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

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Tēnā koutou

Thank you for the opportunity to comment on the draft position statement on Physician Assistants/Associates.

The Royal New Zealand College of General Practitioners (the College) is the professional body and postgraduate specialist education college for general practitioners and rural hospital doctors in Aotearoa New Zealand. We represent more than 6,000 specialist GPs and rural hospital doctors, comprising approximately 40 percent of New Zealand's specialist medical workforce. Our motto is Cum Scientia Caritas — with knowledge, compassion.

Our Position

The College supports the draft's emphasis on clearly defined scopes of practice, robust supervision, patient safety, protection of training pathways, workforce sustainability and cultural safety. PAs should complement, not replace, regulated health professions[1], should not practise independently or manage undifferentiated patients without appropriate medical oversight, and are not a substitute for investment in the domestic health workforce[2]. In the context of Aotearoa New Zealand, the statement should more clearly reflect Te Tiriti o Waitangi, Māori and Pacific health equity, and the sustainability of general practice and rural hospital medicine in rural and underserved communities.

Update the statement to reflect the current Aotearoa New Zealand context

Update the New Zealand content to reflect the Minister of Health's confirmation of the title "Physician Associate"[3] and the Medical Council's draft standards on scopes of practice, qualifications and supervision[3]. The focus is now how this regulated workforce is governed, supervised, evaluated and safely integrated[3], including how implementation gives effect to Te Tiriti o Waitangi, advances Māori and Pacific health equity, and improves access to general practice and rural hospital medicine in underserved communities.

Clarify how Te Tiriti, cultural safety and equity commitments should be demonstrated

The College supports the draft's commitments to Te Tiriti o Waitangi, cultural safety, health equity and workforce sustainability, including Māori partnership and leadership in workforce design, governance, implementation and evaluation[4,5], and recognition of Pacific health priorities. The statement should clarify how organisations will demonstrate these commitments in practice[4,5], including Māori partnership and leadership, assessment of equitable outcomes, and Pacific health priorities in implementation and evaluation.

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This could include documented Te Tiriti and equity assessments[4,5]; resourced engagement with Māori and Pacific Peoples; mandatory, ongoing and assessed cultural safety education[6]; clear organisational accountability; and evaluation of patient and whānau experience, equity outcomes, and impacts on Māori and Pacific workforce pathways.

Strengthen expectations for monitoring, evaluation and review

The College strongly supports the draft's emphasis on governance, regulation, monitoring and evaluation, and considers that expectations in this area could be strengthened further. The evidence on the impact of PAs on patient outcomes remains limited and is weighted towards process measures and patient satisfaction rather than clinical outcomes[7]. It is also difficult to separate the effect of the PA role from the benefit of additional workforce capacity[7,8]. These limitations require robust, ongoing evaluation.

The statement should support active monitoring PA workforce models, with mechanisms to identify and respond promptly to emerging safety concerns or unintended consequences. Evaluation should assess patient outcomes, quality, safety, access, equity and workforce effects, with prompt responses to emerging risks. This should include outcomes and experiences for Māori and Pacific Peoples, and impacts on general practice and rural hospital medicine capacity, supervision and rural access.

We recommend that monitoring and evaluation include:

- patient safety, clinical outcomes, complaints and adverse events;
- patient understanding of the PA role;
- effects on supervision, clinician workload, medical education and training opportunities[7,8]; and
- access, experience and outcomes for Māori, Pacific Peoples and other priority populations.

The statement should also recommend an independent post-implementation review of the regulatory and workforce framework.

Strengthen expectations for patient transparency and informed consent

The statement should place greater emphasis on informed consent. Patients may not recognise that a PA is not a doctor[8]; clear communication about role, scope and supervision is therefore essential[4].

We recommend strengthening expectations that PAs and employing organisations ensure patients and whānau:

- are clearly told they are receiving care from a PA, not a doctor;
- understand the PA's scope, limits and supervision arrangements;
- know the responsible supervising doctor and how to request medical review; and
- receive consistent information at booking, arrival and consultation.

These expectations are important given adoption of the title "Physician Associate" and the risk of misunderstanding its qualifications and responsibilities.

Recognise that supervision models may need to vary across practice settings

The College supports robust supervision that protects patient safety, workforce sustainability and medical training. Delegation must remain within the practitioner's competence, available supervision and legal authority[9]. The supervising doctor remains responsible for delegation and oversight of overall patient management[4], with supervision proportionate to the task, clinical context and practitioner competence[4].

Within this safety framework, feedback from our members suggests supervision models should accommodate rural, remote and marae-based practice, given that this role is often proposed as a response to rural and remote workforce shortages[1]. Permanent onsite supervision was thought to be unnecessarily restrictive in some circumstances, and members favoured a more flexible, relationship-based approach for experienced and trusted PAs working within clearly defined scopes and escalation pathways. We therefore encourage consideration of supervision models that remain robust and safe while allowing proportionality based on practitioner competence, clinical setting, experience and local service context.

Conclusion

The College broadly supports the draft position statement and considers it largely consistent with the issues raised in our previous advocacy work on physician associates. To strengthen its application in Aotearoa New Zealand, the final statement should:

- update the Aotearoa New Zealand content to reflect current regulatory settings;
- making Te Tiriti and cultural safety expectations more explicit, operational and accountable;
- strengthen recommendations regarding monitoring, evaluation and review;
- giving greater prominence to patient transparency and informed consent; and
- recognise the need for proportionate supervision models in rural and remote settings.

Thank you for the opportunity to comment. We look forward to continued engagement with RACP on physician associates and the future health workforce.

Nāku noa, nā



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