Submission to Medical Council

Physician Assistants Consultation Feedback

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The College of Nurses Aotearoa (NZ) Inc is a professional body of New Zealand nurses from all regions and specialties both within and outside of the District Health Board setting. It provides a voice for the nursing profession and professional commentary on issues that affect nurses, and also the health of the whole community.

The College operates under the guiding principle of 100% access, zero disparities and uses that principle as a basis for its deliberations.

The College is pleased to provide an opinion to the medical Council on this topic having canvassed both the membership and the academic and grey literature in support of this submission.

We first note potential confusion in the use of terminology.

Medical assistants are best known for their use in the US to assist nurses, doctors and nurse practitioners mainly in primary care settings especially. They have little formal training and provide highly useful support to all the above groups.

Physician assistant in contrast is a role with formal preparation and the ability to perform a number of tasks including patient assessment and prescribing under the direct supervision of a medical practitioner.

We make this submission on the basis that we are commenting on the role of physician assistant as it is understood internationally.

Questions posed by the Medical Council of New Zealand

1. **The role of medical assistants currently. In particular, the Council is interested in any information you can provide on how widely they are used, and what roles they play.**

College members are not generally supportive of the introduction of the role of physician assistant.

We base this statement on a perception of what will provide the greatest flexibility and increase access to care for the greatest number of New Zealanders. Not surprisingly the College sees much greater workforce flexibility provided by the Nurse Practitioner role given the ability of that role to practice independently and to blend the promotion of good health with the provision of treatment and care. In support of that position we offer a comparison of the two roles based on international literature.

Physician Assistants	Nurse Practitioners
Education level – specific PA graduate degree in US after completion of min. 2 years basic science/behavioural science. Some to Master's level	Master's degree in NZ, Australia and the US, following significant clinical specialisation/experience
Delegated activities under physician - Doctor supervised care	Autonomy/collegial model - Nurse-led care within agreed scope of practice
'junior doctor' tasks	'expert nurse' tasks
Medical model of education and practice	Nursing model of education and practice
Potential clinical contexts: general practice under direct supervision, task-orientated care / remote and rural practice	Unlimited range of clinical contexts including chronic disease management, education, rural and remote practice
No regulatory framework as yet	Regulated

We are particularly concerned that any formal introduction of the physician assistant role will direct focus, energy and resourcing away from development and implementation of the nurse practitioner role. In NZ the NP role is established, the education is developed and refined and with greater attention and resourcing could quickly transform many of New Zealand's health workforce challenges.

2. Whether there is scope for greater use to be made of medical assistants.

If we were indeed discussing the role of *medical assistant* as outlined in our submission above then clearly there is always scope for assisting busy health professionals in a wide range of ways.

3. What training should medical assistants undertake?

We offer no substantive comment on the subject of physician assistant training

4. Whether the practice of medical assistants should be regulated, and if so how.

If the role of *physician assistant* was established we believe it would need to be regulated

5. Two further comments

One of the arguments often used in favour of educating physician assistants is the claim that the PA role will attract a new pool of recruits beyond those who already form part of the health professions and so will enlarge the health workforce. We are not sure that this is a valid argument. Our own extensive literature review on this topic suggested strongly that other existing health professionals are attracted to the role merely creating a reshuffling of available workforce. We were disturbed to find that internationally nurses are often attracted to the role, which seems highly counterproductive.

The international literature consistently confuses the role of PA and NP assuming that both roles offer levels of medical care, one under supervision (PA) and one on a collegial and collaborative but independent basis (NP). Again we reiterate that NPs specifically provide services, which have been described as far more holistic and transformative in focus and filling a niche in service delivery, which is not currently met. One of the greatest challenges to 21st century health service delivery is the need to provide care and treatment to increasing numbers of people who are living with long terms conditions or long term disability and need the combination of management of presenting problems alongside care and support to live as well as possible with their particular condition or disability.

In summary

1) Physician assistants are not nurse practitioners and should not be viewed as an alternate model to a nurse practitioner. They have different strengths, different education pathways and derive from different health models;

2) If the role of physician assistant was to be established a regulatory framework would need to be established and many complex issues relating to direct and indirect supervision by both a medical practitioner and practitioner would need to be resolved. Problems confronting the health sector in particular workforce deficits need immediate responses.

3) The role of nurse practitioner offers no implementation challenges as their regulatory framework and scope of practice are fully established and their education and model of care are far more applicable to all areas and especially those where doctor shortage is acute or levels of chonicity or unmet need are high. The role of NP remains totally underutilized due to failure of the health sector to adopt this strongly evidence based innovation.

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