30 May 2025

Hon. Simeon Brown
Minister of Health
Via email to: Simeon.Brown@parliament.govt.nz

cc [redacted]

Tēnā koe Minister Brown,

OPEN LETTER: PHYSICIAN ASSOCIATES – REGULATION AND PATIENT SAFETY

We were deeply concerned to hear your recent announcement that physician associates (PA) will become a regulated profession in New Zealand.

We have been engaging with the Ministry of Health and the previous Minister of Health since 2023 on this sub-standard workforce. In December 2023 we made a submission (attached) to the Ministry consultation, "Regulating the Physician Associate profession under the Health Practitioners Competence Assurance Act 2003", outlining the issues, including research from comparable health systems where this workforce has been implemented with catastrophic consequences. On page 5 of our submission, we provided alternative suggestions to streamline the existing workforce.

We reiterated our strong opposition to this workforce in our briefing paper and discussion with Minister Reti when we met with him in November 2024. At this time, Minister Reti advised us that he could not ignore the risk of the current situation and that he could see the benefit of PAs in our health system if the right "guard rails" were established. He was mindful that New Zealand needed to learn from the United Kingdom and not make the same mistakes. He advised that any introduction of PA regulation would initially be in primary care, and not in hospitals. He also acknowledged the potential impact on RMO (Resident Medical Officer) training, and said he was very keen for RMOs to be involved in plans for the implementation of this workforce, to ensure their voice was heard. We would like to engage with you and your office to ensure we know your position on this and whether you hold these same views and, if so, how you plan to ensure that patient safety and RMO training will be protected.

The British Medical Association recently performed a UK wide survey with 18,000 responses from UK doctors. They noted that "87% of doctors who took part said the way AAs [Anaesthesia Associates] and PAs currently work in the NHS was always or sometimes a risk to patient safety. 86% reported that they felt patients were not aware of the difference between these roles and those of doctors [and] in a separate survey of the public, 29% of patients said they did not know whether or not they had been seen by a PA."[1]

The United Kingdom is currently undertaking the Leng review, commissioned by Secretary of State for Health and Social Care, evaluating the safety and effectiveness of PAs and AAs.[2] This is an in-depth review of the roles, their safety, effectiveness and contribution to multidisciplinary teams as well as oversight/supervision and regulation. This will involve a comprehensive review of all evidence as well as consultation with professionals, patients and

the public. These findings are yet to be published, and our view is that it would be hasty to proceed with introducing PAs into the workforce without considering the findings of this comprehensive review.

The latest research from the UK, a systematic review to inform the Leng review concluded, "no evidence was found that physician associates add value in primary care or that anaesthetic associates add value in anaesthetics; some evidence suggested that they do not."[3] This adds to the evidence documented in our submission, demonstrating the dangers this workforce poses to patient safety from sub-standard care provided by these non-doctors.

We echo the concerns raised by NZ Women in Medicine in their feedback on the "Putting Patients First: Modernising Health Workforce Regulation" consultation, that if regulation of a PA workforce is to proceed it should not be through the Medical Council of New Zealand (MCNZ). Despite this stance, these concerns seem to have been ignored as the Medical Council has now been designated as the regulator. MCNZ regulates doctors. Doctors have significantly more tertiary education and years of training in the medical workforce than PAs. Regulating a sub-standard workforce through MCNZ would imply to the general public that a PA is equal to a doctor in education, training, and clinical ability, which is grossly misleading and, in our view, dangerous. STONZ has been invited to contribute to the MCNZ Physician Associate Stakeholder Advisory Forum, and we will ensure that these concerns are also raised there.

We summarise our opposition to the PA workforce below, which is further expanded in our attached submission:

- The research indicates that PAs offer sub-standard care, compromising patient safety.
- PAs have the potential to negatively impact RMO training.
- PAs are a perpetual burden on a health system, rather than a long-term investment.
- There is no PA education program in Aotearoa.
- The employment of PAs is contrary to Te Tiriti o Waitangi and will not benefit those patients the consultation document aims to serve. I.e. because PA's must, by default, be internationally trained it is expected that the widespread introduction of PAs will create further vulnerability and inequities and has the propensity to worsen health outcomes for Māori, Pacifica and rural communities. PAs without any local cultural competence training or experience here in New Zealand directly threaten the principles of our founding document.

As the Minister responsible for making this decision, we are keen to discuss your position and intention for this workforce, including whether, as part of this decision, any learning or reflections were made based on the experience in the UK, as well as what safeguards will be put in place to protect patient safety and ensure this workforce does not operate outside its scope. For example, PAs in the UK are not permitted to prescribe or request imaging studies, and therefore they do not receive formal training in these tasks. Are you planning to bring forward and support the same restrictions here, and, if so, who will be prescribing and how will duplication of work be prevented. Good Medical Practice suggests that doctors do not prescribe for a patient they have not personally assessed[4]. If not, how will PAs be assessed and trained to ensure they are safe to perform these tasks?

Can you assure us that there will be a method of audit planned to assess the outcomes of this workforce, especially with respect to referrals, complaints, adverse outcomes and the monetary impact of PAs compared with doctors (both directly and indirectly). We also want to ensure there will be a robust method of feedback from the workforce on their impact, including those specialties who do not directly work with PAs, but may get patients referred from PAs for further secondary or tertiary care.

We are also very interested to know how you, in your position as Minister of Health, and central government plans to manage the ongoing supervision requirements for such an insufficiently trained workforce, to ensure they are not a further drain on already overworked specialists and RMOs, nor detrimental to senior doctors' availability to train todays RMOs, who are the senior doctors of tomorrow.

Nāku noa, nā

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References

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