

Physician Assistants

The purpose of this statement is to outline NZNO's position on physician assistants (PAs)¹

Global health workforce shortages, along with increasing workforce pressures within Aotearoa New Zealand (including demand for cost savings), have seen significant growth in the unregulated health workforce. The unregulated health workforce is anticipated to grow significantly in coming years and, according to District Health Boards New Zealand (DHBNZ), will play a critical role in the sustainability of the health care environment (DHBNZ Future Workforce, 2009).

The physician assistant (PA) role was first established in the United States (US) in the 1960s following a period in which there were too few doctors to meet increasing patient expectations (Nassar & Bethel, 2009). PA education is based on a medical model and encompasses partial preparation in medicine, including undertaking a full medical history, undertaking comprehensive physical examination, requesting investigations and interpreting laboratory results, making diagnoses, and treating patients in consultation with supervising physicians (Nassar & Bethel, 2009). PAs in the US are a regulated workforce and must be registered in the state they work in (Jolly, 2008).

Physician's Assistants in Aotearoa New Zealand

In mid 2010, two US- qualified PAs were employed by the Counties Manukau District Health Board as part of a year-long trial facilitated by Health Workforce New Zealand (HWNZ), the Northern Region DHBs and the University of Auckland. The trial was not supported by NZNO due to:

- a lack of appropriate consultation;
- the lack of a comprehensive assessment of health workforce needs for Aotearoa New Zealand;
- no analysis of the effects on employment or public safety of unregulated health workers working in a regulated environment;
- no consideration of options for the future, including expanded nursing roles; and poor evaluation criteria that did not include a comparative study with expanded nursing roles (NZNO, 2010).

Despite NZNO's submission, the year-long pilot went ahead and the two experienced PAs started work in September 2010. The two PAs are unregulated in Aotearoa New Zealand and work under the supervision of a senior doctor.

¹ According to Health Workforce New Zealand (2010a), the Physician Assistant (PA) is a clinical role that complements both nursing and medicine. PAs work under the supervision of a senior doctor who remains responsible for the care of patients and approves the PA scope of practice. Typical PA tasks are likely to include taking patient histories, undertaking physical examinations, developing treatment plans and ordering lab tests and x-rays. Typically a Physician Assistant will have a university qualification in health/health sciences and a postgraduate qualification tailored to the vocation. The Physician Assistants in the Counties Manukau pilot are American trained with a minimum 3 years experience. (<http://www.healthworkforce.govt.nz/our-work/innovations/physician-assistant-project/frequently-asked-questions>)

NZNO has been invited to contribute to the evaluation of the PA pilot and the concerns outlined in the NZNO submission on the pilot have been outlined to the evaluator (personal communication, A. Clark, 15 December, 2010).

Health Workforce Issues

According to HWNZ, there are insufficient doctors and nurses to meet future health need and New Zealand will be unable to recruit sufficient numbers overseas (HWNZ, 2010b). PAs are seen as one of a number of new health care workers who may address future health workforce needs.

Despite the growing significance of new cadres of health care worker, no national strategy exists to inform ongoing development of this unregulated health workforce and there has been no discussion around how unregulated health care workers will contribute to the collaborative team to improve health outcomes. In addition, the full scope of nurses has not been well used in many areas where unregulated health care workers such as PAs are beginning to be established. For example, legislative and funding barriers to the use of nurse practitioners (NPs) and other organisational policies limit the ability of the regulated nursing workforce to provide effective care in many situations where this care would be appropriate and safe. NZNO is concerned that decisions are being made regarding skill mix on the basis of perceived short-term cost efficiencies, with little regard for the longer-term effects on patient outcomes.

There is concern that new health care workers such as PAs are being introduced into the health care system here without the educational or regulatory frameworks present in their countries of origin and without an appropriate analysis of workforce issues currently existing in this country. HWNZ continues to push for innovation by employing new cadres of health care worker without sufficient regard to patient safety or the health professionals who will be required to direct and delegate these groups.

A joint health professions' statement issued by the World Health Professionals' Alliance comprising the International Council of Nurses (ICN), the International Hospital Federation, the International Pharmaceutical Federation, the World Confederation for Physical Therapy, the World Dental Federation and the World Medical Association indicates that task shifting and adding new cadres of worker results in fragmented and inefficient health services and that *'...whatever the strategy selected, task-shifting should not replace the development of sustainable, fully functioning health care systems. It is not the answer to ensuring comprehensive care, including secondary care, is accessible to all'* (ICN, 2010, p. 14).

Accountability

PAs are not regulated under the Health Practitioner Competence Assurance (HPCA) Act (2003), although they are expected to work within other legislative requirements, such as the Code of Health & Disability Services Consumers Rights (1996) and the Health and Disability Services Standards (2008).

The practice of PAs can be investigated by agencies such as the Health and Disability Commissioner where warranted. However, no regulatory body exists to oversee their practice, as occurs in the US. It remains unclear who will define the scope of practice of PAs working in Aotearoa New Zealand, who will define the qualifications required to practise as a PA, who will supervise the practice of PAs (particularly where senior doctors work in private and public settings), or who will determine a PA's fitness and

competence to practise. PAs must be held accountable for their practice and, at present, there is no mechanism in place to ensure this occurs.

PAs must be accountable for their practice.

Safety

As long as PAs remain unregulated, a risk to public safety will exist. Regulation under the HPCA Act (2003) ensures the health and safety of members of the public is protected by providing mechanisms to ensure health practitioners are competent and fit to practise their profession (Ministry of Health, 2010).

Regulatory authorities such as the Nursing Council are established under the Act to:

- describe their professions in terms of one or more scopes of practice, with associated qualifications
- register and issue annual practising certificates to practitioners who have shown continuing competence
- review and promote ongoing competence
- consider practitioners who may be unfit to practise
- set standards of clinical competence, cultural competence and ethical conduct; and
- establish professional conduct committees to investigate practitioners in certain circumstances.

(Ministry of Health, 2010)

The Ministry of Health (2010) suggests the following criteria be applied to any group of health practitioners, when considering the need for regulation:

Does the health practitioner:

- undertake invasive procedures (such as cutting under the skin);
- undertake clinical intervention with the potential for harm;
- make decisions or exercise judgement which can substantially impact on patient health or welfare, including situations where individuals work autonomously, ie, unsupervised by other health professionals?

The provisions of the HPCA Act (2003) are designed to ensure public safety. NZNO believes health practitioners providing care to people that is not directed or delegated by a regulated health practitioner, and/or that meets the threshold for regulation outlined above, should be regulated under the HPCA Act (2003).

NZNO supports the regulation of health practitioners who provide health care to people that is not under the direction or delegation of a regulated health professional and/or meets the threshold proposed by the Ministry of Health (2010) in order to ensure public safety.

Substitution

Substitution occurs when an unregulated health care worker such as a PA takes on a role or task normally performed by a regulated health care worker.

Task substitution occurs when an unregulated health care worker takes on tasks traditionally performed by a regulated health care professional, eg venepuncture. Role substitution occurs when an unregulated health care worker takes on a role traditionally performed by a regulated health care professional, eg a PA is employed instead of a NP, registered nurse (RN) or junior doctor.

There are a number of areas where role substitution of regulated health professionals by unregulated health care workers may occur and that place the public at risk. This includes paramedics working in emergency departments, operating department practitioners in operating theatres, and physician assistants in surgical care, where suitably qualified RNs and medical practitioners are unable to be appointed.

The inability to appoint a suitably qualified and regulated health professional to a role is not an excuse for appointing an unregulated health care worker to such a position. If PAs are to take on the routine work of doctor, such as paperwork and ordering tests, there is a risk that regulated health professionals will not get the opportunity to learn these skills. Regulated health professionals must meet strict standards of practice set out by their respective regulating bodies, ensuring safeguards for the public. The appointment of unregulated health care workers into roles that should be filled by regulated health professionals is inappropriate. Strategies to address regulated health workforce shortages must be developed to address these issues, if public safety is to be assured.

The new scope of RN practice released by the Nursing Council in 2010 (www.nursingcouncil.org.nz) enables RNs to take on many of the advanced roles required in the health sector safely and effectively. In addition, the new scope of practice for enrolled nurses, also released in 2010, (www.nursincouncil.org.nz) provides a regulated second-level nurse workforce that supports safe and effective nursing care.

NZNO does not support substitution of regulated health professionals with unregulated health care workers.

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NZNO Practice position statement:

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Mission statement

NZNO is committed to the representation of members and the promotion of nursing and midwifery.

NZNO embraces Te Tiriti o Waitangi and works to improve the health status of all peoples of Aotearoa/ New Zealand through participation in health and social policy development.

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