

Physician associates reshaping care in Te Aroha

In a rural Waikato town, four physician associates (PAs) are helping reshape what's possible in general practice, and what it means to serve a community.

Ryan Narusi (they/them) didn't plan to move to Aotearoa New Zealand. But after years of working in busy US cities like Boston and Seattle, they were drawn to something different: space, community, and the chance to practise medicine in a way that felt sustainable.

"I'd seen articles about PAs working in New Zealand, but didn't think too much of it at first," Ryan says. "Then I kept hearing more about the people, the landscapes, the lifestyle. I looked into it and realised: this is where I want to be."

Ryan is a PA in Health Te Aroha – a rural practice in Te Aroha. Trained in the US through a rigorous master's-level programme, they are part of a small but growing workforce now getting long-overdue recognition in Aotearoa.

In April the health minister announced plans to regulate the PA profession in Aotearoa New Zealand under the Health Practitioners Competence Assurance Act.

It's a significant shift. PAs have worked here since 2016, but without formal recognition or standardised oversight.

Pinnacle's clinical director, Dr Jo Scott-Jones, says regulation is an important milestone and a reflection of the role PAs already play in many of the 86 general practices across the Pinnacle network.

"PAs are a highly valued resource, especially for doctors in busy practices. They're becoming more widely recognised as a key part of addressing workforce shortages – particularly in rural and hard-to-reach areas – helping to ensure patients get the care they need sooner, before conditions worsen or become more complex."

For Dr Hayley Scott, a specialist GP and co-owner of Health Ngatea and Health Te Aroha, the change is welcome.

"Regulation isn't a bad thing. It gives structure – guidelines for how PAs work and what supervision looks like," she says. "And it helps reassure the public that the care they're getting is safe."

In her clinics, the value of PAs is clear. At one point, the team had just three GPs for 10,000 patients.

"That's not a safe level," she says. "If we didn't have our PAs, we wouldn't

be able to run our Ngātea clinic."

Physician associates are trained as generalists, like GPs, but they work in a team-based model under the supervision of a doctor.

Most have science degrees and years of medical experience before even entering training.

Ryan, for example, was a medical care assistant before completing a 27-month programme packed with classroom learning and hands-on clinical rotations across primary care, emergency medicine, surgery, paediatrics and more.

That broad experience makes them incredibly versatile in a general practice setting. "No two days are the same," Ryan says.

"In the morning, we check in as a team, and from there it's seeing patients all day – colds, injuries, follow-ups, driver's medicals. I also help with triage and support some of our LGBTQ+ patients."

Each PA in the team brings different strengths. One focuses part of their day on inbox management and paperwork; another is training in ultrasound.

Ryan has a special interest in transgender health. "It's one of the best parts of my job," they say. "Being able to provide affirming, accessible care is huge, especially in rural areas."

And the difference isn't just felt in consultations.

With PAs managing same-day needs and lower-complexity cases, GPs can focus on more serious or chronic issues. That's had a measurable impact.

"We've gone from an eight-week wait for a GP appointment down to about a week or so," Hayley says. New services such as skin clinics are now offered.

Most importantly, patients are still getting safe, high-quality care. "We've built a really solid supervision process," she says.

"It's collaborative. We sit in with them when they start, review cases regularly, and keep an open-door policy. You get to know what they're good at, what their strengths are and how much they know, and you progress them accordingly."

Ryan says that model feels natural. "In the US, we're trained to work closely with doctors; we never practise independently. That's how I've always worked. You develop trust and teamwork."

While some patients are unfamiliar with the PA role, Ryan says they've encountered few concerns in practice.



ABOVE: Dr Brendan Eade (GP), Beeba Uz-zaman (Physician Associate), Dr Hayley Scott (GP), and Ryan Narusi (Physician Associate) at Health Te Aroha.

"Some knew who I was because my clinic has a community Facebook page, and they posted about me before I started. But you can read something online and still forget it. When patients see me, they sometimes ask questions, but fewer than I expected. I introduce myself, and the one thing most people latch onto is that I'm from the US. I've never had a negative response."

Still, the role hasn't escaped public debate. Recent statements from some organisations raised concerns about the introduction of physician associates, citing serious incidents from the UK's experience. But many in the sector say that comparison overlooks key differences.

"The PA training I did in the US was incredibly rigorous," Ryan explains. "It's a master's programme with thousands of hours of clinical experience. We train alongside med students, surgeons, emergency teams, and always in a supervised model."

In fact, regulation is being welcomed

by many PAs and GPs as a chance to clearly define those safeguards.

"This isn't about replacing doctors or nurse practitioners," Hayley says. "It's about working as a team to meet the growing needs of our communities."

There's agreement that public education is needed.

"People here don't always know what a PA is," Ryan says. "But once they understand how we're trained and how we work, they're really receptive."

Looking ahead, Ryan and Hayley hope the PA role can continue to evolve in a way that suits Aotearoa's unique health context – not just borrow models from overseas but shaping something that fits.

"Kiwis don't really know what a PA is," Hayley says. "So this is our opportunity to define it – to say what safe, effective, collaborative care looks like here. And Ryan and the others are already showing us what's possible."

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