Misleading title is hurting patients

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Should you have to ask your doctor if they are really a doctor before seeing them? If things carry on the way they are, you may have to.

Currently there is a small, but growing, number of health workers in New Zealand who, based on a limited overseas qualification, are being employed to seem like they are doctors when they are not. Called 'physician associates', their presence has more to do with spin doctoring than better treatment of patients. Yet, many in New Zealand might be shocked to discover they have been treated by a physician associate when they believed they were seeing a doctor instead.

To be crystal clear, physician associates are not doctors. They are not trained to the level of a doctor. They have not ever graduated from medical school. And in this country, they are not even regulated. So, what are physician associates and why are they appearing in NZ healthcare settings?

The simple answer is New Zealand has not trained enough doctors and we struggle to recruit from overseas and retain our home-grown doctors. Introducing the new role of physician associate is a misguided experiment underpinned by the flawed logic that more unqualified doctors is better than not enough qualified doctors. It misses out on the obvious need for more qualified doctors to address our nation's increasingly complex health needs.

There are serious risks with physician associates practising in New Zealand. These aren't just hypotheticals – we're already seeing examples from the same workforce planning experiment in the UK, including:

- The death of a 30-year-old patient from a pulmonary embolism twice misdiagnosed with "a sprain, long Covid and anxiety" by a physician associate, and who at the time of being treated, was unaware that she was not being seen by a qualified doctor.[1]
- The death of a 34-year-old eight-months pregnant patient whose breast cancer was misdiagnosed as "a blocked milk duct" by a physician associate.[2]
- A 79-year-old patient who suffered a serious brain bleed after being told by a physician associate that his painful headaches were "nothing to worry about".[3]
- Over 70 other instances of "avoidable patient harms and near misses caused by physician associates" reported by doctors.[4]
- Physician associates prescribing controlled medications to patients at NHS hospitals – including opiates and sedatives – on at least 22 occasions despite not having prescribing rights.[5]

- Over 1,000 hospitals scans ordered by physician associates at NHS hospitals, unnecessarily exposing patients to radiation, once again without being authorised to do so.[6]
- Instances of physician associates essentially replacing doctors by filling gaps in medical rosters, despite not being medically qualified.[7]
- Increases in doctors' workloads due to the added responsibility of supervising physician associates.[8]
- A large majority of doctors (87% of those surveyed) expressing concerns for patient safety around the way physician associate worked in the NHS.[9]
- An NHS body in Bradford illegally misrepresenting physician associates as doctors and cancer specialists in posters for their population of 2.4 million people.[10]

But is it any wonder physician associates are making such grave clinical errors, when they do not have anywhere near the same level of education, training, or vocational registration as a doctor? There is a good reason medical training takes as long as it does. Any attempts at diluting this will only result in clinical judgement, patient safety, and quality of care being compromised.

The significant breadth and depth of training, and the resultant clinical experience, that a doctor has over a physician associate also comes with an accompanying accountability. Accountability does not lie solely in regulation – it lies in clinical competence and responsibility for delivering an expected standard of care. Within the medical profession there are robust accountability frameworks (both professional and legislative) and when a doctor makes an error, they are held responsible.

And while the public wouldn't necessarily be aware of these differences in qualification, expertise, and practising scope, what's more harmful is the misleading use of 'physician' in the physician associate title. The British Medical Association (BMA) has already established most patients have never heard of a physician associate and during clinical consultations many had mistakenly believed they were seeing a doctor when they were not.[11]

Although physician isn't a protected term in New Zealand, as it is in the UK, we wouldn't, for example, refer to a paramedic, nurse or a sonographer as a "physician" – the public is clear on what these roles are. The use of the physician associate title then is arguably intentionally deceptive, designed to ease the public into thinking they are seeing a version of a medically trained doctor. Not only does this violate the principle of informed consent, but over time this confusion will lead to a loss of trust and confidence in our health system. Just last month the BMA announced it is taking legal action against the General Medical Council (the regulator) for the "dangerous blurring of lines for patients" between highly skilled medical professionals and assistant roles.[12]

The situation in the UK remains an 'unqualified mess',[13] and should serve as a cautionary tale for us. Already in New Zealand we're seeing similar issues play out around medical errors and patient confusion. Earlier this year Radio New Zealand reported on a patient being misdiagnosed by a physician associate and, upon visiting a qualified doctor, found they could have gone blind.[14]

Calls to have physician associates regulated in NZ (as they were in the UK) as a registered profession miss the point because we're still left with the risks to patient safety outcomes and issues around public confusion. Regulating physician associates can only mean we are doomed to repeat the same mistakes we've seen play out in the UK.

The fact is our healthcare issues stem from a lack of staff not a lack of professions. We have more qualified and more experienced workforces already available to outperform the roles taken

by physician associates – our nurses and many of Allied Scientific and Technical (AST) professions. There is no task a physician associate can do that a doctor, nurse or AST professional cannot.

Instead of regulating physician associates we should be supporting them to retrain as nurses or paramedics or pharmacists or encourage them into medical school training here to bring them up to the standard we expect. This is a clear win-win to bolster our health workforce through existing education pathways and registration, while maintaining faith in our medical professionals.

We cannot save our way out of our health care workforce crisis by bringing in less-experienced and less-qualified staff; allowing patient safety and quality of care to fall by the wayside. We also need our decision-makers and healthcare institutions to better understand and appreciate the complex work that doctors, AST practitioners, and nurses do, and the decades of clinical training and judgement that underpin this, and then invest in them accordingly to be able to do what they do, well. This is the only sustainable path for stewardship of our future health systems.

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References

[1] BBC. (2023). Call for physician associate clarity after misdiagnosis death, 16 July 2023. Retrieved https://www.bbc.com/news/uk-england-manchester-66211103

[2] Ennals, E. (2023). Why did our daughter have to die? Family's anguish after cancer death of mum misdiagnosed by medic with two years' training, Daily Mail, 12 November 2023. Retrieved https://www.dailymail.co.uk/health/article-12739005/Why-did-daughter-die-Familys-anguish-cancer-death-mum-misdiagnosed-medic-two-years-training.html

[3] Pickles, K. & Stearn, E. (2024). 'Cut-price doctors' must NEVER diagnose patients under tough new crackdown sparked by death of actress, 30, whose fatal blood was missed twice, Daily Mail, 7 March 2024. Retrieved https://www.dailymail.co.uk/health/article-13168123/Cut-price-doctors-NEVER-diagnose-patients-tough-new-crackdown-sparked-death-actress-30-fatal-blood-missed-twice.html

[4] UK Parliament, House of Lords. (2024). Anaesthesia Associates and Physician Associates Order 2024, Volume 836, 26 February 2024. Retrieved https://hansard.parliament.uk/Lords/2024-02-26/debates/4ED09D68-187C-4325-B4F3-E9F23712FD0C/AnaesthesiaAssociatesAndPhysicianAssociatesOrder2024

[5] The Telegraph. (2024). Physician associates 'illegally' prescribe opiates to hospital patients, 22 February 2024. Retrieved https://www.telegraph.co.uk/news/2024/02/22/it-blunder-physician-associates-illegally-prescribe-opiates/

[6] Price, O. (2024). 'Cut-price' physician associates illegally ordered more than 1,000 NHS hospital tests including X-rays and CT scans despite not having any formal medical training - as doctors slam 'direct threat to patient safety', Daily Mail, 3 February 2024. Retrieved https://www.dailymail.co.uk/news/article-13038173/Cut-price-physician-associates-illegally-ordered-1-000-NHS-hospital-tests-including-X-rays-CT-scans-despite-not-having-formal-medical-training-doctors-slam-direct-threat-patient-safety.html

[7] BMA. (2024). BMA calls for independent investigation into hospital trusts replacing doctors with physician associates on medical rotas, 15 March 2024. Retrieved https://www.bma.org.uk/bma-media-centre/bma-calls-for-independent-investigation-into-hospital-trusts-replacing-doctors-with-physician-associates-on-medical-rotas

[8] BMA. (2024). BMA calls for independent investigation into hospital trusts replacing doctors with physician associates on medical rotas, 15 March 2024. Retrieved https://www.bma.org.uk/bma-media-centre/bma-calls-for-independent-investigation-into-hospital-trusts-replacing-doctors-with-physician-associates-on-medical-rotas

[9] BMA. (2024). BMA survey finds working with PAs is increasing doctors' workloads, 2 February 2024. Retrieved https://www.bma.org.uk/bma-media-centre/bma-survey-finds-working-with-pas-is-increasing-doctors-workloads

[10] Clarke, R. (2024). What if your 'physician' wasn't actually a doctor at all? Beware this new reckless experiment, The Guardian, 20 June 2024. Retrieved https://www.theguardian.com/commentisfree/article/2024/jun/20/physician-doctor-reckless-experiment-nhs-associates?CMP=share_btn_url

[11] Campbell, D. (2023). Public confused over physician associates working in NHS, research finds, The Guardian, 13 December 2023. Retrieved https://www.theguardian.com/society/2023/dec/13/public-confused-over-physician-associates-working-in-nhs-research-finds

[12] BMA. (2024). BMA launches legal action against GMC over dangerous blurring of lines between doctors and physician associates, 24 June 2024. Retrieved https://www.bma.org.uk/bma-media-centre/bma-launches-legal-action-against-gmc-over-dangerous-blurring-of-lines-between-doctors-and-physician-associates

[13] Kar, P. (2023). Partha Kar: Sorting out the mess around medical associate professionals. *BMJ,* 383. https://doi.org/10.1136/bmj.p2689

[14] Hill, R. (2024). 'He could have gone blind': Concerns unregulated physician associates may put patients at risk, RNZ, 18 January 2024. Retrieved https://www.rnz.co.nz/news/national/506989/he-could-have-gone-blind-concerns-unregulated-physician-associates-may-put-patients-at-risk