

Proposed guidelines for Physician Assistant Programme

Approved 2013

Physician Assistants (PAs) should be seen as complementary roles to enhance the efficacy of team work and to improve patient care within specific work environments.

Based on the broader workforce design principles, the NZMA has developed the following guidelines for the introduction of the PA role to New Zealand. These guidelines have been distributed within the sector to help define the PA role. The objective is to ensure a consistent and supportable approach to the training and deployment of PAs in New Zealand health settings.

1. If a decision is taken to train PAs in New Zealand, PA training programmes should reside within medical schools, in conjunction with other types of institutions, to develop a close working relationship and orientation to the practice of medicine
2. Training opportunities need to be provided as close as possible to the communities in which PAs will work.
3. Admission to a PA programme in New Zealand should be linked to a recommendation from, and a training/employment agreement with, a sponsoring doctor (within the discipline the PA is going to practise), at least in the initial cohorts. The objective is to ensure employability, retention and bonding of the Doctor-PA team. An arrangement similar to the 'voluntary bonding scheme' should be used between the prospective employer and PA.
4. The PAs should have a healthcare background. Candidates should be selected for training after a rigorous interview process and review of core skills and personal qualities necessary.
5. PAs should complete the essential basic training programme regardless of their background. It is key to the development of the PA team-based role that such training occurs as a cohort and not as discrete and patchy learning experience.
6. The PA and the doctor will share responsibility for all decisions, actions or inactions of the PA taken in respect of the PA's work.
7. With a view to promoting the concept of 'Doctor-PA teams', there should also be agreed codes of practice governing the relationship between these professions.
8. The limits and expectations of PA practice need to be defined, reproducible and nationally consistent. This is necessary to enable both patients and other health professionals to understand the extent of the expected capability.
9. Regulation/governance of the PA should take place through existing professional medical structures (Medical Council) with input from doctor groups (e.g. the involvement of professional colleges in accreditation and certification).
10. It is possible that certain doctors may deploy 'PA like' roles in their practices or hospitals. These practitioners will not be registered or recognised as PAs, unless they complete the

recognised training process, fulfil regulatory certification requirements, and work within a framework of competence assurance and accountability.

11. PAs must become a regulated workforce, registered under the HPCA Act. A practice plan between the individual PA and supervising Doctor must determine the specific areas of practice delegated to the PA.
12. The breadth of the practice plan will be defined by the needs of the doctor and the skills and experience of the PA.
13. PAs should have delegated prescribing rights.
14. There should be an ongoing review of the Doctor- PA practice plan.
15. PAs must have defined CPD requirements.