

## **Medical Council to regulate physician associates/physician assistants (PAs)**

*Medical Council of New Zealand*

**Survey Submission 16 February 2026**

*Highlighted text indicates selection*

### **FIRST PAGE OF SURVEY**

Te Kaunihera Rata o Aotearoa | the Medical Council of New Zealand (the Council) is responsible for regulating physician associates/physician assistants (PAs).

We have worked with stakeholders to develop a proposed regulation framework, and we would like your feedback.

There are five sections:

- What PAs can do – Scopes of practice
- Qualifications PAs need for registration – Prescribed qualifications, registration pathways, and changing scope of practice
- How PAs will be supervised – The supervision framework
- Cultural safety – Ensuring PAs practise in a culturally safe way
- Deciding the right name for PAs – The title for PA scopes of practice in Aotearoa New Zealand.

You can give us your feedback on all five sections – or just the sections you are interested in.

The titles ‘physician associate’ and ‘physician assistant’ are both used internationally to describe the same profession. To avoid confusion, we will use the abbreviation of ‘PA’ throughout this survey, except in the section about deciding the right name. The title that is ultimately decided on will be applied to the regulatory framework, after consultation and Council’s consideration of the feedback.

In the meantime, the Council is also working on:

- recertification (ongoing professional development) requirements for PAs
- developing accreditation standards for training programmes that deliver PA education
- standards of clinical competence, cultural competence and ethical conduct for PAs
- establishing fees for applications for registration and for practising certificates for PAs.

Consultation on these matters will take place at a later date.

### **ABOUT YOU**

The first few questions below are about you and will help us analyse the feedback we get.

[questions with an asterisk are mandatory]

**Q1. Please provide your name (optional).**

New Zealand Society of Anaesthetists – Ngā Ringa Tauwhiro o Aotearoa

**Q2. If you are comfortable with us contacting you about your response if we need to, please provide your email address (optional).**

President@anaesthesia.nz

**Q3.\* What is your role or who do you represent?**

We represent specialist anaesthetists working in New Zealand.

**Q4.\* Are you responding on behalf of an organisation?  
No/Yes – what is the organisation's name?**

New Zealand Society of Anaesthetists – Ngā Ringa Tauwhiro o Aotearoa

**Q5.\* Please tell us where you are located.**

**Aotearoa New Zealand  
Overseas**

**Q6.\* We may publish a summary of responses so people can see what feedback we received. We won't publish individual names, but we may publish the names of organisations. Do you consent to your responses being made publicly available?**

**Yes – My responses can be published (I understand my name will not be published but if I am representing an organisation, its name will be published).**

**No – I don't want any of my responses to be published.**

## **SECTION 1 – SCOPE OF PRACTICE**

This section is about what PAs can do - their scopes of practice

The Council is proposing two scopes of practice:

**The Provisional PA scope of practice** – the PA must work in a Council-approved position under Council-approved supervision with a Council-approved supervision plan.

**The General PA scope of practice** – the PA works under employer-approved supervision by a doctor registered in a vocational scope of practice that is relevant to the practice setting and the PA's role.

PAs seeking to practise in Aotearoa New Zealand will first be registered in the Provisional PA scope of practice for a set period, and must meet a range of requirements, before being eligible for registration in the General PA scope of practice.

We propose that PAs will be able to:

- take histories and examine patients
- order and interpret some tests
- contribute to diagnosis and treatment
- educate patients
- undertake specified minor surgical procedures.

All PAs – regardless of which scope of practice they are registered in – must work under the supervision of a doctor. We ask specific questions about supervision later in this survey.

Details about the proposed scopes of practice can be found [here](#) in the consultation document. Information about supervision requirements can be found [here](#). If you don't want to answer questions about the proposed scopes of practice, you can choose to skip this section in the first question below.

**Q7. The proposed scopes of practice outline at a high level what PAs can do. Employer credentialling will define the specific clinical responsibilities within the scope of practice, based on the PA's qualifications, training and experience, and the facilities and support available at that workplace. Are the proposed scopes of practice for PAs set appropriately?**

**Yes / No (if no, please tell us why)**

Members have responded to the Society expressing concern that the proposed scope is too broad. That restricted and out of scope activities should be included to avoid inadvertent scope creep into specialist-trained areas. Particularly in the current situation, where PAs are likely to be introduced to help alleviate workforce pressures or shortages.

Some of the clinical duties outlined, such as performing examinations and assessments, are equivalent to those of a medical registrar. Which, as the Leng Review reflects, 1 - implies that these tasks do not require the skills and qualifications of a doctor and 2 - likely contributed to part of the debate that arose in the UK amongst the healthcare community. These wider impacts need to be considered and planned to avoid 1 - removing clinical experience for trainee specialists and further eroding our medical workforce, 2 - diminishing the standard of care by allowing these tasks to be undertaken by a workforce who lack the same level of clinical and academic experience as the doctors currently performing them and 3 - the impact the scope may have on trainee doctors, where employers may choose to replace role availability in favour of PAs.

## **Provisional PA scope of practice**

**Q8. Is the proposed Provisional PA scope of practice clearly defined?**

**Yes / No (if no, please tell us what needs to be made clearer)**

For the same reasons as outlined in our response to question 7. That restricted and out of scope activities should be included to avoid inadvertent scope creep into specialist-trained areas. Particularly in the current situation, where PAs are likely to be introduced to help alleviate workforce pressures or shortages.

**Q9. Are the clinical responsibilities that PAs are able to undertake as outlined in the proposed Provisional PA scope of practice (and to be further defined through credentialling) appropriate?**

**Yes / No (if no, please tell us why)**

PAs should not see undifferentiated patients. The Leng Review mentions how this was the most common area where safety concerns were raised. The risk of making a wrong diagnosis is high, especially without the direct supervision of a doctor. The NZSA recommends the Leng Review's recommendations be followed here: 'Physician assistants should not see undifferentiated patients except within clearly defined national clinical protocols'.

**Q10. Is the proposed time limit (up to 36 months) appropriate for a PA registered in the Provisional PA scope of practice to meet requirements for the General PA scope of practice?**

Yes / **No** (if no, please tell us why)

It is difficult to answer this question with no context as to what clinical environment PAs will be working in. This one-size-fits-all approach may not be suitable for the different settings mentioned in the consultation document, or if a PA is working in a clinical role or a more administrative position, for example.

**Q11. Do you have any other comments about the proposed Provisional PA scope of practice?**

**No** / Yes (please tell us here)

## **General PA scope of practice**

**Q12. Is the proposed General PA scope of practice clearly defined?**

Yes / **No** (if no, please tell us what needs to be made clearer)

For the same reasons as outlined in our response to question 7. That restricted and out of scope activities should be included to avoid inadvertent scope creep into specialist-trained areas. Particularly in the current situation, where PAs are likely to be introduced to help alleviate workforce pressures or shortages.

**Q13. Are the clinical responsibilities that PAs are able to undertake as outlined in the proposed General PA scope of practice (and to be further defined through credentialling) appropriate?**

Yes / **No** (if no, please tell us why)

PAs should not see undifferentiated patients – for the reasons included in our response to question 9.

**Q14. Do you have any other comments about the proposed General PA scope of practice?**

**No** / Yes (if yes, please tell us here)

## **SECTION 2 - QUALIFICATIONS**

This section is about proposed qualifications, registration pathways, and changing scope of practice.

The Council is proposing that all PAs will need to first register in the Provisional PA scope of practice.

To apply for registration in the Provisional PA scope of practice, the Council proposes that PAs with qualifications from the United Kingdom or the United States of America must have all of the following:

- A university qualification recognised by the regulator in the United Kingdom or the United States of America.
- A pass in the national PA examination in one of these countries.
- At least three years of recent work as a PA in one of these countries.
- A pass in a knowledge-based cultural safety programme approved by the Council (approved programme(s) yet to be decided).

This group of PAs is divided into two separate (but essentially identical) pathways, with the only difference being the country where the PA trained: pathway 1 is for United Kingdom qualification-holders and pathway 2 is for those holding a United States qualification.

A separate entry pathway is proposed for PAs who have been working in Aotearoa New Zealand for

two years or more before registration commences. These PAs must hold the same qualifications as described in pathways 1 and 2, but will be eligible for a reduced period in the Provisional scope of practice, recognising their local experience.

At a later time, we may recognise qualifications of PAs from other countries.

Details about proposed qualifications and registration pathways can be found [here](#) in the consultation document.

If you don't want to answer questions about proposed qualifications, registration pathways, and changing scope of practice, you can choose to skip this section in the first question below.

### **Registration in the Provisional PA scope of practice**

**Q15. 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 Provisional PA scope of practice?**

**Yes / No (if no, please tell us why)**

It is difficult to answer this question with no context as to what clinical environment PAs will be working in. This heightens our concern that the current scope is too broad and risks extension into specialist doctor tasks and responsibilities.

**Q16. Do you agree that the qualifications, training and experience for proposed pathway 3 (for PAs who have been practising in Aotearoa New Zealand for more than two years when registration opens) are appropriate for registration in the Provisional PA scope of practice?**  
**Yes / No (if no, please tell us why)**

For the same reason as our response to question 15, it is difficult to answer this question with no context as to what clinical environment PAs will be working in.

**Q17. Do you agree with the proposed requirement that all applicants seeking registration in the Provisional PA scope of practice must complete a Council-approved knowledge-based cultural safety programme within 12 months prior to applying?**

**Yes / No (if no, please tell us why)**

At a minimum. Without any local training programme, this is an entirely internationally trained workforce. For the safest care of patients, and in particular our Māori and Pasifika communities, all PAs should undertake a cultural safety programme. There should also be a requirement for ongoing learning for registration, as is required for many other professions in our healthcare workforce.

**Q18. Do you have any other feedback on the proposed pathways for registration in the Provisional PA scope of practice?**

**No / Yes (if yes, please tell us here)**

### **Registration in the General PA scope of practice**

To be eligible for registration in the General PA scope of practice, an applicant must complete a minimum period of practice under Council-approved supervision in the Provisional PA scope of practice. They must also have current advanced cardiac life support (ACLS) certification or an alternative approved by the Council, and meet additional requirements.

PAs holding UK or USA qualifications (pathways 1 and 2) need to work under Council-approved supervision for at least 12 months and meet the same requirements to be eligible for registration in the General PA scope of practice.

PAs who registered in the Provisional PA scope of practice under pathway 3 need to work under Council-approved supervision for at least 6 months and meet requirements to be eligible to apply for registration in the General PA scope of practice. This pathway will only be available for a transitional period.

The key difference is the duration of time spent as registered in a Provisional scope of practice, and recognises PAs who have been practising in New Zealand for more than two years.

**Q19. 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 General PA scope of practice?**

**Yes / No (if no, please tell us why)**

We do not have an answer to this question for the same reason as our response to question 15. It is difficult to answer this question with no context as to what clinical environment PAs will be working in.

**Q20. Do you agree that the qualifications, training and experience for proposed pathway 3 (for PAs who have been practising in Aotearoa New Zealand for more than two years when registration opens) are appropriate for registration in the General PA scope of practice?**

**Yes / No (if no, please tell us why)**

We do not have an answer to this question for the same reason as our response to question 15. It is difficult to answer this question with no context as to what clinical environment PAs will be working in.

**Q21. Do you agree that PAs registered in the Provisional PA scope of practice should be required to hold current Council-approved Advanced Cardiac Life Support (or similar) certification to be eligible to apply for registration in the General PA scope of practice?**

**Yes / No (if no, please tell us why)**

Yes, especially if the PA will be working in a patient facing role.

**Q22. Do you agree with the other requirements for all PAs registered in the Provisional PA scope of practice to apply for registration in the General PA scope of practice? that is:**

- a period of Council-approved supervision in a Council-approved workplace
- a minimum period of satisfactory supervised practice
- a recommendation from the supervisor of the PA for registration in the General PA scope of practice.

**Yes / No (if no, please tell us why)**

**Is this enough?**

PAs should always have onsite supervision from a Senior Medical Officer. However, more detail on supervision expectations and responsibilities is required in the supervision framework. Please see our answer to question 31.

**Q23. Do you agree with the proposal that PAs registered in the Provisional PA scope of**

**practice through pathways 1 and 2 (for UK and USA trained PAs) must have at least 12 months of supervision before applying for registration in the General PA scope of practice?  
Yes / No (if no, please tell us why)**

PAs should always have onsite supervision from a Senior Medical Officer. However, more detail on supervision expectations and responsibilities is required in the supervision framework. Please see our answer to question 31.

**Q24. Do you agree with the proposal that PAs registered in the Provisional PA scope of practice through pathway 3 (i.e. PAs with experience in Aotearoa New Zealand) must have at least six months of supervision as a Provisional PA before applying for registration in the General PA scope of practice?  
Yes / No (if no, please tell us why)**

PAs should always have onsite supervision from a Senior Medical Officer. However, more detail on supervision expectations and responsibilities is required in the supervision framework. Please see our answer to question 31.

**Q25. Do you have any other feedback on the proposed pathways for registration in the General PA scope of practice?  
No / Yes (if yes, please tell us here)**

### **SECTION 3 - SUPERVISION**

This section is about how PAs will be supervised

PAs will always be required to work under the supervision of a registered medical doctor. The Council has developed a proposed supervision framework explaining the roles and responsibilities of PAs, their supervisors and their employers.

There are two parts to the proposed supervision framework:

- For PAs registered in the **Provisional PA scope of practice**: The Council will approve the appointment of supervisors, workplace and supervision plan, with regular monitoring.
- For PAs registered in the **General PA scope of practice**: The PA's employer will have greater responsibility for ensuring ongoing supervision requirements are met.

Details about the proposed supervision framework can be found [here](#) in the consultation document.

If you don't want to answer questions about supervision, you can choose to skip this section in the first question below.

**Q26. Do you agree with the proposed supervision requirements for PAs registered in the Provisional PA scope of practice?  
Yes / No (if no, please tell us why)**

PAs should always have onsite supervision from a Senior Medical Officer. Members have raised concerns that PA and RMO supervision could compete for the same consultant workforce. While this sits outside the proposed framework, it highlights the need for careful planning to avoid undermining the training of our future specialist workforce.

**Q27. Do you agree with the proposed supervision requirements for PAs registered in the General PA scope of practice?**

Yes / **No** (if no, please tell us why)

For the same reason as our answer to question 26. PAs should always have onsite supervision from a Senior Medical Officer. However, careful planning needs to be in place so as not to erode our future specialist workforce requiring supervision from the same consultants.

**Q28. Are the Council's expectations of PAs, supervisors and employers clear?**

Yes / **No** (if no, please tell us why)

The framework is missing some important and necessary details to ensure all parties involved have full transparency when deploying a PA. Notably, this framework needs to provide definitive clarity on who has ultimate responsibility, duty of care, what 'supervision' is, how it is to be carried out, and expected time commitments. If ultimate responsibility and duty of care sit with the supervisor, this must be explicitly stated in the supervisor's responsibilities.

## **SECTION 4 – CULTURAL SAFETY**

This section is about cultural safety

To help ensure that PAs practise in a culturally safe way, the Council is proposing the following requirements for all PAs:

- Before registration: Completion of a knowledge-based programme in cultural safety for health practice in Aotearoa New Zealand.
- While practising: Work in collaboration with patients, their whānau, communities, and the multi-disciplinary healthcare team to deliver equitable person/whānau-centred healthcare, and practise in a culturally safe way.
- As part of supervision: For PAs registered in the Provisional PA scope of practice, their workplace orientation must include cultural competency, cultural safety training and hauora Māori education. For PAs registered in the General PA scope of practice, there is a requirement that supervisors support ongoing development of cultural capability.

Details about the proposed cultural safety requirements can be found [here](#) in the consultation document (opens in a new window).

If you don't want to answer questions about cultural safety, you can choose to skip this section in the first question below.

**Q29. 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?**

Yes / **No** (if no, please tell us why)

The NZSA supports this in principle. With limited details and no local training programme for PAs, the requirement to undertake a knowledge-based programme in cultural safety for health practice in Aotearoa New Zealand should be a minimum. We also recommend that continued professional development requirements include ongoing learning in this area.

The proposed requirements should include a framework for the assessment of culturally safe practice that should be considered alongside course completion.

## **SECTION 5 - TITLE**

This section is about the title for scopes of practice

The Council wants to consider the title assigned to the scopes of practice and under which PAs will practise in Aotearoa New Zealand. It is important that the name describes what PAs do.

We are considering two options:

- physician associate or
- physician assistant.

The title ultimately decided on will guide future decision-making on an appropriate te reo Māori title.

Details about the title can be found [here](#) in the consultation document.

This is the last section of our consultation survey. If you don't want to answer questions about the title, you can choose to skip this section in the first question below.

**Q30. Which title do you think is better suited for the PA scopes of practice in the Aotearoa New Zealand context?**

- physician associate
- **physician assistant.**

**Q36. Please tell us why you chose that answer.**

Unanimous feedback from members to the NZSA was that, of the two, 'Physician Assistant' communicates the role much more clearly for the general public. We should adhere to the recommendations of the Leng Review to use 'Physician Assistant' going forward for the same reasons. Or consider alternatives that make it as clear as possible that they are not a doctor.

## **LAST PAGE OF SURVEY**

**Q37. Is there anything else you would like to tell us about the regulation of PAs?**

Most of the NZSA's feedback has centred around the recommendations of the Leng Review. The findings and recommendations of this report are the best option we have to learn from so we can avoid making the same mistakes.

One of the more significant barriers to safe care mentioned in the Leng Review was that the general public found it confusing or was unable to distinguish the difference between a PA and a doctor. Therefore, one more recommendation from the report that we would like to suggest the Council consider is a review of the Good Medical Practice publication to differentiate it where necessary for

PAs.