

**SUBMISSION TO THE NEW ZEALAND MEDICAL COUNCIL ON  
THE REGULATION OF PHYSICIAN ASSISTANTS**

**Date: February 2026**

Hauora Taiwhenua Rural Health Network is a national peak body representing rural health in Aotearoa New Zealand. We represent a broad coalition of rural health professionals, communities, and organisations committed to improving health outcomes for people living in rural and remote Aotearoa.

We welcome the opportunity to contribute to the Medical Council's development of the regulatory framework for the Physician Associate role. We consider that, if appropriately regulated and integrated, Physician Associates have potential to be a valued contribution to multi-disciplinary rural health teams and will support efforts to address persistent inequities in health outcomes for rural and remote populations.

Hauora Taiwhenua supports the introduction of the Physician Associate role into Aotearoa. However, as a large and diverse membership organisation, we represent a range of perspectives.

In this submission we have reflected the breadth of views expressed by our members with both supportive and cautioned perspectives in response to each question, with a particular focus on rural context, safety, sustainability, and equity. We finish each question with a HTRHN Summary Position on the issue, having reflected on the spectrum of feedback from members.

Ngā mihi nui



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*Growing Healthy and Thriving Rural Communities*

Question	Pros	Cons	Hauora Taiwhenua Summary Position	
<b>Section One – Scopes of Practice</b>				
<b>3</b>	<p><b>Are the proposed scopes of practice for PAs set appropriately?</b></p>	<p>High level scopes are acceptable provided they are supported by robust employer credentialling, regular review, and clear boundaries on responsibilities, ensuring the scope is precise rather than loosely interpreted.</p> <p>A high-level national scope allows local calibration of PA responsibilities according to training, experience, and service resources.</p>	<p>Wording such as “contribute to diagnosis” is not appropriate because PAs are trained internationally to diagnose and manage within delegated supervision. Restricting this may narrow New Zealand PA training and reduce their usefulness in rural practice or rural hospital settings.</p> <p>The scope lacks clarity around test ordering and interpretation, risking inconsistency across workplaces.</p> <p>Over restricted scopes may limit timely access and continuity of care and fail to reflect the broad, supervised scope expected in other countries. Thereby limiting access to procedures, in a rural environment, and worsening inequities for the rural based population.</p>	<p>Hauora Taiwhenua considers the proposed scope for Physician Associates to be too narrow and recommends broadening it to enable a wider scope of practice. This expansion should be supported by robust credentialling processes and ongoing training tailored to the specific needs identified within each rural practice or hospital. The scope should also include the ability to ‘diagnose’, rather than being limited to ‘contributing to a diagnosis’.</p>
<b>4</b>	<p><b>If “No,” why?</b></p>	<p>Recognising that PAs diagnose and manage within the requirements of supervision would align regulation with international education standards and allow NZ training to match global models.</p> <p>Treating the procedure list as non-exhaustive and governed by credentialling ensures safe, context-appropriate use of trained procedural skills, especially in rural areas.</p> <p>The procedure scope should not be limited to the 3 listed minor surgery procedures but</p>	<p>A more permissive scope may require stronger oversight to avoid employers assigning responsibilities beyond training.</p>	<p>Hauora Taiwhenua supports expanding the proposed PA scope to align regulation with international education standards and expanding the proposed scope of possible procedures ensuring robust training, credentialling and appropriate supervision.</p>

		could be considerably expanded e.g. Long-Acting Reversible Contraception procedures and uterine pipelle biopsies, injections and IV access, casting and splinting, joint injections, catheterisation procedures. The main proviso is in ensuring that the PA is appropriately trained and credentialled for inclusions in their scope, and this aligns with their supervising clinician's skill set.		
5	<b>Is the proposed Provisional PA scope of practice clearly defined?</b>	We agree, the Provisional scope appropriately establishes a supervised acclimatisation phase, ensuring PAs practise safely while adapting to NZ systems.		Hauora Taiwhenua supports the Provisional scope as defined.
6	<b>If 'No', what needs to be made clearer?</b>	N/A		
7	<b>Are the clinical responsibilities in the proposed Provisional scope appropriate?</b>	A narrowed list of early procedures may help ensure patient safety during initial orientation, noting that seemingly simple procedures may involve complex risk profiles. Additional procedural skills could be taught once the PA is competent and confident in the set 'standard' skills of a PA.	A nationally narrow set of procedures may misalign NZ practice with international PA training and limit the usefulness of PAs in rural settings.  Competency based credentialling allows safer and more flexible use of trained procedural skills, and therefore, an expanded list of procedures would be more appropriate.	Hauora Taiwhenua does not consider the proposed clinical responsibilities within the provisional scope to be appropriate. We recommend establishing a clearly defined set of baseline skills and procedures, with the ability to expand a Physician Associate's scope by adding additional procedures as required. Any expansion should be supported by robust training, credentialing, and supervision, tailored to the specific needs of the practice or hospital in which the PA is working. The scope should also include the ability to 'diagnose', rather than being limited to 'contributing to a diagnosis'.
8	<b>If 'No', why</b>	Some procedures listed as "minor" can be clinically complex e.g. certain excisions or hand lacerations. They may not be appropriate for early unsupervised performance but could be part of the skill set of an enhanced PA and added to their		Hauora Taiwhenua recommends establishing a clearly defined set of 'basic' baseline skills and procedures, with the ability to expand a PA's scope by adding additional procedures as required. Any expansion should be supported by robust training, credentialing,

		<p>clinical abilities with appropriate training, accreditation and supervision.</p> <p>There is a need to explicitly exclude high-risk procedures (e.g., drains, intubation, LPs) from early provisional practice. These procedures could be included in the general scope based on appropriate training, clinical experience and credentialling.</p>		<p>and supervision, tailored to the specific needs of the practice or hospital in which the PA is working.</p>
	<p><b>Is the proposed time limit (<i>up to 36 months</i>) appropriate for a PA in the Provisional scope to meet requirements for General scope?"</b></p>	<p>Yes, the 36 months in the provisional scope is appropriate for a newly qualified PA.</p>		<p>Hauora Taiwhenua agrees with the proposed time limit of 36 months to meet requirements for General Scope.</p>
11	<p><b>Do you have any other comments about the proposed Provisional scope?</b></p>	<p>Advancement criteria should be clearly defined and supported by a national competency framework.</p> <p>Experiential candidates currently working in NZ should have 24 months (not 12) to apply for an APC. There is a risk that those about to enter NZ in the near future should not be penalised if their arrival is delayed through visa timing.</p>		<p>Hauora Taiwhenua propose increasing the time for newly arriving/current experienced PAs to 24months to ensure no one is penalised due to visa delays. Also, advancement criteria and expanded scope should be clearly defined.</p>
12	<p><b>Is the proposed General PA scope of practice clearly defined?</b></p>	<p>The General scope provides a useful structure for expanding responsibilities.</p>	<p>The flexibility to expand or contract scope, and limits on undifferentiated care and senior decision making lacks clarity. -making</p>	<p>Hauora Taiwhenua believes the General PA Scope of Practice requires clearer definition, including explicit recognition of the need to manage undifferentiated patients and the ability to expand scope where necessary. Any expansion should be supported by robust training, credentialing, and supervision. Strengthening the scope in this</p>

				way would help address workforce capability gaps within rural communities.
13	If 'No', what needs to be made clearer?			The General scope should explicitly allow flexibility to adjust responsibilities according to community or subspecialty needs.
14	Are the clinical responsibilities in the proposed <i>General scope</i> appropriate?	The structure could support safe expansion of PA responsibilities once competency is demonstrated. i.e. A wider range of procedures that could be performed (as above)	The General scope appears over-limited compared to international practice, especially in procedural breadth.	As previously discussed, Hauora Taiwhenua supports the safe expansion of the PA responsibilities when competency has been demonstrated. A wider range of procedures could be performed (as above). This would align with international practice.
15	If 'No', why?"			HTRHN Summary Position: Many procedures excluded from the draft General scope (e.g., implants, joint injections) are commonly and safely performed by PAs internationally.
16	Do you have any other comments about the proposed <i>General scope of practice</i> ?"			Supervision requires significant time investment which should be recognised and ideally funded, to avoid additional cost pressures on smaller rural & remote practices and hospitals.
<b>Section 2 — Qualifications &amp; Registration Pathways</b>				
17	Do you agree that the qualifications, training and experience for proposed pathways 1 and 2 (for UK and USA trained PAs) are appropriate for registration in the <i>Provisional scope</i> ?	Yes. Using established pathways based on PARA/PANE/PANCE and GMC or US state registration ensures internationally recognised competence.	The omission of Canadian trained PAs creates an unnecessary barrier given the robustness of their programmes. -trained PAs creates an unnecessary barrier given the robustness of their programmes.	Hauora Taiwhenua agrees with the proposed pathways for UK and USA trained PAs.
18	If "No," why?			Canadian PA programmes should be explicitly included in the registration pathways because the information provided

				identifies Canadian training as at least as rigorous as UK programmes, with a well established national curriculum and competencies comparable to other regulated PA jurisdictions. -established national curriculum and competencies comparable to other regulated PA jurisdictions.
19	<b>Do you agree that the qualifications, training and experience for proposed pathway 3 (for PAs who have been practising in Aotearoa NZ for &gt;2 years when registration opens) are appropriate for registration in the <i>Provisional</i> scope?</b>			Recognising NZ experience for Provisional registration is appropriate.
21	<b>Do you agree with the proposed requirement that all applicants seeking registration in the <i>Provisional</i> scope must complete a Council-approved knowledge-based cultural safety programme within 12 months prior to applying?"</b>			A mandatory knowledge based cultural safety programme before registration is appropriate and necessary. -based cultural safety programme before registration is appropriate and necessary.

23	Do you have any other feedback on the proposed pathways for registration in the <i>Provisional scope?</i> ”			Pathways should reflect training depth, since they are simpler than medical pathways.
24	Do you agree that the qualifications, training and experience for proposed pathways 1 and 2 (for UK & USA trained PAs) are appropriate for registration in the <i>General scope?</i> ”			Pathways are broadly appropriate with structured supervision and reporting.
26	Do you agree that the qualifications, training and experience for proposed pathway 3 (NZ experiential) are appropriate for registration in the <i>General scope?</i> ”	Recognises established NZ experience.	Past supervision has been inconsistent; external VR assessment and potentially longer supervised periods would support safety, but we would not want this to present as a barrier to gaining ‘General scope’.	Hauora Taiwhenua agree that the proposed pathway 3 (NZ experiential) are appropriate for registration in the General scope.
28	Do you agree that Provisional PAs should hold current Council-approved ACLS (or similar) to be eligible for the <i>General scope?</i> ”			Requiring current ACLS for transition to General is appropriate.
30	Do you agree with the other requirements for	Clear accountability is assigned to VR medical supervisors, with employer	Strict onsite and seniority requirements may make supervision impractical in rural settings, reducing workforce viability.	Hauora Taiwhenua does not support the requirement for a vocationally registered doctor to serve as the sole supervisor. Such a

	<p><b>all PAs in the <i>Provisional</i> scope to apply for the <i>General</i> scope (Council-approved supervision &amp; workplace; minimum satisfactory supervised practice; supervisor recommendation)?</b></p>	<p>responsibilities for credentialling and protected time.</p>		<p>restriction risks creating unnecessary barriers to the deployment of Physician Associates in rural and remote settings. We recommend broadening eligibility to include experienced doctors and Nurse Practitioners with a minimum of five years' experience in the relevant specialty, enabling more flexible and context appropriate supervision arrangements.-appropriate supervision arrangements.</p>
31	<p>If 'No', why?</p>			<p>Restricting supervision requirements to VR doctors will disproportionately affect rural and remote communities, where a Nurse Practitioner or an experienced GP of many years who has chosen not to become vocationally registered, may be the only clinician on site. This risks further exacerbating existing challenges to the recruitment and retention in rural primary care where only 50-55% of rural practices have a VR doctor working in them in NZ.</p>
32	<p><b>Do you agree that PAs registered in the <i>Provisional</i> scope through pathways 1 &amp; 2 (UK/US) must have at least 12 months of supervision before applying for the <i>General</i> scope?</b></p>			<p>12 months is appropriate for consolidation in NZ systems.</p>
34	<p><b>Do you agree that PAs registered in</b></p>			<p>We agree that recognising existing NZ experience should allow quicker transition.</p>

	<p>the <i>Provisional</i> scope through pathway 3 (NZ experiential) must have at least 6 months of supervision before applying for the <i>General</i> scope?"</p>			
<b>Section 3 — Supervision</b>				
37	<p>Do you agree with the proposed supervision requirements for PAs registered in the <i>Provisional</i> scope?"</p>			<p>HTRHN agrees that close oversight, early meetings, and Council approved supervision structures are appropriate. -approved supervision structures are appropriate.</p>
38	<p>Do you agree with the proposed supervision requirements for PAs registered in the <i>General</i> scope?"</p>	<p>VR-led supervision and onsite availability maintain safety and accountability. For the</p>	<p>Over-prescriptive onsite and experience rules may strain rosters, impact RMO training, and reduce rural flexibility. For PAs with substantial clinical experience, it may not be necessary for a supervisor to be physically on site or able to attend the facility promptly. In cases where a PA has significant expertise, particularly in acute or emergency care, it may be appropriate for the supervisor to be located off site, provided they remain accessible via phone or video call. This is especially reasonable when the PA is supported by an experienced multidisciplinary team on site. This would benefit rural locations the most.</p>	<p>Hauora Taiwhenua does not support the proposed supervision requirements for Physician Associates registered in the General scope. We recommend broadening supervisory eligibility beyond vocationally registered doctors to include doctors or Nurse Practitioners with at least five years' experience in the relevant specialty. For experienced PAs, supervision should not require the supervisor to be on site or in close physical proximity. PAs with substantial experience should be able to work with an off-site supervisor who is accessible by phone or video, particularly when supported by an experienced multidisciplinary team on site. This approach would provide significant benefits for rural communities.</p>

40	If no, why			<p>Hauora Taiwhenua does not support the proposed supervision requirements for Physician Associates registered in the General scope. We recommend broadening supervisory eligibility beyond vocationally registered doctors to include doctors or Nurse Practitioners with at least five years' experience in the relevant specialty. For experienced PAs, supervision should not require the supervisor to be on site or in close physical proximity. PAs with substantial experience should be able to work with an off-site supervisor who is accessible by phone or video, particularly when supported by an experienced multidisciplinary team on site. This approach would provide significant benefits for rural communities.</p>
41	<b>Are the Council's expectations of PAs, supervisors and employers clear?</b>	<p>Roles and responsibilities are defined for employers, supervisors, and PAs.</p>	<p>Escalation responsibilities, meeting frequencies, and peer-review boundaries require clearer articulation.</p>	<p>Hauora Taiwhenua agrees that the expectations for PAs, supervisors, and employers are clearly outlined. It will be important, however, to ensure that a comprehensive framework is developed to guide escalation of responsibilities, supervision and meeting frequencies, and peer review parameters. Establishing a standardised national template would support consistency and clarity across all settings.-review parameters. Establishing a standardised national template would support consistency and clarity across all settings.</p>
42	<b>If "No," why?</b>	<p>The framework should specify escalation triggers, responsibility pathways, and separate medical-peer and MDT review processes.</p>		<p>Hauora Taiwhenua agrees that the expectations for PAs, supervisors, and employers are clearly outlined. It will be important, however, to ensure that a comprehensive framework is developed to</p>

				guide escalation of responsibilities, supervision and meeting frequencies, and peer review parameters. Establishing a standardised national template would support consistency and clarity across all settings.-review parameters. Establishing a standardised national template would support consistency and clarity across all settings.
<b>Section 4 — Cultural Safety</b>				
43	<b>Do you support the multi-staged approach the Council is proposing to ensure that all PAs are able to practise in a culturally safe way?"</b>			HTRHN agrees that the multistaged approach is appropriate and necessary, especially for an overseas trained cohort; embedding Hauora Māori and codesign is important. It is important to note that cultural safety is a continual journey, which should be reflected in the proposal.-staged approach is appropriate and necessary, especially for an overseas-trained cohort; embedding Hauora Māori and co-design is important. It is important to note that cultural safety is a continual journey, which should be reflected in the proposal.
<b>Section 5 — Title</b>				
43	<b>Which title is better suited: 'physician associate' or 'physician assistant'</b>	<b>Pros of "Physician Assistant"</b> Reduces risk of public confusion regarding whether a PA is a doctor, reflecting concerns raised in the UK context.	<b>Cons of "Physician Assistant"</b> May be confused with unregulated "assistant" roles in NZ and may not reflect advanced postgraduate training.  The word 'physician' is not commonly used in NZ (more of a US term for doctor).	
		<b>Pros of "Physician Associate"</b>	<b>Cons of "Physician Associate"</b>	Hauora Taiwhenua supports the use of the title 'Physician Associate' and recommends

		<p>Reflects the professional status and medical model training of PAs and aligns with the profession's title protection priorities. -model training of PAs and aligns with the profession's title-protection priorities.</p> <p>It is a title that is familiar in some international roles.</p>	<p>Has been associated with public misidentification with doctors without robust role clarification measures. -clarification measures.</p> <p>The word 'physician' is not commonly used in NZ (more of a US term for doctor). Could use 'clinician associate/assistant' or 'doctor associate/assistant.</p> <p>May be associated with negative connotations after the Leng review in the UK, which was discussed in the media.</p> <p>Whatever name is finally selected the most important factor will be how the public are educated on what their role and scope is, more than the actual specific name</p>	<p>consideration of 'Doctor Associate,' which may align more closely with terminology familiar within the New Zealand context. Regardless of the final title selected, we emphasise that public education and understanding of the role and scope of practice will be far more important than the specific name itself.</p>
<b>47</b>	Final Comments			<p>The regulated introduction of PAs should be accompanied by monitoring of referrals, ED presentations, RMO training impact, and equity implications to ensure safe, effective PA practice with the NZ-specific context. This could be part of a broader system review for all regulated roles within the health system.</p>