

16 February 2026

Medical Council of New Zealand
consultation@mcnz.org.nz

Re: Submission on regulation of physician assistants/associates (PAs)

Kia ora e delegate(s) of the Medical Council of New Zealand

As a healthcare provider that represents more than 140 general practices across New Zealand, we're pleased to have the opportunity to provide feedback on your review on the regulation of PAs.

ProCare is dedicated to supporting excellence in primary care and delivering services that uplift the health and wellbeing of our communities. In Auckland and Northland, the practices we work with support nearly 700,000 people. We are committed to honouring Te Tiriti o Waitangi and advancing population health and equity to improve outcomes for Māori, Pacific Peoples, and others in need.

Our feedback reflects considerations for how PAs would operate if they were regulated within general practice.

Our view of the proposal:

1. Scope of practice

Our preference is that the PA scope of practice sits outside primary care. New roles in general practice need to add value and strengthen our workforce, and we would want to ensure no resource is taken away from training and supporting our current GPs, Nurse Practitioners (NPs), and future medical students.

However, if the PA role was regulated and integrated into primary care, there would need to be a clearly defined, collaborative scope of practice. We acknowledge there are practices employing PAs and reporting improved workflow and team capacity when the role is well integrated and supervised. If implemented, case studies and guidance from MCNZ would help practices understand how PAs fit within the wider primary care workforce.

2. Qualifications and transition pathways

With no New Zealand training programme currently in place, it is critical that overseas qualifications are assessed through robust, transparent processes and MCNZ provides clarity on training oversight, and long-term workforce planning.

3. Supervision

It is our view that PAs will require close supervision in general practice. Providing this supervision relies on the PA seeking sufficient advice and guidance from their supervisor, as any mistakes ultimately become the responsibility of those with higher accountability. A stepped

scope of practice during the initial period is recommended to allow time for PAs to develop the broad knowledge required in a general practice setting. Each step must allow sufficient time for this learning, as training alone is not enough. Further, supervision must be workable for general practice, where GPs and NPs already balance heavy clinical, mentoring, and administrative workloads, and where time to consider complex cases is already under pressure.

4. Cultural competency

We support the cultural competency requirements outlined in the consultation. PAs practising in Aotearoa must demonstrate understanding of Te Tiriti o Waitangi, knowledge of health inequities, particularly for Māori and Pacific Peoples, and familiarity with primary care models, funding, and community context. This is essential for safe and equitable care.

5. Role title and understanding

For the role title, we ask that the findings from the UK Leng Review 2025: *Independent review of the physician associate and anaesthesia associate roles* be considered. We encourage consideration of how job titles are understood by patients and clinical teams, and would want to see clear, sector-wide guidance developed on naming to avoid confusion with existing scopes such as NPs and GPs. Further, it is essential that PAs clearly identify their role when seeing patients, so they are not confused with doctors.

Final comments

We have concerns about the roles being used to fill gaps in our current primary care workforce. Given current pressures in general practice, any changes must deliver clear value and be implementable without increasing strain or cost.

We're pleased that our team has been actively engaging with the Medical Council to explore innovative ways to strengthen the primary care workforce. We look forward to continuing these discussions and identifying how we can leverage ProCare's existing strengths and the opportunities within our environment to co-create effective solutions for primary care workforce growth.

If you would like to talk to us about our submission, please contact Dee Crooks – General Manager of Brand and Communications at dee.crooks@procare.co.nz

Ngā mihi



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