

## POSITION ON THE REGULATION OF PHYSICIAN ASSOCIATES

### PURPOSE

This statement is the Council of Medical Colleges' position on the regulation of the Physician Associates.

### BACKGROUND

On 26 April 2025, the New Zealand Government announced the Physician Associate profession is to be regulated under the Health Practitioners Competence Assurance Act 2003. The Government has determined Te Kaunihera Rata o Aotearoa | the Medical Council of New Zealand (MCNZ) is to be the profession's regulatory authority. MCNZ will develop a scope of practice, prescribe qualifications, accredit training programmes, and the providers of them.

This is the Council of Medical Colleges' position on the role of Physician Associates and a guide for decision-makers on the regulation of the Physician Associate profession. This position is supported by a majority of colleges.

### POSITION

The Council of Medical Colleges believes there are no tasks performed by Physician Associates that could not be delivered by the existing regulated health professions (with locally available training programmes).

The focus needs to be on growing Aotearoa New Zealand's own medical workforce which reflects the communities it serves. There are currently locally-trained workforces available where bridging or retraining programmes could be investigated as a pathway to an advanced scope of practice to support workforce gaps in the regions. This would be a more efficient use of resources in the health system instead of setting up a new training programme and qualification pathway.

While we maintain existing regulated health professions could perform any task that a Physician Associate delivers, it is critical work is now undertaken laying out Physicians Associates' place and role in a clinical team in Aotearoa New Zealand's health system. The Government in the United Kingdom has recently undertaken a review to do this work as Physician Associates have found themselves with limited employment prospects after their expansion<sup>1</sup>.

Experience from overseas<sup>2</sup> shows the role needs clearly defined areas of practice working alongside a senior clinician, for example in secondary care settings where there is direct clinical supervision.

There is a broad range of different considerations for any use of Physician Associates which can vary from specialty to specialty. This makes it imperative Government and other decision-makers engage with the Council of Medical Colleges and its individual Colleges to make sure any use of Physician Associates is appropriate to the individual specialty context in Aotearoa New Zealand.

The Council of Medical Colleges believes the following requirements need to be seriously considered for this profession's scope to ensure clinical safety based on the qualifications and experience of counterparts in the United States<sup>3</sup> and United Kingdom<sup>4</sup>:

- Scope of practice reflects competency, skillset and clinical practice setting

- Regular professional development must include cultural safety and cultural competency training
- Roles and positions are well-defined (so patients can also understand) to ensure competency is paramount over any resource need relating to workforce shortages
- Any development of prescribing rights would be held within a tightly defined appropriate scope of practice – whether this is appropriate across different specialty contexts remains to be determined
- Working in a clinical team and not delivering healthcare to patients in isolation
- Not practicing in urgent care or general practice settings
- The term 'assistant' is used in the professional title as it would be better understood by patients – however whether the term 'Physician' should also be changed to avoid misconceptions also needs to be considered.

## References

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- 1 Oliver D. David Oliver: The current stand-off may leave physician associates stranded. *BMJ* 2024;387:q2613, <https://doi.org/10.1136/bmj.q2613>
- 2 McKee, M., Vaughan, L. K., & Russo, G. (2025). A contentious intervention to support the medical workforce: a case study of the policy of introducing physician associates in the United Kingdom. *Human resources for health*, 23(1), 4. <https://doi.org/10.1186/s12960-024-00966-1>
- 3 American Medical Association position on Physician Assistants. Available at: <https://www.ama-assn.org/topics/physician-assistants> (accessed on 24 October 2024).
- 4 British Medical Association position statement on Physician Associates and Anaesthesia Associates. Available at: <https://www.bma.org.uk/news-and-opinion/bma-position-statement-on-physician-associates-and-anaesthesia-associates> (accessed on 24 October 2024).