

# Memorandum

## Advice on the physician associate profession

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**Security level:** IN CONFIDENCE

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**To:** Hon Dr Shane Reti, Minister of Health

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**From:** Health Workforce and System Efficiencies Committee

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### Contact for telephone discussion

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PROACTIVELY RELEASED

# Advice on the physician associate profession

## Purpose

1. This memo provides you with the Health Workforce and System Efficiencies Committee's (the Committee) advice on the physician associate profession.

## Background / Context

2. Physician associates are a small volume of unregulated workforce in New Zealand, who operate in a variety of settings, including hospitals, and primary and community care throughout the country.
3. In New Zealand, there is currently no training programme for physician associates and those currently practising in New Zealand are trained in similar jurisdictions, including the United States, the United Kingdom, and Canada. The New Zealand Physician Associates Society is a professional body which currently oversees a voluntary registry for the profession in New Zealand.
4. The Ministry of Health recently commenced work on the regulation of this profession under the Health Practitioners Competence Assurance Act 2003, including to determine which responsible authority should be asked to regulate the physician associate profession.
5. While there are certain safeguards in place and work is underway to further ensure safety of practice of physician associates, broader consideration is required of the role of this profession in New Zealand and whether it supports us to achieve desired health workforce outcomes.
6. For the foreseeable future, any expansion of physician associate roles would require an overseas-trained workforce. The development of a similarly skilled New Zealand trained physician associate workforce would take considerable investment in time and resources. The Committee supports a detailed cost-benefit analysis before any decision about local training is made.

## **The Committee recommends further assessment of the physician associate profession within the context of New Zealand's health system.**

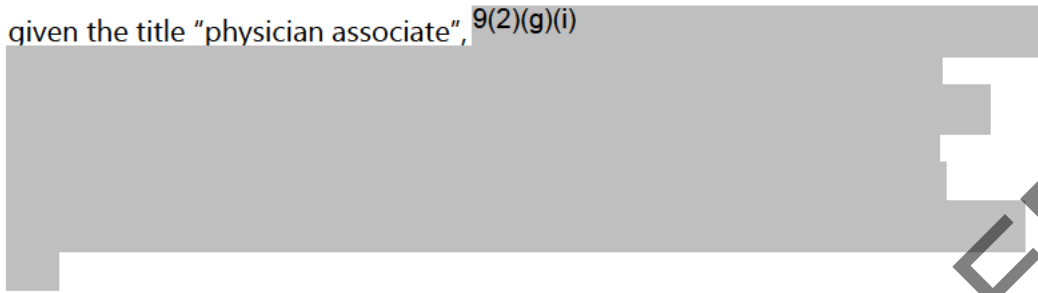
7. The Committee acknowledges there is potentially a role for physician associates in the New Zealand health system and in addressing health workforce challenges.
8. The Committee considers further assessment is required to understand the gaps within the health system that physician associates would fill, and whether this profession is beneficial to support these gaps and achieve our broader health workforce outcomes.
9. The Committee sees potential opportunities for physician associates in both primary and secondary/tertiary health care environments. An overseas-trained workforce does offer a potential immediate/short-term option to fill gaps in the health system. This option may allow services to alter staffing needs to achieve improved clinical delivery and a reduction in demand for doctors in some roles (eg, some roles currently performed by RMOs). It should be noted that such short-term advantages would need

to be achieved in a manner which allowed for long-term potential impacts on training models and pipelines, to be managed in line with any long-term strategies for the staffing makeup of the sector.

10. To better understand the gaps and the context for physician associates in New Zealand, it is important to:
  - a. identify and define the health workforce issue(s) that could be addressed by this cohort
  - b. clearly define the scope of practice for this workforce. The scope of practice assigned to any physician associate should represent the skills and experience of the physician associate and their applicability to their role in New Zealand, noting that this scope would be less than the full scope of practice of the supervising physician. As part of the scope of practice work, the Committee recommends an analysis of how the physician associate role differs from workforce alternatives. This would inform investment and planning
  - c. consider the experience of implementing physician associates in overseas jurisdictions, including the United States and the United Kingdom. This is to ensure any formal implementation of a physician associate role within the New Zealand system follows best practice and does not replicate any potential missteps overseas
  - d. identify how the profession would be regulated to assure quality and safety of the public. The Committee views regulation as essential to maximise the benefits gained from a physician associate workforce
  - e. define what is being achieved by utilising this workforce and have clarity of this across different time points
  - f. determine what resources, (eg, training, supervision, investment) and opportunities, if any, may be diverted from other health professions
  - g. consider what the profession would look like within the model of care we need in five years' time
  - h. be clear that physician associates must work under the supervision of a named responsible doctor.
11. Any development of the physician associate workforce should be complimentary to a domestically trained health profession (eg, nurse practitioners, extended care paramedics), as well as doctors.

**While this assessment is undertaken, it is important to consider how the existing physician associate workforce is supported to deliver quality care to New Zealanders.**

12. The Committee notes that while we continue to utilise physician associates across the health system, there should be specific consideration of:
  - a. the type of supervision available for physician associates, for example, the supervisor for a physician associate working in a primary care/generalist setting has the appropriate skills and capabilities to practice in that setting

- b. availability of wraparound support for the profession to ensure continued development within the New Zealand health context, including development of cultural competencies
- c. given the title "physician associate", 9(2)(g)(i)  

- d. strategic positioning of the workforce and the skills and capabilities they offer in conjunction with other workforce groups.

### Next steps

- 13. The Committee will provide advice to the Ministry of Health on any further work related to the assessment of the physician associate profession, and the place of this workforce in the New Zealand health system.

Dr Andrew Connolly

Chair

**Health Workforce and System Efficiencies  
Committee**

Date: 23 August 2024

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