Royal Australasian
College of Surgeons
Te Whare Piki Ora o Māhutonga

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Joan Simeon
Chief Executive
Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand
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Via email: PAconsultation@mcnz.org.nz

Tena koe Joan,

Te Whare Piki Ora o Māhutonga – the Royal Australasian College of Surgeons (RACS) welcomes the opportunity to contribute to development of the regulatory framework for the regulation of Physician Associates (PAs). We note the publication of the scopes of practice, prescribed qualifications, and supervision requirements for PAs seeking to register and work in Aotearoa. We also note the decision of the Minister of Health to confirm the professional title of Physician Associate. We would prefer Clinical Assistant to avoid confusion for patients and make it as clear as possible these practitioners are not physicians, nurses, or doctors.

We have considered the draft Professional standards for PAs, which propose the principles and values of good PA practice and the professional standards expected of PAs working in Aotearoa. Our submission focuses on ensuring patient safety through robust standards which reflect the unique contexts of our health system in Aotearoa.

Standards in relation to supervision

RACS is pleased to see the emphasis on supervision in the PA scopes of practice. Our previous submission focussed on the need to provide robust supervisory mechanisms to help to ensure patient safety is protected and would like to see these more explicitly and robustly reflected in the Professional standards. Standard 2b states a PA must "Always comply with your supervision requirements. Only practise when you have an onsite supervising doctor available to you.". This needs to be explicitly linked to the core requirements described in the scopes of practice which state a PA may only work under the "employer-approved supervision of a doctor registered in a vocational scope of practice that is relevant to the practice setting and the [PA's] role" and the following requirements regarding credentialling, Council's supervision requirements, and approval of the supervision agreement.

We know PAs are currently working in Aotearoa without onsite supervision. The requirement for onsite supervision will be a significant change for those PAs and their current supervisors. Is the Council planning to audit compliance with supervision plans, especially the onsite supervision requirement?

Accountability

Situations will arise where there is a risk to patient safety either because a supervising doctor does not meet their responsibilities, or where a PA acts outside of supervision requirements. We note with alarm the case reported [here] of a General Practitioner and a PA in the United Kingdom, where lack of clear transfer of accountability and clinical information along the referral pipeline caused the death of a young patient. RACS submits the standards need to be clear where accountabilities lie in these situations. The standards also need to be clear what a PA must do when the relationship between the supervisor and the PA breaks down, or where the PA feels unsafe with the supervision being provided.

Collaboration

Because the PA profession is relatively new to New Zealand, we believe strong emphasis needs to be put onto communication with colleagues and safe handover and transfer of patient care. *Good medical practice* provides strong guidance for doctors on these subjects in paragraphs 39 to 52 and in the supplementary guidance on *Transferring patients, Referring patients,* and *Planning for transfer of care*. We submit these requirements should be duplicated in the standards for PAs.

Respecting patients

At least initially, all PAs working in New Zealand will be overseas-trained. That means a high degree of emphasis is needed on ensuring that they can establish relationships of trust with New Zealand patients. This includes being aware of cultural diversity and safety, and an expectation that they function effectively and respectfully when working with and treating people of different cultural backgrounds. Again, *Good medical practice* contains some excellent guidance for doctors in these spaces, and our view is paragraphs 14-28 and the supplementary guidance in that chapter need to be mirrored in the standards for PAs.

Continuing professional development (CPD)

While not necessarily a matter for the standards, RACS is concerned the standards do not require or provide guidance for PAs on their engagement in Continuing Professional Development (CPD). The Professional standards should include clear expectations of how PAs engage with CPD, which is important in helping practitioners keep their skills current, improving their performance, and supporting long-term development and growth. These expectations must include training in cultural safety and cultural competence.

You may publish our response to your consultation document, and we will place it on our website. For any questions about the submission please contact Calum Barrett, Manager Aotearoa New Zealand (Calum.Barrett@surgeons.org).

Nāku noa, nā.

Dr Sharon English

Chair, Aotearoa New Zealand National Committee
Te Whare Piki Ora o Māhutonga – the Royal Australasian College of Surgeons

RACS represents more than 8300 surgeons and 1300 surgical Trainees and Specialist International Medical Graduates across Aotearoa New Zealand and Australia. We are the accredited training provider in nine surgical specialities. RACS is the leading advocate for surgical standards, professionalism and surgical education in Aotearoa New Zealand and Australia. Our mission is 'To improve access, equity, quality and delivery of surgical care that meets the needs of our diverse communities'. Health advocacy is a central competency of a surgeon, and a core value of this College.