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The Royal Australasian College of Physicians' submission to Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand

Draft professional standards for Physician Associates (PAs)

Hōngongoi | July 2026

Introduction

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to submit feedback on the Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand's draft professional standards for physician associates (PAs).

The RACP works across more than 40 medical specialties to educate, innovate and advocate for excellence in health and medical care. Working with our senior members, the RACP trains the next generation of specialists, while playing a lead role in developing world best practice models of care. We also draw on the skills of our 32,000 members across Aotearoa New Zealand and Australia, to develop policies that promote a healthier society. By working together, our members advance the interest of our profession, our patients and the broader community.

Title

The RACP would like to highlight our disappointment with the Minister of Health's decision to retain the title of Physician Associate (PA) and the risk that this is is likely to mislead the public by use of this title. As outlined in our submission to MCNZ on the regulation of Physician Associates, the RACP believes the title should be amended to remove the term "physician" to avoid public and professional confusion, and the term "associate" should not be used. Instead, titles should clearly reflect the training, supportive nature of the role and specify the clinical area of practice. The RACP's preferred term for this profession is Clinical Assistant (with the speciality of the role in parentheses, e.g. Clinical Assistant – Gastroenterology, Clinical Assistant – Internal Medicine, Clinical Assistant – General Practice).

The RACP's position and response to the draft Professional Standards for Physician Associates

The RACP's position on PAs prioritises patient safety, patient outcomes, and the integrity of medical training. While the RACP does not see PAs as addressing any gaps or unmet needs in the Aotearoa New Zealand healthcare system, we recognise that regulation will proceed and the Medical Council of New Zealand's (MCNZ) responsibility as their regulator.

Our submission emphasises the importance of patient safety and the need for robust standards that are responsive to the unique context of Aotearoa New Zealand's health system. To support this objective, the RACP has provided a number of recommendations to strengthen the proposed standards, as outlined below.

Introduction section

The Introduction section of the draft professional standards is currently lengthy and includes a significant amount of general information about PAs and expectations regarding safe and professional practice. As a result, there is a risk that readers may not progress beyond the introductory section and therefore miss important information outlining the specific responsibilities, obligations, and limitations associated with the PA role.

Given the importance of ensuring that this professional group clearly understands the boundaries of its practice and the conditions under which its members may operate, the Introduction could more explicitly state that:

1. It serves as an overview of the professional standards that are described in detail throughout the remainder of the document; and
2. Failure to practise in accordance with the expectations and requirements set out in the professional standards may have legal and professional consequences for both the practitioner and those responsible for their supervision.

Strengthening these messages at the outset would help emphasise the significance of the standards and encourage readers to engage with the document in its entirety.

Patient care

At least initially, all PAs practising in Aotearoa New Zealand will be internationally trained. The standards should place strong emphasis on their ability to build trusting and effective relationships with patients, whānau, and communities in the Aotearoa New Zealand context. This requires more than clinical competence alone. PAs must demonstrate an understanding of cultural safety, cultural diversity, and the social, cultural, and historical contexts in which healthcare is delivered in Aotearoa New Zealand. They should be expected to work effectively, respectfully, and responsively with patients, whānau, and communities from a wide range of cultural backgrounds.

Good Medical Practice[1] provides comprehensive and well-established guidance in this area. The RACP considers that the principles set out in paragraphs 14-28, together with the accompanying supplementary guidance, are directly relevant to PA practice and should be reflected in the standards. Aligning the PA standards with this guidance would help ensure that PAs meet established expectations of culturally safe, patient-centred practice in Aotearoa New Zealand.

Cultural safety is a core expectation of healthcare practice in Aotearoa New Zealand. It requires healthcare practitioners and organisations to recognise and address bias, power imbalances, and systemic inequities, ensuring that care is defined by patients, whānau, families, and communities. The RACP considers that this expectation is not sufficiently reflected in the proposed standards. The standards should be strengthened to explicitly incorporate cultural safety obligations and require PAs to demonstrate culturally safe practice across all aspects of care. This would better align the standards with the expectations placed on other regulated health practitioners and support more equitable health outcomes.

In our submission to MCNZ on the regulation of PAs, the RACP emphasised that implementation should be supported by robust cultural safety standards, education, accountability mechanisms, and regular auditing, particularly given the current absence of domestic PA training programmes in Aotearoa New Zealand[2].

The proposed standards also lack clarity regarding how cultural safety expectations will be applied in practice. For example, it is unclear who will be responsible for assessing a PA's cultural safety competence, how cultural safety will be evaluated consistently across

[1] Te Kaunihera Rata | Medical Council of New Zealand. Good Medical Practice. [Internet]. MCNZ: Wellington; 2021. Available from: Good Medical Practice 3-11-21 Accessed on 15 July 2026
[2] Royal Australasian College of Physicians. Submission to Te Kaunihera Rata | Medical Council of New Zealand on the regulation of physician associates/assistants. [Internet]. RACP: Wellington; 2026. Available from: racp-submission-to-mcnz-on-regulation-of-pas Accessed 16 July 2026

practitioners with diverse international training backgrounds, and what mechanisms will be used to ensure ongoing accountability. A clearer framework is needed to define cultural safety expectations, establish consistent assessment requirements, and specify the processes through which cultural safety competence will be monitored and maintained.

Safe practice

Overall, Standard 2a is clear; however, in practice there have been instances where workload pressures have led some PAs overseas to practise beyond the scope of their credentialling. The wording should be strengthened by making it explicit that practitioners are expected to work only within the scope of their approved credentials, except in rare and exceptional emergency situations. The MCNZ could consider linking the standard to a clear statement that where a practitioner knowingly practises beyond their credentialled scope, any resulting complications may fall outside the support and protections ordinarily provided by the organisation or credentialling framework.

Standard 2a requires that a PA must "recognise when to seek assistance and input of a doctor, and when to refer to another health practitioner". The RACP recommends strengthening this wording, as awareness of the need to seek assistance does not necessarily translate into appropriate action. The standard should place a clearer obligation on PAs not only to recognise when assistance, supervision, or referral is required, but also to actively seek it in a timely manner. This would better support patient safety and reinforce professional accountability.

Patient safety is paramount. The RACP welcomes the emphasis on supervision that is present in the PA scopes of practice[3]. Our view is that these provide robust supervisory mechanisms that will help to ensure patient safety. However, the standards themselves do not currently reflect these expectations.

Standard 2b requires that a PA must "always comply with your supervision requirements". The RACP considers that this standard should be explicitly linked to the requirement that PAs practise under the employer-approved supervision of a doctor registered in a vocational scope of practice relevant to the practice setting and the PA's role. It should also clearly reference the associated requirements relating to credentialing, Medical Council supervision requirements, and the supervision agreement.

Situations may arise where there is a risk of patient harm because a supervising doctor has not met their supervisory responsibilities, or because a PA has practised outside their scope or requirements of their supervision arrangement. The standards should clearly define accountability in these circumstances and set out the respective responsibilities of both the supervising doctor and the PA. This should include clear guidance on the actions a PA is required to take if the supervisory relationship breaks down, if appropriate supervision is unavailable, or if the PA has concerns that the supervision being provided is inadequate, unsafe, or inconsistent with the standards. Clear expectations in these situations are essential to support patient safety and professional accountability.

Collaboration

[3] Te Kaunihera Rata | Medical Council of New Zealand. Scopes of practice for physician associates. [Internet]. MCNZ; 2026. Available from: Scopes of practice for physician associates | Medical Council Accessed 16 July 2026

The PA profession is relatively new in Aotearoa New Zealand. Given this, we consider it essential that the standards place a strong emphasis on effective communication with colleagues, as well as the safe handover and transfer of patient care.

Good medical practice provides clear and comprehensive guidance for doctors on these matters in paragraphs 39 to 52, and in the supplementary guidance on *Transferring patients, Referring patients,* and *Planning for transfer of care.* These requirements are fundamental to ensuring continuity of care, patient safety, and professional accountability.

The RACP recommends that equivalent requirements be included in the standards of PAs, so that expectations regarding communication, referrals, and the transfer of care are consistent across the clinical workforce.

Next steps

The RACP thanks Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand for the opportunity to provide feedback on this consultation. We would welcome further conversation about this important work.

To discuss this submission further, please contact Tanya Allen at the RACP's Aotearoa NZ Policy and Advocacy Unit at policy@racp.org.nz.