standards strengthen expectations for:

- Safe handover and transfer of care, including documentation of doctor involvement in diagnosis and treatment decisions.
- Reliable follow-up of test results and referrals, with clear accountability for closing the loop.
- Clear limits on autonomous management of undifferentiated, unstable, or complex first-contact presentations, which should involve a doctor.

5. Professionalism and ongoing development

The draft Professionalism standards require PAs to act with integrity, maintain public trust, be accountable for their conduct, and take responsibility for ongoing professional development. The College supports these expectations and recommends that ongoing cultural safety and hauora Māori development be stated explicitly and included in continuing professional development, so that cultural safety is maintained over a career and is not treated as a one-off induction requirement separate from clinical safety.

6. Evaluation, monitoring and equity outcomes

Standards are only as good as their implementation. The College recommends that the standards be accompanied by transparent monitoring of how PA practice affects patients and the system — including equity of outcomes, patient safety, complaints, patient understanding of the PA role, access, supervision workload, and effects on general practice teams and GP training. Reporting outcomes across population groups will allow risks to be identified early and the standards to be refined.

Given that the recognition and regulation of PAs is a new addition to the health system, an independent review of the regulatory framework should be conducted following implementation so that findings can inform future refinement of the standards (and overarching scopes of practice and supervision framework).

We recommend that the standards be accompanied by:

- Transparent monitoring and reporting of how PA practice affects outcomes across population groups and the system as a whole.
- A post-implementation independent review of the regulatory framework (professional standards, supervision framework, scopes of practice, qualifications and training) to ensure it is fit for purpose and continues to meet healthcare needs.

Summary of recommendations

1. Make te Tiriti o Waitangi, hauora Māori, Māori health rights, anti-racism and cultural safety explicit and accountable within the standards.
2. Require approved, Aotearoa New Zealand-specific cultural safety and hauora Māori training for registration and ongoing practice.
3. Strengthen role clarity and patient transparency, so patients and whānau know they are seeing a PA, understand its limits, know the supervising doctor, and know how to request a doctor.
4. Clarify supervision and credentialling expectations across general practice, rural, marae-based and after-hours settings, with documented supervision plans, named supervisors and escalation pathways.
5. Reinforce safe transfer of care, follow-up of results and referrals, and limits on autonomous management of undifferentiated or complex presentations.
6. Safeguard that PA supervision does not compromise GPEP registrar training, GP supervision capacity, or workforce sustainability.
7. Build in transparent evaluation of equity, safety, patient understanding, access and workforce impacts, reported across population groups.
8. Conduct an independent post-implementation review of the regulatory framework.

Closing

The College supports professional standards for physician associates as part of a safe regulatory framework, and we thank the Council for the opportunity to contribute. Strengthening the standards as set out above — with te Tiriti, cultural safety, role clarity, supervision, and evaluation made explicit — will help ensure that a regulated PA workforce contributes to safe, equitable and sustainable care. The College looks forward to continuing to work with the Council and sector partners as the standards are finalised and implemented.

Nāku noa, nā

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