



Auckland Women's Health Council

Submission on the Medical Council Consultation on Regulation of Physician Associate

Does the current practice of PAs pose a risk to public health and safety?

Yes.

The most obvious is in the risks of physical harm. Potentially PAs could pose risk to patients in terms of errors in prescribing medications, incorrect diagnoses, treatment injury from invasive procedures failing to properly read results of tests or understand their significance, etc. These are similar to risks to patients in other roles such as GPs.

In addition to the direct risk of harm or medical injury are issues regarding cultural competence and safety, and issues such as informed consent rights, and other potential breaches of the Code of Rights (The Code of Health and Disability Services Consumers' Rights).

What safety measures have been put in place to ensure that overseas trained health professionals are equipped to prescribe, dispense or administer medications safely with the GP practice?

Are the existing controls on the practice of PAs sufficient to ensure public health and safety? If not, what additional steps could be taken?

We believe that regulation under the HPCAA is appropriate and that existing controls are inadequate to ensure public safety given the extent of practice, including ordering tests, reviewing results, diagnosis, treatment planning, and conducting invasive procedures such. If regulation under the HPCAA is not implemented, restrictions on medicines prescribing and administration, e.g. standing orders only or additional consultation in rural areas, should be implemented.

PAs practice under the supervision of medical practitioners. What impact, if any, would the recognition of PAs as a profession under the HPCAA have on the responsibilities of doctors?

Overall, we believe that the benefits of regulation and recognition of PAs as a profession under the HPCAA outweigh the disadvantages for doctors and health services providers. We have a chronic health workforce shortage and increasing burden on GPs especially in provincial and rural areas of Aotearoa New Zealand. PAs would help bolster the workforce and while there may be additional responsibilities placed on qualified doctors, the availability of PAs to take on some of the workload currently borne by doctors, especially GPs should more than compensate for the additional responsibility and oversight.

PAs will, for the foreseeable future, be trained overseas. What would be required to ensure PAs are equipped to provide culturally-safe health care and support equitable health outcomes in Aotearoa New Zealand?

Aotearoa New Zealand has unique cultural aspects that health professionals trained exclusively overseas may be entirely unfamiliar with. PAs should undertake training in cultural-competence and gain an understanding of tikanga Māori, te Tiriti and the obligations of health professionals under te Tiriti. Similarly, PAs should have training in the needs of Pāsifika people. There have been many reports regarding overt and institutionalised racism within our health system and it is critical that the overseas trained workforce understand the issues faced by our marginalised communities and the need to actively address inequities

and disparities in not only health outcomes but to barriers to health care services experienced by many New Zealanders.

PAs will, for the foreseeable future, be trained overseas. What implications, if any, would that have on the current health workforce for orientation/induction and supervision needs?

PAs being trained overseas in the short term could potentially alleviate partial burden to stressed health practitioners. However, as there is no PA equivalent education programme, additional burden may be added to existing practitioners if individual practitioners are expected to provide education and training to these individuals, e.g. rural GPs who might benefit from having a PA in their practice may not be in a position to independently assess the education programme and/or identify what type of continuing education would be appropriate for the individual within their practice. A formal regulatory body could provide that additional support.

Should PAs be regulated under the HPCAA? If so, why? If not, why not?

Yes, PAs should be regulated under the HPCAA. this would allow for consistent and enforceable standards of clinical competence, cultural competence, and ethical conduct, all important considerations to ensure the safety of patients. At all times the consideration of utmost importance is patient safety, health and wellbeing. Additionally, in the unlikely event of a medical mishap, patients would be covered under the ACC scheme.

Do you think that doctors and PAs (if regulated under the HPCAA) should be jointly regulated under an existing regulatory authority (for example the Medical Council, or an alternative regulatory authority)?

There are benefits to both options. Regulation under an existing authority might reduce the practical and financial costs/burden of regulation through economies of scale and not needing to entirely "reinvent the wheel". However there are also advantages to separate regulatory body being set up to monitor and produce annual practicing certificates, especially if it is foreseeable that PAs might be trained here and numbers of PAs increase.

Please provide any other comments you may have about the regulation of physician associates that you would like us to consider.

At all times the primary consideration should be the safety, health and wellbeing of patients, and the prevention of harm of any description (physical, cultural, mental, spiritual) to health consumers. Our health workforce is currently under immense stress and if PAs can help relieve the burden of overwork on the existing workforce and encourage people to take up training in medicine, then all efforts to facilitate this should be made. As well as addressing the risks of PAs as part of the health workforce, vocational recognition of PAs must be beneficial to those practitioners, enabling them to work "to the top of their scope" and to encourage the establishment of training programmes within New Zealand thus opening up the vocation to more people.