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By email: pamo@clear.net.nz

Dear Pam

Physician Assistant Trial and Evaluation

The NZMA is New Zealand's largest medical organisation and has a pan professional membership. We have around 4500 members who come from all areas of medicine.

The NZMA aims to provide leadership of the medical profession, and promote:

- professional unity and values;
- the health of all New Zealanders.

The key roles of the NZMA are to:

- provide advocacy on behalf of doctors and their patients;
- provide support and services to members and their practices;
- publish and maintain the Code of Ethics for the profession; and
- publish the New Zealand Medical Journal.

We are pleased to be able to provide some input into the evaluation of this physician assistant "trial", although the extremely short timeframe has made this task challenging.

As the NZMA has said previously, we are not opposed to the development of a physician assistant role provided it follows a delegated authority model and meets certain other caveats. These are detailed further in our previous submission and also in our position statement on New Roles and Role Substitution. A copy of these documents is also attached for your information.

As the establishment of the "trial" process has progressed however, we have developed some concerns. Firstly it cannot be said that this is a "trial" in that any real learnings can be taken from this. There are only to be two physician assistants brought in to New Zealand. They in turn are likely to be highly experienced, will only work in one hospital, will work as surgical assistants and

their positions will be completely supernumery to existing staff. Given these facts we think it unlikely that the results of any evaluation can be extrapolated to how effective they would be in other hospitals with less resources and across different scopes of practice. It cannot test whether there will be any real issues in terms of work pressure, or repercussions on the workload and training of RMOs given these facts. It is, therefore, not a trial but a demonstration of how employing two extra surgical assistants can improve the flow of work.

This in turn means that there are serious issues to consider when it comes to an evaluation of the demonstration as, regardless of these facts, it is likely that the results of this demonstration will be extrapolated to apply to many very different situations. Particular matters we would like the evaluation to focus on therefore are:

- Whether or not the physician assistants have "filled a gap"? (A problematic issue given that both positions are supernumery). In respect to the "gap" the evaluation would need to provide more than simple feedback on whether the physician assistants were useful (clearly they will be), but whether they undertook tasks that weren't being done previously and/or enabled a more productive team.

- Productivity and quality of service. Is the employment of physician assistants a cost effective option compared to using the existing workforce in different ways (which in turn may involve some upskilling), recruiting more doctors and nurses (the assumption here is that more are available), employing administrative staff to take on the administrative tasks doctors are currently required to do, paying more for additional work etc.

- What learnings (if any) will come from the demonstration and how these can be related to other areas? This is something we are particularly interested in the evaluation providing some guidance on, given that other parties will be seeking to interpret the results more broadly regardless of the demonstration's constraints.

- The impact of physician assistants:
    - on existing roles, particularly RMOs, house surgeons and registrars. Were RMOs getting the same experiences/doing less paperwork or 'secretarial' jobs, able to attend theatre etc?
    - on the training of RMOs. (Was the training of RMOs compromised as senior medical officers' time was now taken up with additional supervisory duties? Alternatively were sufficient tasks that came within both the RMO and Physician Assistant position descriptions

left for RMOs to undertake so that RMOs could obtain necessary skill development?)

- long term. Ultimately is this a useful solution to the workforce crisis we face, or is it likely to worsen the doctor shortage through reducing training opportunities for RMOs and thus the length of training required to be competent?

- Can the trial give any indication on whether the introduction of physician assistants is likely to reduce the training and retention of RMOs? (We appreciate that such a determination may be impossible, given the way the demonstration has been set up).

- Should the evaluation conclude that the demonstration has been successful, what are the next steps in the development of a New Zealand based physician assistant program? Given the very nature of this trial, are further, wider trials necessary? Also, where will the money come from and what areas of other training might miss out?

Those are the primary questions and issues we believe need to be considered as part of the evaluation of the demonstration. We note, however, that in addition to this evaluation the demonstration will need to be considered by an appropriate Health and Disability Research Ethics Centre as it is an innovation on practice and there may also be a need to include clinical research.

Yours sincerely

Dr Peter Foley
Chair, NZMA