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RE: Proposal to Undertake a Pilot of Physician Assistants in Surgery at CMDHB

This is shared feedback from the College of Nurses, Aotearoa, NZ, Inc, Nurse Practitioners of New Zealand which is a division of the College and the Nurse Practitioners Advisory Committee of New Zealand.

Thank you for advising us that planning has commenced for a small pilot of the medical model physician assistant role in surgery (including elective surgery) to be undertaken by Counties Manukau District Health Board (CMDHB) on behalf of the Northern Region DHBs (Northland, Auckland, Waitemata and Counties Manukau).

We also note plans to extend the pilot and have heard Professor Des Gorman's public comments with regard to the intention to eventually train physician assistants in New Zealand.

The College, NPNZ and NPAC-NZ recognise the immense challenges facing the health sector and we are respectful and committed to innovation and new ways of delivering services. In all decision-making, the ability to service the needs of patients and communities should be the overarching framework for decision making.

Accordingly we do not offer or suggest any formal resistance to exploring the role of physician assistant in New Zealand. However we offer a number of caveats to that view.

We note your comment that *"The DHBs see making greater use of mid level practitioners like Physician Assistants as one possible strategy for meeting growing health service demands."* We are aware that this terminology (mid level practitioners) is used in the highly medicalised health system of the United States and we note the relatively poorer outcomes for investment in that country. It is an unfortunate term implying a hierarchy of value with full medical training as the pinnacle of that hierarchy. In some instances some categories of health professionals are even referred to as non-physician providers - a terminology which speaks volumes.

Not surprisingly nurses and nursing organizations view health and health service as a much more complex entity with medicine and medical training as important but also as a single component of that entity. There are many other forms of knowledge and skill other than medicine that offer high level care and services.

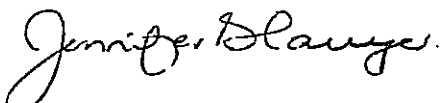
One major challenge to new ways of working in health is to break down the silos of primary, secondary and tertiary care and move beyond structured contracts for services to an approach which follows people across the continuum of care. When the nurse practitioner role was launched in NZ in 2001 it was based on a substantial evidence base showing excellent health comes and safety derived from a practitioner with the capacity to provide high level nursing services plus including additional skills historically delivered by doctors.

The journey to establish that strongly evidence based role in NZ has been long and hard and fraught by ignorance and obstruction. At this point in time almost all of the legislative barriers identified in 2002 remain in place meaning that the 65 pioneering nurse practitioners work with frustration and lost potential to fully meet the health care needs of the people to whom they provide high-level services. There are no guaranteed clinical programs associated with the nurse practitioner academic pathway to ensure structured and supported development as is experienced by medical registrars.

You will understand that it is hard for us to feel especially enthusiastic about a physician assistant pilot attracting immediate high-level support, which will undoubtedly be sustained. We also note the salary range being mentioned and wonder why it is higher than that which is offered to nurse practitioners given the relative educational and clinical preparation, and the level and complexity of service independently and autonomously delivered by nurse practitioners.

Our final caution; a careful review of the literature shows that inexplicably, nurses are frequently attracted to the physician assistant role and the salary level offered in this country will no doubt increase that drift. Certainly some nurse practitioner candidates who have endured the frustration and unemployment uncertainty may well consider that pathway. Such a development may well support the current model of service delivery but will do nothing to support innovation and new ways of working.

Yours sincerely



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Copy to

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