



New Zealand Nurses Organisation
Submission to the
Counties Manukau District Health
Board
On the
Proposal to undertake a Pilot of
Physician Assistants in Surgery at
CMDHB

24 February 2010

Inquiries to:

Susanne Trim
Professional Services Manager
New Zealand Nurses' Organisation
PO Box 4102
Christchurch

Telephone: 03 366 0186
Email: susannet@nzno.org.nz

THE NEW ZEALAND NURSES ORGANISATION

NZNO is the leading professional body of nurses and nursing union in Aotearoa New Zealand, representing over 44 000 nurses, midwives, students, kaimahi hauroa and health workers on a range of employment-related and professional issues. Te Runanga o Aotearoa is the arm through which our Te Tiriti o Waitangi partnership is articulated.

NZNO provides leadership, research and support for professional excellence in nursing, negotiates collective employment agreements on behalf of its members and collaborates with government and other agencies throughout the health sector. Nurses are the largest group of health professionals comprising half the health workforce.

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 health care for all New Zealanders.

EXECUTIVE SUMMARY

1. The New Zealand Nurses' Organisation (NZNO) welcomes the opportunity to comment on the consultation document, Proposal to undertake a pilot of Physician Assistants in surgery at CMDHB.
2. NZNO represents over 44,000 nurses, midwives and health care workers, including the vast majority of nurses in the three Auckland District Health Boards and the Northland District Health Board. The Perioperative Nurses College of NZNO represents nurses across the perioperative continuum and has over 850 members.
3. NZNO **does not** support the proposal which has been developed without consultation and recommends it **is not implemented**;

4. NZNO **recommends** that a comprehensive assessment of health workforce needs for New Zealand and options for the future, including expanded nursing roles, be undertaken *before* a new cadre of health practitioner is introduced, and that full and proper consultation with appropriate health professionals and professional associations, including NZNO, is initiated;
5. NZNO **recommends** that any pilot of an overseas model of health practitioner is undertaken within the context of a comparative study including expanded nursing roles; and
6. NZNO **recommends** that any health practitioner providing diagnostic and treatment services is regulated under the Health Practitioners Competence Assurance Act 2003.

CONSULTATION

7. The timing of the release of the consultation document prior to Christmas with an initial response deadline of 12 February has limited our ability to consult widely with members however NZNO did consult extensively with members around the Medical Council of New Zealand's consultation document on *the regulation and training of Physicians Assistants* during August/September 2009 and that feedback has informed this submission.
8. NZNO has appreciated the extension period to the submission timeframe. This has enabled further information to be gathered both from Counties Manukau District Health Board (CMDHB), members and external organisations to inform our submission.

DISCUSSION

Position

9. NZNO is opposed to the introduction of the Physician Assistant (PA) model, as proposed in this pilot, in the absence of a national, comprehensive, robust assessment of workforce capacity and future needs, including the full range of possible solutions. Whilst acknowledging that the professional workforce is

under strain, NZNO believes that the introduction of new cadres of health worker should only be considered if other options have been found to be inadequate and that they be introduced to a strategic national plan, not the ad hoc approach that this pilot suggests.

10. In its submission to the Medical Council of New Zealand (MCNZ), October 2009, NZNO noted that the PA role had been in place internationally for a number of years and that there is pressure to consider its introduction into the New Zealand health environment in the future. It was noted by NZNO that before wider implementation of the PA role is considered that there needs to be a comprehensive consideration of ways the future health workforce may be evolved from the current workforce to meet the health needs of New Zealanders. This includes potentiating the roles of the registered nurse and the nurse practitioner.

11. NZNO did support, as an initial step only, the introduction of a PA training programme for international medical graduates (IMG) who are unable to gain registration as a doctor providing they met language and other core requirements. NZNO recognised that this could provide a career pathway for this group of IMGs. NZNO also noted that if PAs were to be introduced more widely than the IMG cohort then a review and consideration of extension beyond that group should occur five years after the implementation of the IMG PA role when the impact of the position could be assessed fully.

12. A full copy of the NZNO submission to the MCNZ on the regulation and training of physician assistants, 2 October 2009, may be found on www.nzno.org.nz.

Development of the proposal

13. NZNO regrets and is disappointed that there was no consultation with NZNO during the development of this proposal. NZNO notes that there was no discussion with nursing staff that would be directly affected during the

proposed pilot programme either. This lack of engagement of in the early stages of developing the proposal has resulted in a high degree of concern and anger. The lack of operational detail in the consultation document has not aided understanding around the intersect of nurses, resident medical officers and physicians assistants. Any proposal aimed at altering the composition and dynamic of the clinical care team requires careful and inclusive planning to ensure that the team will work optimally for the benefit of the patient. Failure to engage with clinicians at this initial step runs a high risk of introducing a chaotic system with the potential of jeopardising patient safety.

14. NZNO understands from the CMDHB workforce plan that it is intended that a further two physicians assistants will be introduced in each subsequent year and that the model will be rolled out to other district health boards. To have this role identified in further workforce planning documents at this point in time is pre-emptive and makes a nonsense of the possible validity of the pilot project being run without first completing the evaluation.

Timeframes proposed

15. NZNO contends that the pilot project has been developed with undue haste taking a plan-as-you-go approach.

16. Further, NZNO contends that the timeframe for introduction is unrealistic.

17. NZNO also questions whether a meaningful evaluation can be achieved with a one year pilot of two individuals who are experienced.

Models for New Zealand

18. As noted in section one, NZNO believes that a strategic approach, not an ad hoc one, to health workforce design and planning is required. New Zealand has a wonderful opportunity to do this, to develop New Zealand context

specific solutions, but the hasty introduction of new cadres of worker in the absence of astute workforce design will thwart that opportunity.

19. NZNO considers this pilot is a lost opportunity. At the very least a comparative study of models should be undertaken in an effort to seek appropriate models for the future. NZNO notes in the response to initial questions to CMDHB around the pilot (email to S Trim dated 29 January 2010) that the clinical training agency also proposed a comparative model. A comparison of a physician assistant with a nurse practitioner having a perioperative focus would provide a meaningful examination of overseas and New Zealand developed options.

20. In addition, a range of advanced nursing roles have been developed nationally which may provide a range of solutions for New Zealand. New Zealand is rich in innovation but not in devolution. There are many excellent and innovative models being developed which meet the needs of New Zealand's health service now and into the future, however, these tend to remain hidden secrets and are not proactively promulgated and adopted elsewhere. At times there have been false barriers erected to advancing nursing practice roles. Indeed, nurses at CMDHB have requested that they extend their practice in pre-admit clinics and yet this opportunity has been met with resistance.

If pilot goes ahead

21. Of major concern is that the physician assistants would not be regulated health professionals in New Zealand. The New Zealand public has an expectation that they will be protected by the regulatory process and that health professionals providing diagnostic and treatment services to them will be regulated under the Health Practitioners Competence Assurance Act 2003 (HPCAA). NZNO considers that the Medical Council of New Zealand (MCNZ) is the appropriate authority to regulate physician assistants. Please note, that NZNO has been submitting for some years now that the anaesthetic

technician role should be regulated by the MCNZ under the HPCAA based on the same rationale.

22. Patient consent for any new cadre of unregulated health practitioner involvement in their care will be required. It appears that there has been no consideration of this point.

23. NZNO has identified that significant effort will be required to ensure that the pilot is accepted by staff and the clinical teams with the physician assistants will be integrated and comfortable working together. There are many questions being asked and a degree of suspicion and cynicism evident. This is a direct result of the exclusive way in which the proposal has been developed. Considerable development is still required on team functioning, responsibilities and accountabilities. This *must* be undertaken with the clinical staff directly involved.

24. It is the understanding of NZNO that a comprehensive induction process inclusive of New Zealand legislation, health context and culture and our obligations under Te Tiriti o Waitangi will be provided. Nurses will not be responsible for providing supervision and training although they will have a collegial relationship with physician assistants.

Evaluation design

25. As previously stated, NZNO doubts that a one year programme with selected and experienced physician assistants will produce meaningful data for a comprehensive analysis.

26. NZNO and nurses expect to be involved in developing the evaluation design as well as making a contribution to the data. In particular the impact on the clinical team, communications and patient care will be important areas to evaluate from a nursing perspective.

27. This pilot will be unable to determine a full cost benefit analysis as the costs of training and newly qualified physician assistants in the workforce will not be tested.

28. The hours of work will presumably be office hours and this will limit the evaluation also.

29. NZNO supports an externally commissioned evaluation by the clinical training agency board.

CONCLUSION

30. In conclusion, NZNO **does not** support the proposed physician assistant pilot. The undue haste with which an overseas model is being introduced in the absence of comprehensive workforce design and planning is regrettable and limits opportunities to explore alternative models specific to the unique New Zealand context.

RECOMMENDATIONS

31. The NZNO **recommends** that:

- the proposed pilot of physician assistants at CMDHB, which has been developed without appropriate consultation, **is not** implemented;
- a comprehensive assessment of health workforce needs for New Zealand and options for the future, including expanded nursing roles, be undertaken *before* a new cadre of health practitioner is introduced, and that full and proper consultation with appropriate health professionals and professional associations, including NZNO, is initiated;

- any pilot of an overseas model of health practitioner is undertaken within the context of a comparative study including expanded nursing roles; and
- any health practitioner providing diagnostic and treatment services is regulated under the Health Practitioners Competence Assurance Act 2003.