

## Submission

# Medical Council to regulate physician associates/physician assistants (PAs)

---



**SPECIALTY TRAINEES OF NEW ZEALAND**

**Authored by: Carmella Catlow & Emma Littlehales**

---

**February 2026**



This is a reformatted copy of the submission made by Specialty Trainees of New Zealand Incorporated, STONZ, to MCNZ via Survey Monkey on 16<sup>th</sup> February 2026.

We are a not-for-profit union organisation that represents approximately half of the unionised Resident Medical Officer (RMO) workforce in Aotearoa, New Zealand.

## Introduction

The Council is proposing two scopes of practice:

- The Provisional PA scope of practice – the PA must work in a Council-approved position under Council-approved supervision with a Council-approved supervision plan.
- The General PA scope of practice – the PA works under employer-approved supervision by a doctor registered in a vocational scope of practice that is relevant to the practice setting and the PA's role.

PAs seeking to practice in Aotearoa New Zealand will first be registered in the Provisional PA scope of practice for a set period, and must meet a range of requirements, before being eligible for registration in the General PA scope of practice.

We propose that PAs will be able to:

- take histories and examine patients
- order and interpret some tests
- contribute to diagnosis and treatment
- educate patients
- undertake specified minor surgical procedures.

All PAs – regardless of which scope of practice they are registered in – must work under the supervision of a doctor. We ask specific questions about supervision later in this survey.

Details about the proposed scopes of practice can be found [here](#) in the consultation document. Information about supervision requirements can be found [here](#).

## Section 1: What PAs can do – Scopes of practice

**The proposed scopes of practice outline at a high level what PAs can do. Employer credentialing will define the specific clinical responsibilities within the scope of practice, based on the PA’s qualifications, training and experience, and the facilities and support available at that workplace. Are the proposed scopes of practice for PAs set appropriately?**

It is STONZ opinion that the scope of practice set out by the council is too broad, which allows for creep in scope. The fact that it is not clearly defined poses significant risk of harm to patients as well as risk to RMO training. It is not well defined what the council’s expectations and limitations of a PA should be. There is clear evidence from the UK that there is a significant risk of creep in scope, and this leads to harm to patients.

As the council must regulate PAs, the scope of practice must be more clearly defined to prevent this. Following the Leng review in the UK, the BMA set out a very clear scope of practice for PAs (<https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/workforce/physician-assistants-and-physician-assistants-anaesthesia>), with the principles being:

*“1. MAPs follow, and do not give, medical directives. That is, a PA, AA, or SCP acts upon the medical decisions of a doctor. A PA, AA, or SCP does not make independent treatment decisions.*

*2. MAPs must not see undifferentiated patients.*

*3. National standards for supervision of MAPs must be set and adhered to, including that supervision is voluntary and must be consented to by consultants and GPs in writing. Employers must not discriminate in any way against those who choose not to supervise.”*

This includes specialty specific scope. We must take guidance from similar healthcare systems who have employed PAs for many years, and learn from the mistakes made there, rather than repeating the same mistakes.

### **Is the proposed Provisional PA scope of practice clearly defined?**

The proposed scope of practice is not clearly defined; it is too high level. There is risk to patient safety in allowing for too broad a scope and allowing the employer to define scope in more detail. This should be the role of the council and not the employer, as per the above answer.

**Are the clinical responsibilities that PAs are able to undertake as outlined in the proposed Provisional PA scope of practice (and to be further defined through credentialling) appropriate?**

It is the opinion of STONZ that the responsibilities proposed by the council are not appropriate. PAs should not be seeing undifferentiated patients, requesting and interpreting results of investigations or implementing treatment plans, this is the role of a qualified doctor and this role being undertaken by PAs poses risk to patient safety.

STONZ also feels that in proposing these clinical responsibilities for PAs poses risk to RMO training and could cause irreparable damage to the future of the workforce by disrupting the pipeline at the RMO level.

Again, looking to the Leng review in the UK (<https://www.gov.uk/government/publications/independent-review-of-the-physician-associate-and-anaesthesia-associate-roles-final-report/the-leng-review-an-independent-review-into-physician-associate-and-anaesthesia-associate-professions#executive-summary-and-recommendations>), an independent review of PA safety and effectiveness, the recommendations included: Physician assistants should not see undifferentiated patients except within clearly defined national clinical protocols, and newly qualified physician assistants should gain at least 2 years' experience in secondary care prior to taking a role in primary care or a mental health trust.

**Is the proposed time limit (up to 36 months) appropriate for a PA registered in the Provisional PA scope of practice to meet requirements for the General PA scope of practice?**

Yes.

**Do you have any other comments about the proposed Provisional PA scope of practice?**

It is STONZ opinion that significant consideration into past experiences of our overseas colleagues who have worked with PAs as part of the workforce for a number of years must be taken into account, before any scope of practice is published. In particular those outlined in the Leng review (<https://www.gov.uk/government/publications/independent-review-of-the-physician-associate-and-anaesthesia-associate-roles-final-report/the-leng-review-an-independent-review-into-physician-associate-and-anaesthesia-associate-professions#executive-summary-and-recommendations>).

### **Is the proposed General PA scope of practice clearly defined?**

It is the opinion of STONZ that the proposed scope of practice for general scope, as with provisional scope remains too high level and not clearly defined. It should not be the role of the employer to define scope of practice for individual PAs. This should be the role of the council, and it must be clear to list expectations and limitations. As discussed above, the BMA document is clear and specific in nature, as must be the case to supervise any medical adjacent workforce.

### **Are the clinical responsibilities that PAs are able to undertake as outlined in the proposed General PA scope of practice (and to be further defined through credentialling) appropriate?**

No, it should not be the job of the PA to be involved in diagnosis or treatment of undifferentiated patients. This creates risk to patient safety as clearly evidenced by recent review of PA practice in the UK, as quoted in previous questions. The proposed responsibilities are too broad and leave room for risk to patients. It is also the opinion of STONZ that PAs should not be in leadership positions, nor should they be permitted to perform any minor procedures, as this again poses great risk to patient safety. It is also not clear how the council will ensure they will regulate PAs to continue to operate within the core requirements it proposes.

### **Do you have any other comments about the proposed General PA scope of practice?**

It is clear that the feedback discussed at multiple meetings with stakeholders has not been taken on board, and no changes to the proposed scope of practice document have been made despite feedback and concerns raised by multiple parties at the most recent hui.

STONZ has significant concerns about the regulation of PAs, and we strongly recommend the council take on board the messages from the recent Leng review of the role of the PA from the UK, and other significant evidence from overseas, as well as feedback raised by stakeholders. We also have concerns that due process has not been followed, given the discussions at meetings that we have been present for have not been reflected in this consultation.

## Section 2: Qualifications PAs need for registration – Prescribed qualifications, registration pathways, and changing scope of practice

The Council is proposing that all PAs will need to first register in the Provisional PA scope of practice.

To apply for registration in the Provisional PA scope of practice, the Council proposes that PAs with qualifications from the United Kingdom or the United States of America must have all of the following:

1. A university qualification recognised by the regulator in the United Kingdom or the United States of America.
2. A pass in the national PA examination in one of these countries.
3. At least three years of recent work as a PA in one of these countries.
4. A pass in a knowledge-based cultural safety programme approved by the Council (approved programme(s) yet to be decided).

This group of PAs is divided into two separate (but essentially identical) pathways, with the only difference being the country where the PA trained: pathway 1 is for United Kingdom qualification-holders and pathway 2 is for those holding a United States qualification.

A separate entry pathway is proposed for PAs who have been working in Aotearoa New Zealand for two years or more before registration commences. These PAs must hold the same qualifications as described in pathways 1 and 2 but will be eligible for a reduced period in the Provisional scope of practice, recognising their local experience.

At a later time, we may recognise qualifications of PAs from other countries.

Details about the registration pathways can be found [here](#) in the consultation document.

**Do you agree that the qualifications, training and experience for proposed pathways 1 and 2 (for UK and USA trained PAs) are appropriate for registration in the Provisional PA scope of practice?**

Yes. Although recent work should be defined, as this is a non-specific term.

**Do you agree that the qualifications, training and experience for proposed pathway 3 (for PAs who have been practising in Aotearoa New Zealand for more than two years when registration opens) are appropriate for registration in the Provisional PA scope of practice?**

Yes.

**Do you agree with the proposed requirement that all applicants seeking registration in the Provisional PA scope of practice must complete a Council-approved knowledge-based cultural safety programme within 12 months prior to applying?**

Yes.

**Do you have any other feedback on the proposed pathways for registration in the Provisional PA scope of practice?**

No.

## **Section 3: How PAs will be supervised – The supervision framework**

### **Registration in the General PA scope of practice**

To be eligible for registration in the General PA scope of practice, an applicant must complete a minimum period of practice under Council-approved supervision in the Provisional PA scope of practice. They must also have current advanced cardiac life support (ACLS) certification or an alternative approved by the Council and meet additional requirements.

PAs holding UK or USA qualifications (pathways 1 and 2) need to work under Council-approved supervision for at least 12 months and meet the same requirements to be eligible for registration in the General PA scope of practice.

PAs who registered in the Provisional PA scope of practice under pathway 3 need to work under Council-approved supervision for at least 6 months and meet requirements to be eligible to apply for registration in the General PA scope of practice. This pathway will only be available for a transitional period.

The key difference is the duration of time spent as registered in a Provisional scope of practice and recognises PAs who have been practising in New Zealand for more than two years.

**Do you agree that the qualifications, training and experience for proposed pathways 1 and 2 (for UK and USA trained PAs) are appropriate for registration in the General PA scope of practice?**

No, as part of obtaining registration, in addition to the requirements proposed by the council, it is STONZ view that a standardised national exam should exist similar to NZREX,

which would need to be passed at a minimum standard, in order to be able to apply for registration. In addition, cultural competence should be assessed to ensure culturally safe and equitable care as required under Te Tiriti o Waitangi.

**Do you agree that the qualifications, training and experience for proposed pathway 3 (for PAs who have been practising in Aotearoa New Zealand for more than two years when registration opens) are appropriate for registration in the General PA scope of practice?**

No, as part of obtaining registration also in pathway 3, in addition to the requirements proposed by the council, it is STONZ view that a standardised national exam should exist similar to NZREX, which would need to be passed at a minimum standard, in order to be able to apply for registration. In addition, cultural competence should be assessed to ensure culturally safe and equitable care as required under Te Tiriti o Waitangi.

**Do you agree that PAs registered in the Provisional PA scope of practice should be required to hold current Council-approved Advanced Cardiac Life Support (or similar) certification to be eligible to apply for registration in the General PA scope of practice?**

Yes, this should also be a requirement to attain provisional scope.

**Do you agree with the other requirements for all PAs registered in the Provisional PA scope of practice to apply for registration in the General PA scope of practice? that is:**

- **a period of Council-approved supervision in a Council-approved workplace**
- **a minimum period of satisfactory supervised practice**
- **a recommendation from the supervisor of the PA for registration in the General PA scope of practice.**

Yes. The supervisor should be a doctor who holds registration with MCNZ, is actively practising in the same workplace and on site at the same time as the PA and has performed a minimum amount of direct supervision observing patient interaction to ensure this is safe, similar to house officer supervision.

**Do you agree with the proposal that PAs registered in the Provisional PA scope of practice through pathways 1 and 2 (for UK and USA trained PAs) must have at least 12 months of supervision before applying for registration in the General PA scope of practice?**

No, the minimum supervision time before being recommended to apply for general scope should be at least 24 months. It is STONZ opinion that extreme caution should always be taken when regulating PAs. RMOs are required to complete an absolute minimum of 12 months of provisional scope of practise before applying for general

scope of practise but in real terms are often expected to complete a further 12 months before general scope can be obtained without endorsements. PAs, who have significantly less medical training, should be expected to fulfil at least the same, if not more, time requirements in the provisional scope of practice.

**Do you agree with the proposal that PAs registered in the Provisional PA scope of practice through pathway 3 (i.e. PAs with experience in Aotearoa New Zealand) must have at least six months of supervision as a Provisional PA before applying for registration in the General PA scope of practice?**

No, the minimum supervision time before being recommended to apply for general scope for pathway 3 should also be at least 24 months. The current supervision of PAs is so variable New Zealand wide that a minimum standard needs to be made clear by the council and all PAs including those who currently work in New Zealand without formal regulation should be expected to fulfil the same requirements.

**Do you have any other feedback on the proposed pathways for registration in the General PA scope of practice?**

No.

**PAs will always be required to work under the supervision of a registered medical doctor.** The Council has developed a proposed supervision framework explaining the roles and responsibilities of PAs, their supervisors and their employers.

There are two parts to the proposed supervision framework:

1. For PAs registered in the Provisional PA scope of practice: The Council will approve the appointment of supervisors, workplace and supervision plan, with regular monitoring.
2. For PAs registered in the General PA scope of practice: The PA's employer will have greater responsibility for ensuring ongoing supervision requirements are met.

Details about the proposed supervision framework can be found [here](#) in the consultation document.

**Do you agree with the proposed supervision requirements for PAs registered in the Provisional PA scope of practice?**

No. Direct supervision must be a part of this. This includes witnessed patient interaction and an understanding that every patient must be discussed with the supervisor in a timely manner.

RMOs in their supervised practice must run every decision past an SMO or senior colleague and PAs, who have much less training, must be expected to do the same. There should be a need to “pass” similar to House Officers, who have to pass each rotation every 3 months and be signed off by a supervisor.

### **Do you agree with the proposed supervision requirements for PAs registered in the General PA scope of practice?**

It is the opinion of STONZ that the council should still have oversight and overall approval of supervisors and locations of work in General Scope.

STONZ agrees that PAs must always have onsite supervision, be it provisional or general scope. STONZ also agrees that this MUST be the role of a vocationally trained doctor and never ANY other healthcare worker, including RMOs.

It is also the opinion of STONZ that the council should set a minimum supervision capacity, for example supervisors cannot supervise more than one PA in the provisional scope or more than two PAs in the general scope.

### **Are the Council’s expectations of PAs, supervisors and employers clear?**

It is STONZ opinion that it is not clear what the council expects to be included in a supervision plan and these expectations should be set by the council and not the employer. STONZ has serious concerns about regulation of PAs based on recent evidence from the UK and the USA about risk to patient safety. At a minimum the council should provide a template for supervision plans and stakeholders, including STONZ, should have an opportunity to review this and provide feedback.

Continuing medical education is a fundamental part of working as a healthcare professional. RMOs under provisional and general scope of practice have clear work-based assessments set out by recertification programs such as Inpractice or training colleges. It is not clear how the council or the employer will ensure PAs continue to be assessed as competent without clear continuing medical education requirements or work-based assessments.

## **Section 4: Cultural safety – Ensuring PAs practise in a culturally safe way**

To help ensure that PAs practice in a culturally safe way, the Council is proposing the following requirements for all PAs:

- **Before registration:** Completion of a knowledge-based programme in cultural safety for health practice in Aotearoa New Zealand.

- **While practising:** Work in collaboration with patients, their whānau, communities, and the multi-disciplinary healthcare team to deliver equitable person/whānau-centred healthcare, and practise in a culturally-safe way.
- **As part of supervision:** For PAs registered in the Provisional PA scope of practice, their workplace orientation and induction must include cultural competency, cultural safety training and Hauora Māori education. For PAs registered in the General PA scope of practice, there is a requirement that supervisors support ongoing development of cultural capability.

Details about the proposed cultural safety requirements can be found [here](#) in the consultation document.

**Do you support the multi-staged approach the Council is proposing to ensure that all PAs are able to practise in a culturally safe way?**

Yes. But again, the cultural competence should be assessed prior to granting general scope of practice.

## **Section 5: Deciding the right name for PAs – The title for PA scopes of practice in Aotearoa New Zealand**

**The Council wants to consider the title assigned to the scopes of practice and under which PAs will practice in Aotearoa New Zealand.** It is important that the name describes what PAs do.

We are considering two options:

- physician associate **or**
- physician assistant.

The title ultimately decided on will guide future decision-making on an appropriate te reo Māori title.

Details about the title can be found [here](#) in the consultation document.

**Which title do you think is better suited for the PA scopes of practice in the Aotearoa New Zealand context?**

Physician assistant.

**Please tell us why you chose that answer (an answer is required to help us understand what title is most appropriate).**

Informed decision making is a fundamental concept and forms the basis of medical care in New Zealand. It is therefore vital that patients are given the best possible opportunity to make informed decisions. It is STONZ opinion that the term “Physician Assistant” is the correct one. A number of reviews from the overseas have shown that there is significant confusion around using the term “Physician Associate” as patients often unaware of the difference between a PA and a doctor and the term “Physician Associate” confuses this further.

The Leng review recommends in the UK that the term “physician associate” is unsafe and recommends an immediate return to “physician assistant”. New Zealand has the opportunity to learn from the mistakes of other healthcare settings where PAs have been employed for considerably longer. PAs are not doctors and the patients they treat have the right to be aware of that.

## Final Feedback

**Add below anything else you would like to tell us about the regulation of PAs.**

STONZ has significant concerns about the effect that regulating PAs will have on Te Whatu Ora | Health NZ and the overall quality of the care it provides. We are an organisation for RMOs run by RMOs and we urge the medical council to take great caution in the proposed regulation of PAs, PAs have significantly less training and should not be considered a substitute for RMOs or any doctor, the use of them in this way will have real long-term consequences for the services who utilise them as well as the patients treated by them.

The implementation of PAs into Te Whatu Ora | Health NZ comes with great risk to patient safety and the future of the workforce by posing significant risk not only to patients, but also to RMO training, which risks the future of the medical workforce.