

Aide-mémoire

Meeting with the New Zealand Physician Associate Society

Date due to MO: 30 January 2026 **Date of Meeting:** 3 February 2026

Security level: IN CONFIDENCE **Reference:** H2025077234

To: Hon Simeon Brown, Minister of Health

Consulted: Health New Zealand:

Proactive release: This **title** is proposed by the Ministry of Health for proactive release:

Contact for telephone discussion

Name	Position	Telephone
Allison Bennett	Group Manager, Health System Settings Strategy and Policy	s 9(2)(a)
Dr Joe Bourne	Chief Medical Officer, Clinical, Community and Mental Health, Strategy and Policy	

PROACTIVELY RELEASED

Aide-mémoire

Meeting with the New Zealand Physician Associate Society

Date due: 30 January 2026

To: Hon Simeon Brown, Minister of Health

Security level: IN CONFIDENCE

Reference: H2025077234

About the Meeting

Purpose of Meeting:

You are meeting with representatives of the New Zealand Physician Associate Society (the Society). They want to talk about how to advance the Physician Associate profession in New Zealand, including regulatory and workforce issues.

Details of Meeting:

Date: Tuesday 3 February 2026
Time: 2.40pm to 3.00pm
Venue: Auckland Policy Office and online

Attendees

- Lisa deWolfe, Regulation Chair
- Erin Hutchison, Chair
- Alex Kayat, Executive Director
- Jamie Torres, Secretary
- Jo Scott-Jones, Board Member

Organisation

The Society advocates for physician associates and supports their integration into New Zealand's health workforce.

Ministry representatives

Dr Joe Bourne (Chief Medical Officer, s 9(2)(a)) and Steve Osborne (Principal Advisor, s 9(2)(a)) from the Ministry of Health will be present (online) to support you at the meeting.

Summary:

This meeting is scheduled for 20 minutes and was organised following a request by the Society. They have requested to discuss the following topics:

- prescribing rights for PAs
- workforce shortages and impact of HPCA reform
- developing the professional role for the PA profession in New Zealand

- development of a domestic PA training programme.

This aide memoire also provides you with:

- a two-page meeting background note with suggested points for discussion that the Society included in their meeting request - enclosed in Appendix 1
- talking points in Appendix 2.



Allison Bennett
Group Manager, Health System Settings
Strategy and Policy

PROACTIVELY RELEASED

Background and context

Summary of organisation

1. Physician Associates (PAs) are overseas-trained health professionals who can evaluate, diagnose, and treat patients under the supervision of a doctor. About 50 PAs are currently employed across the country, with the workforce expected to grow over coming years.
2. Established in 2014, the New Zealand Physician Associate Society (the Society) is the professional body representing PAs working in New Zealand. The Society provides education, networking, and support for integrating PAs into the health workforce to address shortages and improve patient care.

Regulation of the Physician Associate profession

3. In April 2025, you announced that PAs would become a regulated profession under the Health Practitioners Competence Assurance Act (the HPCA Act). Once regulated, PAs will be required to meet clear standards which are appropriate for the New Zealand health system, including training, supervision, and ongoing professional development.
4. The primary purpose of regulating under the HPCA Act is to manage the risk presented by the current and future practice of PAs. Regulation will provide greater protection for the public and is also likely to support greater integration of PAs into the health system and further grow the workforce.
5. The Medical Council of New Zealand (the Council) are the responsible authority for the profession and will set the standards for PAs working in New Zealand. The Council is currently conducting an open consultation on proposals for how PAs should be regulated. The deadline for submissions is 16 February 2026.
6. Health NZ will submit its own response on the consultation and anticipates there will be significant interest from individual clinicians.

Prescribing rights for PAs

7. The Society highlights that prescribing is not currently being considered as part of developing the scope of practice for PAs. They are concerned that this will limit the role and may affect recruitment. For example, PAs are able to prescribe medicines in the United States and Canada.
8. The Council have indicated that they will be taking a staged approach to PA regulation and will develop the PA scope of practice over time, including consideration of prescribing authority.
9. Prescribing authority is set under the Medicines Act 1981. The Ministry has an established process to assess whether changes to the Medicines framework are required and where appropriate, would support the Council to progress this work.

Impact of amendments to HPCA Act

10. The Society has noted that streamlined regulation could help address workforce shortages by reducing barriers to employing PAs and improving retention within multidisciplinary teams. They are interested in how changes to the HPCA Act might assist

PA regulation by ensuring safe practice, and avoiding unnecessary restrictions on scope of practice.

11. The Ministry is committed to ensuring the regulatory framework is fit for purpose and will consider this as part of ongoing discussions with the Council.

12. s 9(2)(f)(iv)

Developing the professional role for the PA profession in New Zealand

13. The Society wants early engagement with Health NZ and the Council to ensure the PA role is understood and integrated well. They have provided international evidence (**Appendix 1**) showing that PAs can help address workforce gaps and reduce costs.
14. Health NZ understands that across services facing workforce pressures, it is likely that PAs could contribute to addressing gaps in some settings – as could existing workforces such as nurses (including nurse practitioners), paramedics, and allied health professionals. The extent of New Zealand’s need for PAs will depend on the final scope accepted by the Medical Council, and the settings in which PAs are able to have greatest impact.
15. Health NZ is currently evaluating the proposed scope prepared by the Medical Council and intends to work with stakeholders (including the Society) to test where PAs could have highest impact across a range of services.
16. It is expected Health NZ and the Ministry will work with the Society to draw on its expertise to build understanding of the PA role including its flexibility, training, and the unique qualities PAs can contribute within multidisciplinary teams.

New Zealand PA training programme

17. The Society suggests exploring a graduate-entry PA programme, potentially alongside or linked to the new Waikato medical school. It notes shared facilities could reduce costs and rural placements could support workforce needs. It suggests initial planning could start with modest extra funding and note international financial support. It indicates willingness to contribute expertise.

18. s 9(2)(g)(i)

19. The Ministry and Health NZ will work together and meet with the Society for consideration of training pathways once the Council’s consultation on the draft scope of practice is completed and final scope is confirmed.

Appendix 1: New Zealand Physician Associate Society's meeting background note

PROACTIVELY RELEASED

Meeting Between Hon Simeon Brown and Representatives from the New Zealand Physician Associate Society (NZPAS)

Scheduled 3 February 2026

Agenda (Provided 21 December 2025)



NZPAS Representative Attendees:

- **Lisa deWolfe, PA-C Emeritus**, NZPAS Regulation Chair, Recent Past NZPAS Chair
- **Erin Hutchison, MHS, PA-C**, NZPAS Chair, Regulation Committee Member, Rata Health, Hamilton
- **Alex Kayat, MPAS, PA-C**, NZPAS Executive Director, Regulation Committee Member, Education Committee Member, Cultural Committee Member, Internal Review Committee Chair, Past President NZPAS
- **Jamie Torres, MSPA, PA-C**, NZPAS Secretary, Dargaville Medical Centre
- **Jo Scott-Jones, FRNZCGP(Dist)**, NZPAS Board Member, RNZCPG Board Member, Past Chair Rural General Practice Network, Past Chair Rural Health Alliance Aotearoa New Zealand, Clinical Director Pinnacle Health

Topics for Discussion

1. Teamwork in Medicine: Developing the Professional Role for the Physician Associate (PA) Profession in New Zealand

- a. Early appointments within Health New Zealand/Te Whatu Ora and the Medical Council of New Zealand are crucial, especially during early integration since many do not yet understand the flexibility, training, and unique qualities of PAs, which do not conflict with other professions. Such appointments ensure collaborative progress supporting the role without encroaching on the roles of other health professions.
 - i. Are there possible working groups, panels, or discussion groups where current leaders are working within Health New Zealand? A regulated profession should have a voice and will offer a tremendous amount of information that will be valuable.
 - ii. How can the NZPAS effectively support PA role implementation if we are not at discussions with the leaders that are strategising about this process?
- b. Statistics and research data from other countries offer important information that can be adapted to New Zealand's population and current workforce shortages; approximately 1,500 PAs would meet current demand (see References 1, 2, 3). Many hospitals and clinics across the country face staffing gaps, but as the number of PAs increases, overall costs decline, leading to immediate savings

with a proven model (1). For instance, 23 emergency departments could (already) be staffed with one or two PAs each, while an estimated 1,000 general practices would easily utilise 500 to 700 PAs (4). Around 86 regional and tertiary hospitals would benefit from set numbers of PA jobs. This would contribute to greater stability within specialties and teams, help prevent specialist burnout, and allow resident doctors to focus on their learning, thereby easing stress on the healthcare system. In essence, PAs fill an important gap and provide interim stability where staffing is limited or part-time.

2. Prescribing Rights for PAs

- a. What leverage exists to plan/support prescribing, as MCNZ has delayed this important part of the scope? It is crucial to support a process that grants full scope and prescribing rights without unnecessary delay. Delays can disrupt progress, discourage experienced, high-quality physician associates from practicing in this setting, and hinder improvements in patient care and access. Over-regulation and interference from unions is still a notable challenge in New Zealand, particularly evident in the regulation of physician associates. It is vital to identify strategies that facilitate reasonable and timely regulation within existing frameworks. Prescribing was left out of the initial scope without any reasonable rationale beyond causing waves from special interest groups.
- b. What options do we have to set the process for prescribing in place so when MCNZ applies it can move through quickly without undue process? PAs training is beyond that of many current prescribers working in New Zealand.

3. New Zealand PA Training Programme

- a. There is potential to introduce a PA graduate entry level training program alongside or with an existing New Zealand medical school. The new Waikato graduate-entry level medical school offers an ideal situation that targets rural placements. With an additional \$19 million to the \$230 million budget for establishing the school, it is reasonable to begin initial planning—especially with public donations and community support for drafting program requirements. Shared facilities can also help reduce costs. International financial support is a possibility. NZPAS has many experts willing to contribute their time and offer support for this process.

4. Workforce shortages and reform

- a. Streamlining regulation and improving retention rates, while maintaining patient safety, will move the health workforce in a positive direction and support all of the health professionals on the multidisciplinary team (MDT). How can the changes in the HPCAA legislation help with the PA regulation? Over-regulation will restrict PA scope beyond safety when evidence-based information is ignored.

5. What are the issues and areas of concern that this government and the Ministry want the PA profession to be aware of and consider as the process for regulation moves forward?
6. Discussion of any relevant updates or developments between the date of this agenda and our meeting.

References:

1. APP advanced practice providers, utilization and care team design. November 12, 2025. <https://www.mgma.com/mgma-stat/app-utilization-and-care-team-redesign-in-2026>
2. [Forecasting the physician assistant/associate workforce: 2020–2035 - ScienceDirect](#)
3. [The influence of government policies on the nurse practitioner and physician assistant workforce in the Netherlands, 2000–2022: a multimethod approach study | BMC Health Services Research](#)
4. [The contribution of physician associates or assistants to the emergency department: A systematic scoping review - ScienceDirect](#)

PROACTIVELY RELEASED

s 9(2)(g)(i)

ORA

PROACTIVELY RELEASED