



## RESOURCES FOR PRACTISING MEDICINE IN NEW ZEALAND

### NZ Healthcare System Basics

New Zealand has a publicly funded, universal healthcare system, which means that most healthcare services are paid for through taxes and are either free or heavily subsidized for all New Zealand citizens, permanent residents, and work visa holders for greater than two years. GP appointments are subsidized, but you usually need to pay a small co-pay (~\$20–\$50). Most provider visits, medications, and dental visits are free for children under 14 years of age. Emergency care is free. ACC covers injuries for everyone in NZ (residents, visitors, tourists), whether it's a car crash, workplace accident, or sports injury. Subsidized medications generally cost only \$5 for 3 months and include a large range of prescriptions.

### What are PAs Currently Allowed to do in NZ?

PAs are currently allowed to take histories, perform physical exams, order labs and images (under the supervising physician's name), interpret labs and images, perform clinical procedures, provide orders to nursing and other support staff, write referrals, and any other duties agreed upon with their supervising doctor. A scope of practice plan can be created between the supervising doctor and each PA. While you do not currently need this document for regulation purposes in NZ, it is a vital part of creating the Doctor-PA Practice.

PAs can be covered under liability insurance with Medicus or MPS.

### What are PAs Currently *NOT* Allowed to do in NZ?

PAs are not allowed to prescribe medications, sign WINZ forms, or sign ACC documents.

PA's cannot submit or sign any medical form or order without an HPI number, which we will not have until we are formally registered. All orders/forms/prescriptions, etc have to be under your Supervising Physician's name, using their HPI number.

PA's cannot perform and procedures inside the lips or mouth as per the Health Practitioners Competence Assurance act (see [here](#) for other restrictions).

### Helpful info/websites for practicing in NZ:

1. <https://www.acc.co.nz/for-providers/lodging-claims/>: Providers information and necessary forms you'll complete for patients presenting with an accident claim. \*

2. <https://www.workandincome.govt.nz/providers/>: WINZ is a benefit for people who are unable to work short/long-term or people with disabilities. Patients have to see the provider and renew the form at set times; initially every 3 months, then yearly/biannually.
3. <https://bpac.org.nz/2017/abguide.aspx> This is the recommended antibiotic sensitivities and uses in NZ. We still have low levels of resistance in NZ because we adhere to this.
4. <https://bpac.org.nz/> This is where the primary care guidelines in NZ are published. Please read around key areas for how we practice, especially with regards to Māori health and Pacifica health. Certain conditions, such as sore throats/rheumatic fever, have different standards of treatment compared to other countries.
5. <http://nzformulary.org/> Comprehensive resource providing information on whether a medication is subsidized/funded, the preparations available, and drug interactions.
6. <https://www.starship.org.nz/health-professionals/> This has comprehensive guidelines with regards to paediatrics.
7. <https://rnzcgp.org.nz/> This is the Royal College of General Practice website. They are responsible for accreditation, education and advocacy within the specialty.
8. <https://www.mcnz.org.nz/> This is the registering body for physicians, and now physician associates, in NZ.
9. <https://www.mcnz.org.nz/about-us/publications/good-medical-practice/> This is the guidance for what is considered good practice of a healthcare professional in NZ.
10. <https://www.nzshs.org/guidelines> For guidelines on sexual health.
11. <https://www.pharmac.govt.nz/> The governing body responsible for looking at the evidence and financial viability of medication use in NZ.
12. <https://www.nzrc.org.nz/> The body responsible for accreditation of resuscitation in NZ
13. <https://www.orangatamariki.govt.nz> Our social services organisation
14. <http://www.medicus.co.nz/> The insurance body who has agreed to provide indemnity for most PAs in NZ.

\*Used daily in practice; recommend to bookmark.

## Prescriptions

As above, PAs cannot send prescriptions in New Zealand at this time. In practice a PA should never press the send button as this could be viewed under the HPCA Act as impersonating another provider.

All regular repeat prescriptions can be sent electronically. Ensure the prescription is under the supervising GP's name, select the pharmacy, and then "park" the script for the GP to action later.

Physically printed prescriptions will need to have a wet signature by the GP, even though it has a barcode.

This will delay the processing of scripts, and you should not promise that the script will be ready promptly. Remind the patient that there will be some time for the prescription to be processed. If urgent, try to get a signature from the doctor right away.

Medications/vaccines administered in the clinic you must have a standing order in place to administer medications in the clinic and when having nurses do vaccines. Examples: Metoclopramide, Voltaren IM, Sumatriptan, IV fluids, vaccines of all types, etc.

Weekend shifts (if applicable): Ideally PAs will only work alongside a GP that can send/sign scripts. If the PA is alone or with another mid-level provider, then the supervising GP should be working

remotely from home sending parked scripts. PAs should only be parking scripts for the GP who they have a written supervising agreement with. Do not park prescriptions to nurse practitioners.

### **Electronic Forms**

WINZ disability medical certificate: Make sure you change the name to the supervising GP on both the first and last page (this method has not changed).

ACC 45: New ACC visits must be submitted under the GP's name during the visit. After the PA completes their note, the GP needs to review the note and write in the chart something to the effect of "I agree with the evaluation and management plan of the PA for this injury."

ACC18: Ensure the GP's name on the last page (this should be automatic).

Medical Alarms: Can be submitted using the GP's name.

### **Hard Copy Forms**

Disability medical allowance: Discuss with and obtain wet signature by GP.

DL9: Needs to have a wet signature by the GP. Alternatively, the patient could return later once the DL9 is discussed with and signed by the GP.

Lab forms: Switch the provider's name to the supervising GP prior to selecting/free text the labs needed. These can be signed by the PA using "pp (PA signature)."

Paper radiology forms: Order under GP's name. These can be signed by the PA using "pp. (PA signature)."

Sick day medical certificates: These can still be under the PA's name and signed by them.

All other forms such as medical clearance (NZDF, sport, insurance, etc.) should be discussed with and signed by the GP.

### **EMR/Referrals**

Most clinics use an EMS/EMR called Medtech.

Referrals to specialists must be done through the electronic medical records system "e-referrals." The referral must include a reason for referral, the level of urgency, a copy of your clinic note/visit, and any relevant attachments, such as x-ray, labs, etc.

You will get your own BPAC log in where you can refer to a hospital/specialist. Radiology referrals must be done in the supervising doctor's name.

Labs are also ordered under the doctor's name. It is recommended that you set a task to yourself to check on the results later as the results will go directly to the doctor.

If you need to admit a patient, or if they need urgent imaging/hospital services, directly call the hospital in your district and ask for the specialist registrar (resident) on-call that you need (ie, Ortho, GI, etc). They are generally very easy to talk to and willing to help.

It is important to sign all your chart notes as a dependent practitioner and indicate you are under the supervision of a licensed doctor. You can make quick phrases in your EMS to speed up this process. One example is:

"This patient agreed to be seen by a physician associate, a dependent medical provider, who provided medical assessment, diagnosis and a treatment plan under the supervision of Dr. XX." (XX being the doctor's initials who you are working under).

### **NZ Pearls**

- 1/7 = 1 day, 3/7 = 3 days, 1/12 = 1 month, 5/12 = 5 months, 3/52 = 3 weeks, etc •

"QD" means daily, "OD" is once daily. "BID" is written as BD.

- Mane= morning, i.e. 1 tab PO mane
- Nocte = night, i.e 1 tab po notice
- ABs = antibiotics
- Bloods = labs
- # = fracture. e.g. x-ray order (i.e. R forearm, ?distal radius #)
- Medication refills are called "repeats"
- Smear = pap smear
- Theater = operating room
- Jab = vaccine

Patient's descriptive terms are different as well. You will find they are non-descriptive with time. e.g. I've been coughing for a while. ("What's a while?" "Since grandma's funeral" ??)

- "Chesty" = a wet cough. e.g. "I've been chesty for a week."
- "Grizzly" = in reference to an unwell child who is crying or whining more often e.g. "mum says 2 yr old has been grizzly the past 2 nights")
- "Giddy" = dizzy
- "Sick" = can mean nausea and vomiting. It's good to clarify this one.
- "Flu" = can mean a head cold to lots of patients.
- "Temperature" = fever e.g. "She had a temperature last night."
- "Crook" = feeling sick or unwell e.g. "I've been crook for 2 weeks"
- "Paining" = causing pain

Most NZ General Practitioners are often relaxed and will ask you to call them by their first name. Surgeons here are "Mr.", not "Dr." and some will correct you.

Medications: Generic names are usually the same and some are spelled slightly differently, so keep that in mind when searching. For example, Valacyclovir is valacyclovir.

Paracetamol = acetaminophen

Salbutamol = albuterol