



## NEW ZEALAND MEDICAL ASSOCIATION

12 February 2010

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By email: [Rosemary.downard@cmdhb.org.nz](mailto:Rosemary.downard@cmdhb.org.nz)

Dear Rosemary

### **Northern Region DHBs/University of Auckland Physician Assistants Trial**

Thank you for the opportunity to comment on this proposal. We appreciate your efforts to keep the NZMA apprised of the trial and ask that you continue to do so throughout this period.

AS you know, NZMA has a clearly developed position on the creation of a role such as physician assistants. (We refer to them as medical assistants and suggest that this may be a more appropriate generic term in the New Zealand context where the term "physician" describes a specific medical specialty). In principle we support this new role and have adopted the following criteria for the role's development:

- The role needs to be developed with the best interests of patient care and safety in mind;
- The delegated care model as practiced in the USA is the appropriate model for New Zealand to look to in developing this role;
- Subject to standing orders and appropriate supervision, medical assistants should be able to prescribe;
- Medical assistants must work within the medical practice team rather than in competition with it;
- The role needs to be defined and aligned with education, training, competency and registration requirements;
- In supporting medical assistants the government will need to set up a formal regulatory body to set standards and oversee initial and continued registration with reference to both competence and fitness to practise;

- A medical assistant's continuing registration should be dependent on their ongoing professional development.

Our review of the proposal suggests that these principles are largely being followed although we do still have a few concerns:

#### **Role of PGY1 and PGY2 Doctors – Physician Assistants**

Our Doctors in Training have expressed concern that many of the tasks identified for the physician assistants to do are currently undertaken by PGY1 and PGY2 doctors. Although the proposal may be intended to free up our doctors in training to undertake different tasks or to undergo training it should be remembered that these tasks provide valuable experience and education for our doctors in training. This may not be an issue during the trial; were the trial ever rolled out in significant numbers however the training of our doctors may be undermined unless a sufficient amount of this work is set aside specifically for them to undertake.

In regard to this trial we note that the physician assistants will be employed to work in the surgical area. We would be grateful if you could identify for us the actual tasks that they will be doing.

#### **Examination and Diagnosis**

While examination is marked down as one of the tasks to be undertaken by physician assistants we are somewhat cautious of their ability to do so. Considerable oversight and training by doctors of this task in the first instance will obviously be necessary before we could be comfortable with physician assistants undertaking this role under a more independent (but still subject to delegated supervision) role. In regard to diagnosis we note that at this stage that this is not contemplated and confirm that we do not support physician assistants undertaking this role.

#### **The Trial**

With only two physician assistants involved the trial may be too limited to provide any meaningful results. Certainly it does not allow for much evaluation beyond the specific work situation they will be working in. In particular we find it difficult to see how the results of employing two surgically based physician assistants can be extrapolated across other scopes of practice.

In addition we are concerned that the trial is to be commenced before the scope of practice and terms of evaluation have been determined. The latter is important for if the details of the evaluation are not set prior to the trial then it becomes a retrospective study which by nature has a number of limitations. The NZMA would be interested in playing a part in the evaluation process.

#### **Scope of Practice**

Turning to the scope of practice itself we are somewhat concerned that this appears to be determined by the Employer. While we appreciate that at this point there is no Responsible Authority governing physician assistants we believe that it is essential for the Royal Australasian College of Surgeons to be involved in developing this.

**Regulation of Physician Assistants**

While we accept that under this trial physician assistants cannot be regulated, if this trial leads on to the development of a new medically based role then we believe that physician assistants will need to be regulated. However we do not believe that the appropriate regulatory body is the Medical Council of New Zealand.

**Discussions with Local Doctors of Trial**

We are unsure whether in setting up this trial you have consulted with local doctors likely to be affected by this. If not then we ask that you do so.

We hope our comments are of assistance and would appreciate your continued engagement as the trial proceeds.

Yours faithfully

A handwritten signature in black ink, appearing to read 'Peter Foley', is written over a light grey rectangular background.

Dr Peter Foley  
**Chair**