



# **New Zealand Nurses Organisation**

## **Submission to the Medical Council of New Zealand**

**On the**

## **Regulation and Training of Physician Assistants**

**2 October 2009**

**Inquiries to:** Chris Millar  
New Zealand Nurses Organisation  
PO Box 2128, Wellington  
Ph: 04 499 9533  
DDI: 04 494 6398  
Email: [chrism@nzno.org.nz](mailto:chrism@nzno.org.nz)

## EXECUTIVE SUMMARY

1. The New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment on the Medical Council of New Zealand (MCNZ) Regulation and Training of Physician Assistants, consultation document.
2. The NZNO congratulates the MCNZ on the development of the consultation paper, as the first step in a considered national debate on the Physician Assistant (PA) role and its possible place in the NZ health services.
3. NZNO supports the Medical Training Board's (MTB) resolution, referred to in the MCNZ consultation paper, that "NZ needs to consider the value of creating new roles versus the extending or further developing existing roles" (MCNZ, 2009).
4. The potential that nursing initiatives and Registered Nurses have to fill a skill gap, needs to be comprehensively considered before considering wider PA roles.
5. We recommend that you:
  - **note we advise** only the title Physician Assistant should be used when referring to this proposed role. Both the Title "Physician Assistant" & "Medical Assistant" have been used in the consultation and feed-back paper
  - **note** our recognition that this is a role that has been in place internationally for a number of years and that there is pressure to consider its introduction into the NZ health environment in the future
  - **note** that before a wider implementation of the PA role is considered there needs to be a comprehensive consideration of ways the future health workforce may be evolved from the current health workforce to

meet the health needs of New Zealanders. This includes potentiating the role of Registered Nurse

- **note** that there needs to be full consideration of the implications of developing another health practitioner role, which includes a full cost benefit analysis, the fit within the team and whether further development is needed in NZ
- **note** we only support the introduction of a Physician Assistant Training programme for International Medical Graduates (IMGs) who are unable to gain registration as a doctor, and recognise that this would provide a career pathway for this group of IMG's
- **note** we consider there should be a phased approach to the possible implementation of the PA role in NZ, with the phase one being the approval and implementation of a physician assistant role for IMGs, who are unable gain NZ registration as a doctor
- **note** we recommend that in 2015 (i.e. 5 years post implementation of the IMG PA role for those unable to gain medical registration in NZ), there is a review and consideration of extension beyond the IMG context

## **ABOUT THE NEW ZEALAND NURSES ORGANISATION**

6. The New Zealand Nurses Organisation (NZNO) is the leading professional body of nurses and nursing union in Aotearoa New Zealand, representing over 43,000 nurses and health workers on a range of employment related and professional issues across the public, private and community sectors.
7. Te Runanga o Aotearoa NZNO comprises our Māori membership and is the arm through which our Te Tiriti o Waitangi NZNO partnership is articulated. The majority of our members are registered, enrolled and student nurses, and

midwives and we also include kaimahi hauora, health care workers and allied health professionals.

8. The NZNO vision is “Freed to care, Proud to nurse”. Our members enhance the health and wellbeing of all people of Aotearoa New Zealand and are united in their professional and industrial aspirations to achieve a safe, sustainable and accessible system of public and primary health care for all New Zealanders.

## CONSULTATION

9. NZNO has consulted members and staff in the preparation of this submission and in particular Professional Nursing Advisors, Policy Analysts, Te Runanga o Aotearoa NZNO, Industrial Advisors, Colleges and Sections, NZNO Regional Councils, Board Members and allied health professionals.

## DISCUSSION

10. NZNO recommends that only the title ***Physician Assistant*** should be used when referring to this proposed role. The use of both the title Physician Assistant (in the consultation document) and Medical Assistant (in the feedback sheet) creates confusion with existing similar roles.
11. The Australian Medical Assistant role currently in place in the primary health care practice settings. The Medical Assistant, works under the supervision of a doctor, has a one year training programme, with direct entry into the programme which includes administrative and clinical skills. The role has receptionist responsibilities as well as delegated medical/nursing tasks e.g. ECG, injections, blood pressures etc. It should be noted that the Australian Medical Assistant role does not equate to the Physician Assistant (PA) role in the US, Canada and the UK. It should also be noted that the Australian

practice nursing model is not as extensively developed as the New Zealand model.

12. It is acknowledged that there is a shortage of doctors and that NZ currently has an over reliance on overseas trained health professionals. The Ministerial Review Group Report: *Meeting the Challenge* (July,2009) notes that more than 40% of medical specialists were born overseas and that more than 40% of domestic medical students at Auckland University were born overseas. It is of note that New Zealand has the highest ratios of foreign-born and foreign-trained doctors in OECD countries (respectively 52% and 36% in 2005-2006) and that it has the third highest expatriation rates – 28.5%, (OECD, 2007). New Zealand is an attractive destination for overseas trained doctors, not all of whom meet the requirements for registration as a doctor in NZ. The use of IMG's, who have not been able to obtain registration as a doctor, and have met the competences for a PA role is an appropriate way of utilising medical training that would otherwise be wasted.
13. The Registered Nurse (RN) scope of practice abuts onto the scopes of all health professional scopes with some shared activities. RNs are the most flexible health professional workforce with a preparation that enables greater flexibility with further experience, education and training.
14. There needs to be consideration of nursing's ability to fulfill the functions of the PA with a post registration training programmes. RNs have risen to this challenge in multiple ways but their full potential has to date not been fully realised across all sectors of health nationally. There are a number of initiatives that show nurses do have the ability to take on these roles e.g. PRIME Nurses, the orthopaedic electives project with nurses running pre-admit clinics, nurse colposcopists, nurse endoscopists project etc.
15. It should be noted that the current expanded RN roles (i.e. Practice Nurse and Registered Nurse Specialist) in Primary Health Care have successfully

supported General Practitioners and rural health services and this evolution should continue.

16. In the section on “Informal civilian assistants” of the consultation paper reference is made to registered health practitioners who provide care outside their scope of practice by means of delegation from a doctor. It should be noted that the particular case referred to of an individual Enrolled Nurse who was working as a “surgical assistant” has been addressed by the Nursing Council of New Zealand (NCNZ). However it is also of note that in October 2008 the NCNZ (2008) established an authorisation for RN’s working in the RN First Surgical Assist (RNFSA) role so that RN’s who work in this expanded role are practising within the RN Scope of Practice.
17. The consultation paper suggests that one of the requirements for entry into a shortened programme for IMGs could be “*a reasonable IELTS score (although not necessarily as high as that required for registration as a doctor)*”. Leaving aside the question of whether a different standard of communication should be set for IMGs working as PAs rather than as doctors NZNO recommends that attention should be given to facilitating IMGs learning and ability to communicate competently in New Zealand health settings, rather than relying on an arbitrary score in an academic language test.
18. There is no evidence that the IELTS is an effective predictor of success for migrants in any country or occupation. Communication difficulties with overseas trained health professionals are frequently noted, by other health professionals, even though as regulated workers they must have attained the level of pass required.
19. Communication and cultural competence in New Zealand health settings are crucial to public health and safety and NZNO recommends that the MCNZ collaborates with other Responsible Authorities to develop consistent, robust,

and indigenous processes and standards for all overseas trained regulated health practitioners.

## **CONSULTATION FEEDBACK**

### ***Q1. The role medical assistants currently.***

***In particular, the Council is interested in any information you can provide on how widely they are used and what role they play.***

20. Our members report that US trained Physician Assistants are being used in Australia in rural areas, and have contributed effectively in the health care team. Other members have also worked with PA's in the US where the role has been well established. Their feedback is that the US PA's in the primary health care and emergency care situations are used particularly in assessing the "drop-in" or emergency patient and takes on the "overflow". Once the patient is assessed the PA (who works under the supervision of a medical practitioner and has prescribing authority) either initiates treatment or consults with the medical physician who is on-site. In NZ this initial assessment is provided by RN's, especially in emergency departments.

21. The consultation document refers to the NZ medic as functioning in a PA role under the authority of the New Zealand Defence Act 1990. It needs to be noted that a medic in the Navy undergoes a basic medic training and following experience in this role transitions to Registered Nurse training. It is this RN training, and experience, that the Navy RN Medic utilizes in their expanded military role. Advanced medics and RN's are assisted in this role by the use of telecommunication consultations with a medical doctor.

***Q2 Is there scope for greater use to be made of medical assistants?***

22. NZNO recommends the implementation of a physician assistant for IMGs, who are currently unable to attain medical registration in New Zealand, only. This could be cost effective i.e. maximise skills of IMGs who are currently unable to attain medical registration, provide a stepping stone for them towards their registration in NZ, and support the current medical workforce crisis.

23. It should be noted that NZNO does not consider that a PA should be used in isolated rural situations where the necessary supervision and direction is not readily accessible. Previous experience where the safety of the public has been put at risk by the employment of inadequately equipped foreign medical locums in the rural settings has made nurses extremely cautious about the placement of PA's. Rural Nurse Specialists have risen to the challenge of providing comprehensive health services in collaboration with other health professionals.

24. A comprehensive consideration of the Registered Nurse's (RN) ability to fulfil the functions of a PA with a post-RN registration programme, needs to occur before considering a wider civilian PA role. It would be more timely and cost effective to build on RN skill sets without setting up a completely new programme for a new group of practitioners. It is of note that 50% of PAs internationally are RNs.

***Q3. What training should medical assistants undertake?***

25. Any PA training programme for IMG's must have appropriate standards and assessment and credentialing systems. The focus on patient safety needs to be paramount in any implementation of any PA programme for IMG's who are unable to meet the MCNZ policy on registration as a doctor (2004). The

reason for an IMG being unable to be registered is important to the process of selection for entry to an IMG-PA programme.

26. As previously stated there needs to be consideration of the RN's ability to fulfill the functions required of a PA with a post registration training course. This could be a professional course with appropriate standards, which would be credentialing in a similar way to training programmes that currently extend the RN's practice, e.g. Nurse colposcopist, PRIME Nurse.

27. The RN First Surgical Assist (RNFSA) role is an example of an expanded practice role requiring specific knowledge and skills which has emerged in Private Surgical Hospitals. The Perioperative Nurses College assert that experienced perioperative nurses, who have undertaken a training programme providing the required knowledge and skills and who have been assessed as being competent in the expanded practice activities, should be able to practise in the RNFSA role (2009). This framework which includes experience, a training programme, assessment of competence, an employer recommendation and authorisation from Nursing Council, is a specific expanded practice role, which is not a Nurse Practitioner role. This process could be used in other areas of nursing where there is a recognised need for a higher skilled practitioner. It illustrates how RN's with expanded practice can fill a recognised gap instead of training a PA to fill the gap and the extension of these current roles should be investigated before the implementation of wider PA training.

***Q4 Should the practice of medical assistants be regulated, and if so how?***

28. The PA must be regulated by the Medical Council. The consultation document quotes Clause 49 of Good Medical Practice as follows: *"Delegating involves asking a colleague to provide treatment or care on your behalf. Although you are not responsible for the decisions and actions of those to whom you delegate, you remain responsible for your decision to delegate and*

*the overall management of the patient*" (MCNZ, 2009). If the delegating doctor is not responsible for the "decisions and actions" of the PA, then the PA must be.

29. If an RN with expanded practice was utilized to fill a skill gap they would remain under the regulation the Nursing Council of New Zealand. The consideration of the RN's ability to fulfill the functions of the PA with a post registration training course would require further discussion.
30. If following further consultation and discussion, training for RN's into the role of PA is implemented in the future, the possibility of dual registration would need to be considered and fully explored. Clear jurisdiction of the roles and their regulation would need to be established.
31. The PA role currently in place internationally is a diverse role. If it was introduced into NZ it would need wide consultation. It must be noted that the NZ context differs from those overseas and the implementation of roles which are appropriate to overseas countries may not translate in the NZ environment. NZ client safety is the benchmark and must not be overlooked at the expense of rushing in a new role; especially when there is already a Nurse Practitioner role which has credible, established recognition and stringent regulation pathways.
32. "Many people have multiple illnesses and require a patient-centric multi-disciplinary team approach" (Ministerial Review Group, pg 42, 2009). As part of the "multi-disciplinary team" the nursing workforce has already diversified to meet this need e.g. in primary health care. Utilisation of this workforce with the appropriate funded and supported positions should be considered before

the PA role is extended beyond the proposed implementation of the IMG in a PA role.

33. We recommend only one title Physician Assistant should be used when referring to this proposed role to avoid confusion.

## CONCLUSION

34. In conclusion NZNO advises a phased approach with Phase One: the implementation of a Physician Assistant Training programme for International Medical Graduates (IMGs) who are unable to gain registration as a doctor, only, and supports the Medical Training Board's (MTB) resolution, that "NZ needs to consider the value of creating new roles versus the extending or further developing existing roles" (MTB, 2008). The potential that nursing initiatives and RN's have to fill a skill gap needs to be comprehensively considered before considering wider PA roles.

35. We recommend that you:

- **note we advise** only the title Physician Assistant should be used when referring to this proposed role. Both the Title "Physician Assistant" & "Medical Assistant" have been used in the consultation and feed-back paper
- **note** our recognition that this is a role that has been in place internationally for a number of years and that there is pressure to consider its introduction into the NZ health environment in the future
- **note** that before a wider implementation of the PA role is considered there needs to be a comprehensive consideration of ways the future health workforce may be evolved from the current health workforce to

meet the health needs of New Zealanders. This includes potentiating the role of Registered Nurse

- **note** that there needs to be full consideration of the implications of developing another health practitioner role, which includes a full cost benefit analysis, the fit within the team and whether further development is needed in NZ
- **note** we only support the introduction of a Physician Assistant Training programme for International Medical Graduates (IMGs) who are unable to gain registration as a doctor, and recognize that this would provide a career pathway for this group of IMG's
- **note** we consider there should be a phased approach to the possible implementation of the PA role in NZ, with the phase one being the approval and implementation of a physician assistant role for IMGs, who are unable gain NZ registration as a doctor
- **note** we recommend that in 2015 (i.e. 5 years post implementation of the IMG PA role for those unable to gain medical registration in NZ), there is a review and consideration of extension beyond the IMG context

**Chris Millar**  
**Policy Analyst**

## REFERENCES:

- Medical Council of New Zealand, (2004). *Policy on registration as a doctor*. Wellington: Author. Retrieved 8 September 2009 [www.mcnz.org.nz](http://www.mcnz.org.nz)
- Medical Council of New Zealand, (2008). *Good medical practice: a guide for doctors*. Wellington: Author. Retrieved 8 September 2009 [www.mcnz.org.nz](http://www.mcnz.org.nz)
- Medical Council of New Zealand, (2009). *Regulation and training of physician assistants*. Wellington: Author. Retrieved 4 September 2009 [www.mcnz.org.nz](http://www.mcnz.org.nz)
- Ministerial Review Group, (2009). *Meeting the Challenge: enhancing sustainability and the patient and consumer experience within the current legislative framework for Health and Disability Services in New Zealand*. Wellington: Author. Retrieved 8 September 2009 from <http://www.moh.govt.nz>
- Nursing Council of New Zealand, (2008). *Authorisation for first surgical assistant*. Wellington: Author. Retrieved 5 September 2009 [www.nursingcouncil.org.nz](http://www.nursingcouncil.org.nz)
- NZNO Perioperative Nurses College, (2009). *Registered Nurse first surgical assistant for operating theatres in New Zealand: service policy guidelines*. Wellington: New Zealand Nurses Organisation
- Organisation for Economic Co-operation and Development, (2007). *Health workforce and international migration: can New Zealand compete?* Geneva: Author.
- Southbank Institute, (2009). *Medical assistant training programme*. Australia: Author. Retrieved 7 September 2009 [www.southbanktafe.net](http://www.southbanktafe.net)