

13 May 2025

Sent via email to: steve.osborne@health.govt.nz

Dear Steve,

Re: Proposal to regulate Physician Associates under the Health Practitioners Competence Assurance Act 2003

We appreciate the opportunity to provide feedback on the proposal to regulate the Physician Associate profession under the Health Practitioners Competence Assurance Act 2003 (HPCAA). While we acknowledge the formal consultation period has closed, we were not aware of it at the time, and given the significant implications of this proposal, we believe it is vital and in the public interest that our feedback be taken into consideration.

We write to express our opposition to the proposed regulation of Physician Associates. Instead, we urge the Government to prioritise and focus on optimising the existing health workforce, in particular, pharmacists, who are already highly trained, widely distributed and accessible, and regulated under the HPCAA.

Pharmacists are well-positioned and ready now to take on many of the functions envisioned for Physician Associates, with existing legislative frameworks offering a viable and efficient pathway for expanding their scope of practice. Internationally, pharmacists are already operating successfully in extended clinical roles and New Zealand should leverage this existing capacity, rather than investing in an unproven and duplicative professional layer.

Why the Proposed Regulation of Physician Associates May Not Align with Current Health Sector Priorities

The Health Infrastructure Plan 2025 and the Minister of Health's Five Key Priorities call for:

1. More care delivered in the community
2. Improved access to primary care
3. Better system performance and patient flow
4. A sustainable, well-utilised health workforce
5. Stronger accountability and value for investment

While the intent to bolster the workforce is acknowledged, the introduction of a new professional category may not be the most efficient or effective path to meeting these objectives. Instead, greater value may be achieved by investing in and scaling existing, evidence-based solutions—such as enhanced support for pharmacist-led clinical services—which are already embedded within communities, cost-effective, and ready to expand their role in integrated care.

Key concerns with the regulation of Physician Associates

1. A redundant workforce layer:
Physician Associates will not have prescribing rights and must operate under the supervision of general practitioners. Rather than reducing pressure, this model increases further system dependency and places additional supervisory demands on general practice teams, which are already overstretched.
2. Costly, delayed, and duplicative:
Establishing a new professional group requires significant investment in regulation, educational, and operational infrastructure. Even with regulation in place, it will take years before Physician Associates to contribute meaningfully, without any assurances of long-term retention within New Zealand's health system.
3. Undermining the role of community pharmacy:
Enabling Physician Associates to deliver treatment under standing orders from general practice settings risks bypassing community pharmacists and the pharmacies they work in, undermining the critical functions provided by pharmacists such as medicine safety checks, counselling, and continuity of care. It also threatens to fragment prescribing

records and compromise medicines reconciliation, particularly as medicines from Practitioner Supply Orders are not recorded in the New Zealand ePrescription Service (NZePS) or in patient's integrated digital health records.

Pharmacists: The right workforce, right now

Pharmacists are already:

- Regulated under the HPCAA, with a scope of practice readily capable of expansion.
- Embedded in nearly every community across Aotearoa, including deep rural and remote area coverage.
- Equipped with digital tools, such as Early Care, to deliver protocol-based minor ailment treatments under standing orders, nationwide.
- Capable of making independent clinical decisions without GP oversight, where appropriate.
- Fully integrated with national health data infrastructure, ensuring robust auditability and continuity of care.

Furthermore, the PACT (Pharmacy Accuracy Checking Technician) model, which is already legislated and embedded across the sector, is enabling pharmacists to shift focus from dispensing accuracy checks to delivering more clinical services, expanding and enhancing system capacity, improving workforce satisfaction, and ensuring more effective use of public healthcare funding.

Alignment with the Minister's Five Key Priorities:

Minister's priorities	Pharmacist-led model	Physician Associates regulation model
1. Shorter wait times and better access to primary care	Pharmacists offer same-day care for minor ailments and protocol-based treatment for uncomplicated conditions, with no need for GP oversight.	Physician Associates require GP oversight and cannot prescribe independently with limited utility, especially in rural or remote areas where a prescriber is not already functioning.
2. More care in the community	Pharmacist-led clinics are already operational, with proven scalability, and community pharmacies have demonstrated their capacity and reach through their pivotal role in delivering COVID-19 and other national vaccinations programmes across the motu.	Would require creation of a new infrastructure and significant investment in workforce training and development.
3. Better, faster cancer treatment	Pharmacists already support treatment adherence, manage side effects, monitor drug interaction, and provide accessible care and counselling for patients throughout their treatment journey.	No defined role for Physician Associates has been proposed and any future integration and contribution would require years, if not decades, to establish.
4. Modernising health IT systems	Pharmacists and community pharmacies are already integrated into national digital systems, such as Practice Management Systems (PMS), NZePS, reCare and Early Care, and other software solutions as part of the digital infrastructure and ecosystem, with all records being auditable and supporting safe, coordinate and connected care.	Physician Associates contribution into the digital infrastructure is undefined and the use of standing order and medicines ordered via Practitioner Supply Orders risks clinical data fragmentation and reduced visibility across care settings.
5. Better value for money	Builds on existing infrastructure and a trained, regulated workforce for immediate, scalable impact.	Requires creating an entirely new professional class, new regulation, education pathways, supervision frameworks, and ongoing investment, without clear return on investment.

Recommendations

- Please consider pausing the regulation of the Physician Associate profession under the HPCAA at this time until there is a clearer evidence of system benefit and alignment with current health sector priorities.
- Redirect and prioritise investment toward fully utilising the pharmacist workforce, with a focus on:
 - Expanded the use of standing orders, such as through the Early Care platform,
 - Increasing access to funded pharmacist-led clinical services, and
 - Expanded support for pharmacist prescribing pathways, including further development of the existing pharmacist-prescriber framework.
- Leverage and maximise the use of existing workforce and infrastructure to meet the objectives of the Health Infrastructure Plan 2025, rather than introducing a new and potentially duplicative professional tier.
- Ensure full integration of all medicine supply into the NZePS ecosystem to support medicines safety and continuity of care and reinforce the central role of community pharmacies in maintaining national medicine safety and access.

Our proposal addresses a challenge that may not require a new solution. The challenges of system overload, access gaps, and rural healthcare underservice are real and pressing concerns, however creating a new, dependent workforce is not the most effective answer. The pharmacy sector already has a well-trained, regulated, and digitally integrated workforce that is ready to respond and help. Pharmacists offer a smarter, faster, and fiscally responsible alternative to Physician Associates. With the appropriate support, they can be deployed immediately, safely, and sustainably to meet New Zealand's pressing and long-term primary care needs.

We respectfully urge the Ministry to focus on expanding and enhancing existing solutions that are already proving effective, rather than building a new system from scratch with a new workforce model.

If you have any questions about our feedback or would like further information and/or references to support our concerns, please do not hesitate to contact us.

Kind regards,

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