Te Kaunihera Rata o Aotearoa
Medical Council of New Zealand

Consultation on regulation of physician associates/assistants (PAs)
2 December 2025 to 16 February 2026

Introduction

In April 2025, the Minister of Health announced that PAs would be regulated in Aotearoa New Zealand, and that Te Kaunihera Rata o Aotearoa | the Medical Council of New Zealand (the Council) would be the regulator of PAs.

This consultation will help the Council make important decisions on how PAs are regulated in Aotearoa New Zealand. In doing so, Council's main focus will be on patient safety. Council's role is to protect the public and set standards for safe practice, and PAs will be expected to meet these standards, so patients can have confidence in the care they receive.

Your input to ensure these standards reflect the unique context of Aotearoa New Zealand would be valued.

A note about the titles 'physician associate' and 'physician assistant'

The titles 'physician associate' and 'physician assistant' are both used internationally to describe the same profession. To avoid confusion, we will use the acronym 'PA' throughout this document.

The Council is consulting on an appropriate title for PA scopes of practice in Aotearoa New Zealand – set out in section five of this consultation document. The title that is ultimately decided on will be applied to the regulatory framework, after consultation and Council's consideration of the feedback.

Regulation of health practitioners in New Zealand

The Health Practitioners Competence Assurance Act 2003 (the Act) provides the framework for the regulation of health practitioners practising in Aotearoa New Zealand. The purpose of regulation under the Act is to protect the health and safety of the public by ensuring health practitioners are competent and fit to practise. It means setting standards and requirements that practitioners must meet to become registered and to practise in Aotearoa New Zealand.

The Council expects to be able to accept the first applications for PA registration in late 2026.

What is a PA?

PAs are trained and qualified health professionals who always work under the supervision of a medical doctor to provide healthcare to patients. While PAs work closely with doctors and nurses, they are a distinct profession with their own scope of practice.

There is currently no tertiary training programme in Aotearoa New Zealand for PAs, so all the PAs initially working here will have been trained overseas.

Internationally, the most common training model is a two-year Master's degree, with a pre-requisite of a four-year undergraduate degree which is usually (but not always) in a health or biomedical field.

There is also a new model of training emerging in the UK – a four-year Master's qualification which merges two years of undergraduate health and biomedical papers with the two years of existing Master's level training as a PA.

PAs work in a range of countries and healthcare settings. Around 50 PAs are currently practising in Aotearoa New Zealand, with most PAs working in general practice, and in acute/emergency care. While the profession is still emerging here, it is well established internationally. It began in the US in the mid-1960s,in

response to a growing need for healthcare providers. Regulation of the profession commenced in the US in the 1970s. The profession is also regulated in Canada and in the UK (since December 2024).

What does this consultation cover?

This consultation asks for your views on our proposals for five key aspects of the regulatory framework.

Section 1: What PAs can do – Scopes of practice

Section 2: Qualifications PAs need for registration and to change scope of practice – Prescribed qualifications, registration pathways, and changing scope of practice

Section 3: How PAs will be supervised – The supervision framework

Section 4: Cultural safety – Ensuring PAs practise in a culturally safe way

Section 5: Deciding the right name for PAs – The title for PA scopes of practice in Aotearoa New Zealand.

Other work related to PAs outside this consultation

Council is also working on:

- recertification (continuing 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.

Development of the proposals in this consultation

We have reviewed and carefully considered a wide range of information about the PA profession and its practice and regulation from around the world. We have also connected with PA regulators in other countries and jurisdictions to inform us, and sought expert advice on PA practice from independent PA advisers in the US and UK.

Stakeholders we engaged with included senior doctors, consumer representatives, Māori representatives and PAs. This wide range of perspectives has helped us to develop a regulatory framework that:

- draws on international best practice
- meets the needs of the public of Aotearoa New Zealand in providing safe health care
- fits within, and supports, the unique healthcare sector in Aotearoa New Zealand.

Section 1: Scopes of practice

Overview

Initially, two 'scopes of practice' are proposed (with the potential for the future development of extended scopes of practice covering specific areas of practice).

The two proposed scopes of practice are:

1. Provisional PA scope of practice – all PAs will be registered in this scope and work under Council approved supervision for a minimum period of time to demonstrate competence.
2. General PA scope of practice – once a PA has met all requirements of the provisional scope, they can apply for a General PA scope of practice.

The proposed requirements that a PA registered in the Provisional PA scope of practice must satisfy to progress to the General PA scope of practice are set out in Section 2: Requirements for Registration/Change of scope of practice.

The proposed scopes of practice do not include reference to prescribing. Prescribing rights are set out in the Medicines Act 1981 and are not defined in scopes of practice. PAs will, however, be able to administer medicines at the direction of doctors.

Proposed scopes of practice

The two proposed scopes of practice are set out in the grey box below.

Provisional PA scope of practice

A PA registered in the Provisional PA scope of practice may:

1. Offer health assessments, take detailed patient histories, perform physical examinations, and order relevant diagnostic tests.
2. Under supervision, contribute to diagnosis and the development and implementation of appropriate treatment and management plans.
3. Offer health promotion and disease prevention advice.
4. Undertake relevant non-patient contact activities.

Permitted minor surgical procedures

In low--risk clinical situations, and within credentialled parameters and any relevant clinical guidelines, a PA registered in the Provisional PA scope of practice may perform the following minor surgical procedures:

- suturing
- excision of skin lesions and cutaneous cysts
- punch biopsies.

Core requirements

a) A PA registered in the Provisional PA scope of practice must:

- Work in a Council-approved position under Council-approved supervision with a Council-approved supervision plan.
- Be credentialled by their employer to define their specific clinical responsibilities within the provisional PA scope of practice and within each service environment in which they work, taking into account their qualifications, training and experience, and the resources and support available in that service.

- Practise only in a setting where onsite supervision is available *[see section 3 of this paper for the proposed supervision framework].*

b) A PA registered in the Provisional PA scope of practice must:

- Work in collaboration with patients, their whānau, communities, and the multi-disciplinary healthcare team to deliver equitable person/whānau-centred healthcare.
- Practise in a culturally-safe way – promoting equity, inclusion, diversity, and rights of Māori as tangata whenua, Pacific Peoples and all population groups to support the provision of quality services that are culturally safe, equitable and responsive.
- Recognise when to seek the assistance and input of a vocationally registered doctor.

c) A PA registered in the Provisional PA scope of practice must ensure that their practice is:

- Consistent with their qualifications, training, and experience, individual competence, Council standards, and legislative requirements.
- Within the terms of the supervision requirements set by Council, their supervision agreement with their supervising doctor, and their employer-credentialled defined clinical responsibilities in each specific service environment.

Time limitation

Registration in the Provisional PA scope of practice is time-limited to a maximum of 36 months from the date of registration in that scope of practice. If the registrant has not completed the requirements of the provisional scope of practice and successfully obtained registration in the General PA scope of practice within this time, their registration in the Provisional PA scope of practice will expire.

General PA scope of practice

A PA registered in the General PA scope of practice may:

1. Offer health assessments, take detailed patient histories, perform physical examinations, and order relevant diagnostic tests.
2. Under supervision, contribute to diagnosis and the development and implementation of appropriate treatment and management plans.
3. Offer health promotion and disease prevention advice.
4. Undertake relevant non-patient contact activities
5. Use their expertise in areas and roles such as leadership, management, education, policy and research.

In low--risk clinical situations, and in line with credentialled parameters and any relevant clinical guidelines, the PA registered in the General PA scope of practice may perform the following minor surgical procedures:

- suturing
- excision of skin lesions and cutaneous cysts
- punch biopsies.

Core requirements

a) A PA registered in the General PA scope of practice must:

- Work under 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.
- Be credentialled by their employer to identify the specific clinical responsibilities they may perform within the General PA scope of practice and within each service environment in which they work, taking into account their qualifications, training and experience, and the resources and support available in that service.
- Practise only in a setting where onsite supervision is available [*onsite supervision is defined in supervision guidelines under section three of this consultation]*.

b) A PA registered in the General PA scope of practice must:

- Work in collaboration with patients, their whānau, communities, and the multi-disciplinary healthcare team to deliver equitable person/whānau-centred healthcare.
- Practise in a culturally safe way – promoting equity, inclusion, diversity, and rights of Māori as tangata whenua, Pacific Peoples and all population groups to support the provision of quality services that are culturally safe, equitable and responsive.
- Recognise when to seek the assistance and input of a vocationally registered doctor.

c) A PA registered in the General PA scope of practice must ensure that all health care they provide is:

- Consistent with their education, individual competence, Council standards, and legislative requirements.
- Within the terms of the supervision requirements set by Council, their supervision agreement with their employer and supervising doctor, and their employer-credentialled clinical responsibilities.

Section 2: Qualifications for registration and to change scope of practice

Overview

To be eligible for registration under the Act an applicant must satisfy three elements. They must satisfy Council that they are 'fit for registration' and that they are 'competent to practise in the relevant scope of practice'. Importantly, they must also hold the required qualifications (known as the 'prescribed qualifications') for registration. This section deals with the qualifications for registration that Council proposes to prescribe for the PA scopes of practice.

Under the Act, Council has a broad ability to decide what constitutes a 'prescribed qualification'. It may comprise a degree or a diploma but may also include other elements – such as a pass in an examination or assessment specified by Council, registration with an overseas authority recognised by the Council, and/or experience in providing a specified health service.

Currently, there is no training programme for PAs in Aotearoa New Zealand. When considering registration from PAs who have completed training overseas, Council will consider a PA's training, qualifications and experience (as outlined in the draft prescribed qualifications).

Provisional PA scope of practice

All PAs will initially need to register in the Provisional PA scope of practice. They will be required to hold a combination of qualifications, training and experience outlined in one of the registration pathways in the grey box below.

General PA scope of practice

To be eligible for registration in the General PA scope of practice, the PA must complete a minimum period of satisfactory supervised practice in the Provisional PA scope of practice. They must also hold a current advanced cardiac life support (ACLS) certificate (or an alternative certificate approved by Council), and satisfy additional prescribed requirements, which will vary depending on how they initially satisfied the requirements for registration in the provisional scope of practice, as laid out below.[1]

Proposed prescribed qualifications

The proposed requirements – the 'prescribed qualifications' – for registration are shown below:

Proposed prescribed qualifications for registration in the Provisional PA scope of practice

Registration Pathway 1 (United Kingdom trained)
The applicant must:

- Hold a qualification approved by the General Medical Council for registration as a physician associate/assistant and have successfully completed the Physician Associate Registration Assessment (PARA) or the Physician Associate National Examination (PANE).
- Hold current full registration as a physician associate/assistant with the General Medical Council and/or with a state regulatory/licensing authority for physician assistants in the United States of America.
- Have practised clinically for at least 36 months (working at 0.5 FTE or more) during the 5 years immediately prior to application. This work must have been undertaken in the United Kingdom

[1] The ACLS requirement is consistent with what is required for doctors moving from provisional general registration to general registration.

and/or United States of America, in the same or similar area of clinical practice to the proposed position in New Zealand.

- Provide evidence of satisfactory completion of a Council-approved knowledge-based programme in cultural safety for health practice in New Zealand within 12 months prior to applying for registration.

Registration Pathway 2 (United States trained)

The applicant must:

- Hold a qualification accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) for state licensure as a physician associate/assistant in the United States of America and have successfully completed the Physician Assistants National Certification Examination (PANCE) administered by the National Commission on Certification of Physician Assistants (NCCPA); and maintained current certification with the NCCPA.

- Hold current full licensure as a physician associate/assistant with a state regulatory/licensing authority in the United States of America and/or with the General Medical Council in the United Kingdom.

- Have practised clinically for at least 36 months (working at 0.5 FTE or more) during the 5 years immediately prior to application. This work must have been undertaken in the United Kingdom and/or United States of America, in the same or similar area of clinical practice to the proposed position in New Zealand.

- Provide evidence of satisfactory completion of a Council-approved knowledge-based programme in cultural safety for health practice in New Zealand within 12 months prior to applying for registration.

Registration Pathway 3 (interim New Zealand experiential)

This option is a time-limited transitional pathway and will expire 12 months from the date of commencement.

The applicant must:

- Hold either:
  - a qualification approved by the General Medical Council for registration as a physician associate/assistant and have successfully completed the Physician Associate Registration Assessment (PARA) or the Physician Associate National Examination (PANE); and hold current full registration as a physician associate/assistant with the General Medical Council; or

  - a qualification accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) for state licensure as a physician associate/assistant in the United States of America and have successfully completed the Physician Assistants National Certification Examination (PANCE) administered by the National Commission on Certification of Physician Assistants (NCCPA); and maintained current certification with the NCCPA.

- Have practised clinically for at least 36 months (working at 0.5 FTE or more) during the last 5 years in New Zealand, the United Kingdom, and/or the United States of America, including at least 24 months' practice in New Zealand immediately prior to application. This work must have been undertaken in the same or similar area of clinical practice to the proposed position in New Zealand.

- Provide evidence of satisfactory completion of a Council-approved knowledge-based programme in cultural safety for health practice in New Zealand within 12 months prior to applying for registration.

Proposed prescribed qualifications for registration in the General PA scope of practice

Pathway 1 (United Kingdom trained)

The applicant must be registered in the Provisional PA scope of practice and satisfy the following requirements:

- complete 12 months (full-time equivalent) working within the Provisional PA scope of practice
- receive satisfactory supervision reports for the 9 months of practice completed immediately prior to applying for registration within the General PA scope of practice
- hold current advanced cardiac life support (ACLS) certification less than 12 months old at the standard of New Zealand Resuscitation Council CORE Advanced for PAs working in hospital-based practice; or CORE Immediate for PAs working in general practice (or an alternative certificate approved by Council)
- been recommended for registration within the General PA scope of practice by their supervisor, who has been the PA's supervisor for at least 3 months immediately prior to the application.

Pathway 2 (United States trained)

The applicant must be registered in the Provisional PA scope of practice and satisfy the following requirements:

- complete 12 months (full-time equivalent) working within the Provisional PA scope of practice
- receive satisfactory supervision reports for the 9 months of practice completed immediately prior to applying for registration within the General PA scope of practice
- hold current advanced cardiac life support (ACLS) certification less than 12 months old at the standard of New Zealand Resuscitation Council CORE Advanced for PAs working in hospital-based practice; or CORE Immediate for PAs working in general practice (or an alternative certificate approved by Council)
- been recommended for registration within the General PA scope of practice by their supervisor, who has been the PA's supervisor for at least 3 months immediately prior to the application.

Pathway 3 (Interim New Zealand experiential pathway)

The applicant must be registered in the Provisional PA scope of practice and satisfy the following requirements:

- complete 6 months (full-time equivalent) working within the Provisional PA scope of practice
- receive satisfactory supervision reports for the 6 months of practice completed immediately prior to applying for registration within the General PA scope of practice
- hold current advanced cardiac life support (ACLS) certification less than 12 months old at the standard of New Zealand Resuscitation Council CORE Advanced for PAs working in hospital-based practice; or CORE Immediate for PAs working in general practice (or an alternative certificate approved by Council)
- been recommended for registration within the General PA scope of practice by their supervisor, who has been the PA's supervisor for at least 3 months immediately prior to the application.

Section 3: Supervision of PAs

Overview

PAs are trained to practise under the supervision of a doctor. This means a supervising registered doctor must always be available for the PA to seek advice and guidance. The Council has developed a draft supervision framework explaining the roles and responsibilities of PAs, their supervisors and their employers.

We are proposing that supervision requirements will differ between the two scopes of practice.

Provisional PA scope of practice

Council proposes to have greater oversight of PAs registered in the Provisional PA scope of practice. The supervisor, the supervision plan, and the place(s) of work will need to be approved by Council for the provisional period of registration.

As part of the registration application, the employer will need to provide a job offer, an identified supervisor and a proposed supervision plan for the PA (signed by the PA and the supervisor), to Council for approval. The employer will also have responsibilities for ensuring that the PA is supervised, and is provided orientation and induction to working in Aotearoa New Zealand and at that particular workplace. Council will require regular quarterly reports from the supervisor.

General PA scope of practice

Once the requirements of the provisional period have been completed, the PA will become eligible to apply for registration in the General PA scope of practice. When registered in the General PA scope of practice, they will continue to be required to work under supervision, however Council will no longer approve the supervisor or practice location. Instead, their employer will be responsible for ensuring ongoing supervision requirements are met.

Satisfying supervision requirements

Decisions on whether a PA can be employed in a particular role must take into account the ability of each party (i.e. the employer, the supervisor and the PA) to satisfy the requirements in the supervision framework.

Supervision framework for PAs
Preamble
PAs must always practise under the supervision of a vocationally registered doctor. This means that they must not be rostered to practise solo in any healthcare setting. Onsite supervision must always be available (as described in this framework). This framework sets out the Council's supervision requirements for all PAs registered in the: • Provisional PA scope of practice • General PA scope of practice. Supervision arrangements will differ depending on the scope of practice the PA is registered in. They are described in separate sections below.

Regardless of the supervision arrangements in place, overall clinical responsibility for any PA employed or contracted to work, will sit with ***the employer or contracting organisation.*** Depending on the setting, one of the following will hold clinical responsibility for the PA:

- Chief Medical Officer;
- Clinical Director (PHO); or
- Clinical Lead (general practice or urgent care).

Supervision capacity

The Council has not set a limit on the number of PAs an individual doctor may supervise. However, for a PA registered in the Provisional PA scope of practice, the primary supervisor, supervision plan and place of work for each PA must be approved by the Council, and Council will consider the proposed supervisor's clinical responsibilities and existing supervision load.

The employer has a responsibility to ensure a proposed primary supervisor has capacity and capability to meet their supervision obligations for each PA that they supervise.

The proposed supervisor should only accept the supervisory role if they have capability and capacity to meet their obligations under this framework.

Supervision of PAs registered in the *Provisional PA* scope of practice

Purpose

Effective and efficient supervision is a crucial part of the regulatory framework for PAs registered in the Provisional PA scope of practice as they commence regulated practice in New Zealand.

During this initial period, the PA will be adjusting to a new practice environment and health system. They will also be developing working relationships with their supervisor(s), multidisciplinary team and other colleagues.

Any application for registration in the Provisional PA scope of practice must include a job offer, proposed primary supervisor, and proposed supervision plan from the employer. These will be considered by Council as part of the application and will only be approved if they meet requirements.

Period of supervision

Registration pathways 1 and 2

- 12 months of satisfactory supervised practice.

Registration pathway 3 (New Zealand experiential)

- 6 months of satisfactory supervised practice.

Primary supervisor specifications

A PA registered in the Provisional PA scope of practice must have a ***Council-approved primary supervisor*** who is vocationally registered in a scope of practice relevant to the PA's area of practice.

The Council-approved primary supervisor and place of work will be recorded as an endorsement on the practising certificate of the PA.

The primary supervisor for a PA registered in the Provisional PA scope of practice must provide ***onsite supervision*** to the PA. They may delegate onsite supervision to one or more vocationally registered doctors if this is required to ensure that appropriate access to supervision and collegial support is always available to the PA when they are practising.

Onsite supervision requires that the primary supervisor (or any doctor that they delegate onsite supervision responsibilities to, within this framework) is available on a day-to-day basis to provide medical input, guidance, and advice to the PA. To achieve this, they must:

- work in the same facility as the PA
- be readily contactable on a day-to-day basis
- be available to attend the facility promptly, if required.

The Council-approved primary supervisor retains overall supervision responsibilities as set out below.

If the primary supervisor is also a sole employer, a vocationally registered ***secondary offsite supervisor*** is also required. Their role is to ensure a PA registered in the Provisional PA scope of practice has appropriate support if the primary supervisor is unavailable, or if there is a relationship breakdown with the primary supervisor, and to mitigate potential conflicts of interest.

Accountability and responsibility

The employer (via the Chief Medical Officer, Clinical Director (PHO), or Clinical Lead (general practice or urgent care) is responsible for:

- Nominating a primary supervisor for approval by the Council.
- Providing a job offer and proposed supervision plan to Council, as part of the application for registration, for consideration by Council.
- Using the Ministry of Health credentialling framework to credential the PA to define the specific clinical responsibilities that they are assigned (based on their qualifications, training and experience) in each specific service environment in which they practise (within the Provisional PA scope of practice). This includes undertaking a credentialling review at least annually, or when clinical responsibilities change.
- Ensuring the PA and primary supervisor are provided with credentialling reports of the PA, and any other employer guidelines.
- Ensuring that the primary supervisor provides quarterly reporting to Council for any PA registered in the Provisional PA scope of practice.
- Ensuring there is protected time for the primary supervisor and the PA to meet.
- Ensuring a system is in place for the primary supervisor to obtain feedback from any onsite supervisor.

The Council-approved primary supervisor is responsible for:

- Monitoring the performance of, and providing feedback to the PA, within:
  - this framework
  - the PA's employer-credentialled clinical responsibilities, and
  - the PA's Provisional PA scope of practice.
- Supporting the PA to meet the requirements of the supervision plan.
- Ensuring onsite supervision is available to the PA if the primary supervisor is not available.
- If delegating onsite supervision under this framework, ensuring the PA and onsite supervisor are provided with credentialling reports of the PA, and any other employer guidelines.
- Providing clinical input to the employer in relation to initial and annual credentialling review of the defined clinical responsibilities of the PA in each workplace.
- Holding regular, scheduled meetings with the PA and providing constructive feedback (incorporating feedback provided by any other onsite supervisor and the wider clinical team).
- Supporting the ongoing professional development of the PA through encouraging their engagement and participation in:
  - multi-disciplinary team meetings
  - peer review of difficult cases
  - grand rounds (if applicable)
  - journal clubs.

Online training will be provided to Council-approved primary supervisors.

The PA registered in the Provisional PA scope of practice is responsible for:

- engaging in all aspects of the employer-led credentialling process
- promptly raising with their employer and/or primary supervisor any issues relating to the effectiveness, functionality, or logistics of their supervision
- ensuring the ongoing delivery of culturally safe practice
- meeting the requirements of the supervision plan
- follow up to ensure that supervision meetings occurs and supervision reports are furnished.

While registered in the Provisional PA scope of practice, the PA must also meet the expectations of their primary supervisor (or their delegate) and seek their feedback and input both on a day-to-day basis in relation to specific clinical cases, and in terms of their general performance.

Meetings and reporting

Meetings between the primary supervisor and the PA registered in the Provisional PA scope of practice can be in person or conducted virtually. The approximate frequency of meetings should be:

- Day 1 – first meeting.
- End of weeks 1 and 2.
- End of month 1.
- Thereafter, as required. The frequency will reduce as the primary supervisor determines (e.g., as the PA progresses and acclimatises) but noting reports are to be submitted every quarter.

The primary supervisor must report to Council, using the Council report template, every three months, detailing their assessment of the PA's:

- knowledge and skills
- clinical reasoning
- communication with patients
- communication with the team and teamwork
- professional attitudes and behaviours.

Feedback should be sought by the primary supervisor from the wider multidisciplinary team (including any doctors who have provided onsite supervision within this framework) discussed with the PA, and incorporated into the online supervision report. Feedback from consumers and whānau should also be sought for inclusion in supervision reports.

In addition to the three-monthly reporting, the primary supervisor must also report to the employer and to Council immediately, if they consider the PA's practice may pose a risk to patient safety. The employer and primary supervisor must put in place immediate steps to address any patient safety concerns.

If a PA registered in the Provisional PA scope of practice is reported by the supervisor (whether in the quarterly report or otherwise) to be not meeting the required standards or whose practice may pose a risk to patient safety:

- Council staff will liaise with the primary supervisor to ensure there are no immediate patient safety concerns.
- A remediation plan must be implemented by the employer, in liaison with the primary supervisor.

Key learning components (under development by Council Medical Advisers)

Orientation and induction of PAs registered in the Provisional PA scope of practice must include:

- Cultural competency and cultural safety training and hauora Māori education.

- HDC, ACC, privacy laws, clinical documentation, etc.
- Council statements and standards – for example, informed consent, record keeping, treating yourself and those close to you.
- IT training.

Confirmation must be provided as part of the first quarterly report to Council that the PA has completed appropriate orientation and induction.

Supervision of PAs registered in the *General PA* scope of practice

Purpose

Once a PA has met the requirements of the provisional scope of practice, and gained registration in the General PA scope of practice, the need for supervision will remain. However, the way in which supervision is delivered can be more flexible.

The employer of the PA registered in the General PA scope of practice will be responsible for ensuring effective and appropriate supervision is in place for a PA registered in the General PA scope of practice. The primary supervisor and PA are expected to work together to ensure the PA is supervised in accordance with Council's expectations – as set out below.

Period of supervision

Permanent and ongoing.

Primary supervisor specifications

A PA registered in a General PA scope of practice must practise under employer-approved supervision of their clinical practice.

Any ***employer-approved primary supervisor*** must be vocationally registered in a scope of practice relevant to the PA's area of practice.

The primary supervisor of a PA registered in the General PA scope of practice is required to provide onsite supervision noting that in some circumstances if no onsite primary supervisor is available, then the employer must appoint a secondary supervisor to provide the onsite supervision, and to liaise with the PA and the offsite primary supervisor.

Onsite supervision requires that the primary supervisor (or any doctor that they delegate onsite supervision responsibilities to, within this framework) is available on a day-to-day basis to provide medical input, guidance, and advice to the PA. To achieve this, they must:

- work in the same facility as the PA
- be readily contactable on a day-to-day basis
- be available to attend the facility promptly, if required.

The employer must assign responsibilities of onsite supervision for a PA registered in the General PA scope of practice to a suitable senior level general medical registrant (a Medical Officer, or a doctor who has 7 or more years' relevant experience in the area of practice in which the PA is working) to supplement an offsite primary supervisor, if a vocationally registered doctor is not available onsite.

Regardless of whether the primary supervisor is offsite or onsite, they must meet the accountabilities and responsibilities set out below.

Accountability and responsibility

The employer (via the Chief Medical Officer, Clinical Director (PHO), or Clinical Lead (general practice or urgent care) is responsible for:

- Appointing a primary supervisor and ensuring appropriate supervision is in place, in line with the requirements in this framework.
- Ensuring appropriate reporting from the primary supervisor to the employer is in place.
- Ensuring there is protected time for the primary supervisor and PA to meet.
- Using the Ministry of Health credentialling framework to credential the PA to define the specific clinical responsibilities that they are assigned (based on their qualifications, training and experience) in each specific service environment in which they practise (within the General PA scope of practice). This includes undertaking a credentialling review at least annually, or when clinical responsibilities change.
- Ensuring the PA and primary supervisor are provided with credentialling reports of the PA, and any other employer guidelines.
- Ensuring a system is in place for the primary supervisor to obtain feedback from any onsite supervisor.

The employer-approved primary supervisor is responsible for:

- Monitoring the performance of, and providing feedback to the PA, within:
  - this framework
  - the PA's employer-credentialled clinical responsibilities, and
  - the General PA scope of practice.
- Providing clinical input to the employer in relation to initial and annual credentialling of the defined clinical responsibilities of the PA in each workplace.
- Providing supervision in line with this framework, including ensuring that onsite supervision is available.
- Holding regular, scheduled meetings with the PA and providing constructive feedback (including any feedback reported to them from any other doctors who have provided onsite supervision). Meetings between the primary supervisor and the PA can be in person or conducted virtually.
- Supporting the ongoing professional development of the PA through encouraging their engagement and participation in:
  - multi-disciplinary team meetings
  - peer review of difficult cases
  - grand rounds (if applicable)
  - journal clubs.

The PA registered in the General PA scope of practice is responsible for:

- engaging in all aspects of the employer-led credentialling process
- promptly raising with their employer and/or primary supervisor any issues relating to the effectiveness, functionality, or logistics of their supervision
- ensuring the ongoing delivery of culturally safe practice
- practising consistent with any employer guidelines.

The PA registered in the General PA scope of practice must also meet the expectations of the primary supervisor, and seek their feedback and input both on a day-to-day basis in relation to specific clinical cases, and in terms of their general performance.

Meetings and reporting

Meetings between the primary supervisor and the PA can be in person or conducted virtually.

Periodic reporting to Council is not required for PAs registered in the General PA scope of practice. However, documentation of supervision and employer-credentialled activities must be maintained by the employer and may be requested by Council in the event of a notification about the PA to Council.

The PA's employer-approved primary supervisor will be required to confirm each year, when the PA applies for a practising certificate, that the PA is complying with their supervision and employer-credentialled requirements.

Existing Council processes will apply if a PA is reported by the primary supervisor or employer not to be satisfying the required standards or whose practice may pose a risk to patient safety. That is:

- Council staff will liaise with the supervisor to ensure there are no immediate patient safety concerns.
- A remediation plan should be implemented by the employer.

Changing employment or area of practice in the General PA scope of practice

When a PA registered in the General PA scope of practice is newly-employed or changes the area of practice in which they are working, the employer must promptly credential the PA to determine and define their clinical responsibilities in each specific service environment in which they practise.

The employer must also ensure that appropriate induction and orientation is undertaken, and that supervision is in place in line with this framework.

Regular, scheduled meetings should be held between the PA and primary supervisor during the induction period.

Section 4: Cultural safety requirements

Overview

During our engagement with stakeholders to develop the proposed regulatory approach, we received consistent feedback that PAs must practise in a culturally safe way. Cultural competence, and training in cultural safety and hauora Māori are especially important because all PAs initially working here will have trained overseas.

To support this, the Council will set cultural safety expectations at every stage of the PA regulation framework. This includes the following proposed requirements:

- Pre-registration:
  - As part of their application for registration, a PA must provide evidence of satisfactory completion of a Council-approved knowledge-based programme in cultural safety for health practice in Aotearoa New Zealand within 12 months prior to applying for registration.

- Scopes of practice for all PAs:
  - Work in collaboration with patients, their whānau, communities, and the multi-disciplinary healthcare team to deliver equitable person/whānau-centred healthcare.
  - Practise in a culturally-safe way – promoting equity, inclusion, diversity, and rights of Māori as tangata whenua, Pacific Peoples and all population groups to support the provision of quality services that are culturally safe, equitable and responsive.

- Registration in the Provisional PA scope of practice:
  - Orientation and induction must include cultural competency and cultural safety training and hauora Māori education.
  - The supervisor must support the PA's ongoing professional development by encouraging their engagement in relevant professional and team activities.
  - The PA registered in the Provisional PA scope of practice is responsible for ensuring the ongoing delivery of culturally safe practice.

- Registration in the General PA scope of practice:
  - The supervisor must support the PA's ongoing professional development by encouraging their engagement in relevant professional and team activities.
  - The PA registered in the General PA scope of practice is responsible for ensuring the ongoing delivery of culturally safe practice.

- Ongoing practice:
  - The Council will, in due course, develop requirements for the recertification programme that all practising PAs will need to complete to demonstrate they are maintaining their competence. This programme will include specific requirements relating to cultural competence, cultural safety, and hauora Māori.

Section 5: Professional title

Overview

Council needs to decide the most appropriate title for PA scopes of practice in Aotearoa New Zealand. It is important that the title clearly describes what PAs do and is easy for the public to understand. The Council is currently exploring options for this title, and the feedback from this consultation is likely to assist in identifying an appropriate te reo Māori title.

Physician assistant title

Some stakeholders, including consumers, have told the Council that the 'physician associate' title is not ideal for Aotearoa New Zealand as it is confusing and not well understood. These stakeholders prefer the title 'physician assistant.'

The Leng Review in the UK recommended that physician associates should be renamed as 'physician assistants.' It reported that most UK stakeholders, particularly patient groups, expressed concern that the name 'physician associate' is confusing and leads to people mistakenly thinking they are consulting a doctor. This occurred even if the physician associate clearly said, 'I am not a doctor.'

Physician associate title

Advocates for the title 'physician associate prefer this option because they believe it:

- reflects the training and experience PAs have
- reflects the nature of the working relationship they have with doctors.

There are also views that the title 'physician assistant' is not the right title because it:

- diminishes the profession's skill and postgraduate training
- incorrectly suggests that the role 'assists' another role, which can be confusing for patients
- does not reflect the role that the PA plays within the multidisciplinary team.

Use of titles around the world

The table below shows which title is used in regulated jurisdictions around the world. Both 'physician associate' and 'physician assistant' are used internationally, but with some countries adopting other titles.

Country	Current prevailing title
United States	Physician Assistant / Physician Associate (state dependent)[2]
Canada	Physician Assistant
Netherlands	Physician Assistant
Ghana	Physician Assistant
Germany	Physician Assistant
Australia	Physician Assistant
Israel	Physician Assistant
Liberia	Physician Assistant

[2] The American Academy of Physician Associates (AAPA) has been leading advocacy to formally change the title from 'Physician Assistant' to 'Physician Associate' in the US. This will require each state to change its legislation. To date, three states have officially enacted the legislation to change the title. A further five have legislation in process.

United Kingdom	Physician Associate[3]
Republic of Ireland	Physician Associate
India	Physician Associate (prior to 2021, both titles were used)

[3] A decision has not been formally made by the UK government or GMC in relation to the recommendation from the Leng Review to change from 'Physician Associate' to 'Physician Assistant'.

How to have your say

There are two ways you can tell us your thoughts – by online survey or email. Our preference is that you use our online survey, to assist us to collate and analyse the feedback.

Alternatively, you can email your feedback to PAconsultation@mcnz.org.nz

Consultation closes at **midday** on **Monday 16 February 2026**.

Thank you for taking the time to read and consider the issues raised in this consultation. Your input is valued.

Nāku noa, nā

Joan Simeon
Manukura | Chief Executive