Testing out the possible usefulness of physician assistants to NZ

For the past couple of years, Health Workforce New Zealand has been considering the role physician assistants might have in New Zealand.

Are they an asset to the health workforce? Are they a risk to the practices or DHBs that might employ them? Where is their accountability? Will they prevent the training of other medical specialties? Will they take the place of nurses or nurse practitioners?
These are all good questions.

Since the 1960s, the US has been developing the role of physician assistant (PA). These people have a healthcare background, train for another two years in the medical model and are then employed to work under the delegated authority of a medical practitioner.

The doctor and the PA have a shared responsibility and accountability for the patient, and the PA works with the doctor to determine a scope of practice peculiar to that particular PA.

The first PAs were largely from the returned armed forces, but their backgrounds are now more diverse, and there are more than 72,000 PAs in the US. They fill roles from providing surgical operative assistance to emergency departments, to urban and rural primary care.

HWNZ became interested in bringing PAs here to determine whether there was a role for them in our healthcare system. The first demonstration was at Middlemore Hospital in the acute surgical unit where the PAs were supernumerary and well accepted by patients and staff alike.

It did not, however, answer the question of their added value or whether there was a risk of replacing other parts of the workforce.

A second trial is now in place, since February 2013, to try and answer some of those concerns.

PAs trained and selected from the US are now employed at four primary care sites for two years, after which there will be a comprehensive evaluation to determine (at least in part) whether there is a role for them in the future of the New Zealand health system.

These particular PAs were not chosen by HWNZ but, for various reasons, were in New Zealand and seeking employment. HWNZ is not employing them but is providing a supportive role, and is ensuring the evaluation takes place at the conclusion of the demonstration.

The NZMA has been working with HWNZ to help ensure the evaluation will be robust, and has also been involved in developing the principles by which any future PA development in New Zealand would be guided.

This is not to say PAs will be employed or trained in New Zealand but, if they are, then those PAs will also be required to have a background in healthcare, and be trained for a further two years in the medical model. They would be required to be associated with a particular doctor, and they should be regulated by the medical...
professional regulatory body.

It is possible that certain doctors may deploy “PA-like” staff in the future in their practices or hospitals. These practitioners will not be registered or recognised as PAs unless they complete the recognised training process, fulfil regulatory certification requirements and work within a framework of competence assurance and accountability.

Any future PA would be required to develop a practice plan between themselves and the supervising doctor and define the specific areas of practice delegated to the PA. The breadth of the practice plan will be defined by the needs of the doctor and the skills and experience of the PA.

The full statement of the physician assistant principles together with its introductory preamble is now available for viewing and downloading from the NZMA's website (www.nzma.org.nz/pa). There is also a hyperlink on the HWNZ website to lead you to the PA principles.

Until the evaluation is complete, we will not know whether evidence suggesting they have been a successful and valuable addition to the workforce overseas also applies to New Zealand.

It's to be hoped at least some of the concerns around role replacement and reduction in training opportunities will be addressed and answered. The usefulness of the PA to the practice, the other staff and the patients will also be addressed. Competencies, breadth of practice and relationship with their particular doctor will also be part of the evaluation.

I hope the PAs currently in New Zealand are finding their work stimulating and enjoyable - although I understand there are no prescribing rights - and that we can work together to determine the potential to add value to our New Zealand workforce.

Kate Baddock is chair of the NZMA GP Council

For references see ‘GP Resources’