

1. Patient-centred regulation

The health system exists for the benefit of patients. Currently, regulatory decisions are largely made without public involvement.

This section of the survey seeks your input on how patient views and needs can be incorporated into regulation.

1. Would you be interested in having a say on any of the following? (Select all that apply)

- ☐ Changes to scopes of practice (what health practitioners can do) and how this affects patient care
- ☐ Qualification requirements
- ☐ Other professional standards (for example, codes of conduct) that impact patient experience

2.. Are there any other things you think the regulators should consult the public on?

We support the general concept of ensuring that there is the opportunity for public voice and consultation in the regulation of the various health professions.

However, there are some complex and nuanced decisions involved in scope and regulatory procedures to which general members of the public may not have enough understanding to make good decisions. A balance which creates good decision making for the profession with good consultation for the public needs to be found.

Balance also needs to be considered in relation to the time and cost implications of more public involvement and consultation. When seeking efficiency and timely decisions, alongside cost-effectiveness for regulators – extensive public consultation requires additional time and additional funding.

Combined the suggestions of greater public input and merged regulatory bodies would lead to a lack of knowledge about the specific and distinct disciplines in regulatory decision-making. We would be very concerned about patient safety if this were to occur.

3.. Are there any health practitioners who are currently unregulated but should be subject to regulation to ensure clinical safety and access to timely, quality care?

4. Do you think regulators should do more to consider patient needs when making decisions?

- ☐ Yes
- ☒ No

Public safety and the impact of any changes on the public is already a central focus of the work that the NZPB and other regulators do. As a professional body we see this focus of the regulator in all their work. In general, psychologists want the profession to be well regulated and to serve the broader public good with skill, competence and ethical practice.

We are not aware of any evidence that the regulators are not considering patient needs when making decisions. What is the problem needing to be fixed by these proposals?

5. What are some ways regulators could better focus on patient needs?

6. What perspectives, experiences, and skills do you think should be represented by the regulators to ensure patients' voices are heard?

Client or tangata whaiora voice should be included through consultations and positions on the regulatory body. Currently the NZ Psych board has two positions for 'lay' members or members of the public. Voice should be given to service users (rather than the general public), as they have experience of the profession from the patient's perspective.

However, these members should not outnumber the professional representatives. Knowledge of the different aspects of the work, educational requirements and competencies for each profession are vital.

It is important for different cultural voices to be heard and represented at the regulator level, particularly Māori, but also Pasifika and those from other cultural backgrounds. These perspectives and experiences within the regulatory bodies will help to ensure that a wider lens is taken on the requirements for health professionals.

All members of the regulatory bodies need to be able to consider evidence and make sound decisions based on available evidence, not ideology or vibes.

7. Do you agree that regulators should focus on factors beyond clinical safety, for example mandating cultural requirements, or should regulators focus solely on ensuring that the most qualified professional is providing care for the patient?

- **Yes, regulators should focus on factors beyond clinical safety, for example mandating cultural requirements**
- **No, regulators should focus solely on ensuring that the most qualified professional is providing care for the patients?**

Regulators should continue to have a focus on safe and effective practice as a baseline – cultural safety and cultural competence are an integral part of clinical safety. Mandating these requirements helps to ensure that the public receive an effective and appropriate

health service that will meet their needs. Qualified professionals recognise that the practice of health, medicine, etc is not politically or culturally neutral and that the best outcomes for patients result from awareness of this and developing their skill to practice in ways that support cultural safety.

8. Do you think regulators should be required to consider the impact of their decisions on competition and patient access when setting standards and requirements?

- ☐ Yes
- ☒ No

Regulators should, and do, consider the impact of their decisions on patient access and the impact on practitioners' ability to practice, as part of their focus on public safety. Access to services is already an integral part of the consideration of public safety.

Requiring them to consider market forces such as competition is outside of their focus on public safety and should not be part of the regulatory system.

2. Streamlined regulation

The Government is focused on driving efficiency in the health system to deliver timely, quality healthcare to all New Zealanders. This includes regulating in the most streamlined and cost-effective way possible.

This section of the survey seeks your input on options to streamline regulation.

1. How important is it to you that health professions are regulated by separate regulators, given the potential for inefficiency, higher costs, and duplication of tasks?

- ☒ Very important
- ☐ Important
- ☐ Moderately important
- ☐ Slightly important
- ☐ Not important

Why?

- *Streamlining without consideration to the benefits of specialisation tends to reduce efficacy - creating something cheaper that provides worse outcomes will only end up costing more. Expertise matters for client care. Psychology, like many professions, is unique in its challenges and processes. The different professions within health are distinctly different and as such need their own regulatory*

oversight. It also brings the potential for bias if the individuals on the body have experience of one profession but not others.

We already have one combined body – the Health and Disability Commission - who often need to seek expert advice from the different regulatory bodies as they do not have the in-depth knowledge of the different health roles and professions.

2. To help improve efficiency and reduce unnecessary costs, would you support combining some regulators?

- ☒ Yes
☐ No

Comments

- *We would support the combining of some functions and systems, where regulators are able to voluntarily work together to create more efficient systems. We recognise that some smaller professions may have trouble funding the systems they need – given that they are self-funding, and therefore sharing resources could assist them. However, we would caution that members may not appreciate their fees subsidising the work of other professions.*
- *Many of our members do work in interdisciplinary teams and at some level having similar processes and requirements across professions would be beneficial. However, there remains the need for specialist knowledge in a number of areas that regulators are responsible for – development of scopes, competencies, and the accreditation of qualifications and training programmes.*
- *Considering ways to assist the public to understand different health professions roles could be beneficial.*

3. Right-sized regulation

Regulation ensures people feel confident in the health services they receive, but it needs to be right-sized.

This section of the survey seeks your input on options for right-sized regulation to enable patients to have access to timely, quality healthcare.

1. Do you agree that these regulatory options should be available in addition to the current registration system?

Accreditation

- ☐ Yes
☐ No

Credentialling

- ☐ Yes
- ☐ No

Certification

- ☐ Yes
- ☐ No

Any other options

Psychologists have argued for flexibility and the ability to use continuing education, professional development, supervised practice etc. to develop their practice and different foci during their career. Enabling regulators to accredit or make use of other processes or shorter qualifications for already registered professionals would be beneficial. This would enable registered health professional to recognise a need in their community and upskill in order to better meet their need, or to change focus to work more effectively and flexibly where they are needed – without going through a complete retraining. However, this should be for those who are already registered and have a strong base in the core knowledge and competencies of the profession. Regulators would also need to ensure that these types of processes do still meet the necessary standards to ensure practitioners are able to practice safely and effectively, so that patients/clients receive quality care.

2. Do you think New Zealand's regulatory requirements for health workforce training, such as the requirement for nursing students to complete 1,000 hours of clinical experience compared to 800 hours in Australia, should be reviewed to ensure they are proportionate and do not create unnecessary barriers to workforce entry?

- ☐ Yes
- ☒ No

Consistency between ourselves and Australia, and other countries with whom we regularly work would be beneficial and would make it easier for overseas professionals to move here – but it would also make it easier for our professionals to leave. The regulatory bodies regularly review their requirements to ensure they are fit for purpose. Fit for purpose involves considering the evidence for how well these requirements have prepared our professionals to work in Aotearoa – are there medical errors? Are there complaints? Do the individuals make good, ethical decisions? Do they feel, and are they, confident and competent to practice after meeting these requirements?

Reviewing requirements is helpful and already undertaken. Those reviewing should not just be considering if other countries have lower requirements, they need to actively balance the level of regulation with mitigating risk - based on evidence.

3. Should the Government be able to challenge a regulator's decision if it believes the decision goes beyond protecting patient health and safety, and instead creates strain on the healthcare system by limiting the workforce?

- ☐ Yes
- ☒ No

There needs to be a separation between the political actors and the regulators. A clear line between government and governance. It is not the role of regulation to solve the issue of gaps in the healthcare workforce. Regulation, and the regulators' role, is and should be public safety. Trying to impose additional agendas, like using regulation to solve workforce shortages, will negatively impact client care and outcomes.

4. Do you support the creation of an occupations tribunal to review and ensure the registration of overseas-trained practitioners from countries with similar or higher standards than New Zealand, in order to strengthen our health workforce and deliver timely, quality healthcare?

- ☐ Yes
- ☒ No

Comments _____

Regulators already carry out this process, reviewing the qualifications and experience of overseas-trained practitioners in order to ensure their capacity to work in New Zealand. If such a body was going to be established it would need to have members, or panels, from every health profession to enable them to accurately assess the qualifications and experience of the overseas-trained practitioners. That seems like it would be a double-up of infrastructure and systems, given that we already have regulators established for this purpose.

5. Should the process for competency assessments, such as the Competence Assessment Programme (CAP) for nurses, be streamlined to ensure it is proportionate to the level of competency required, allowing experienced professionals who have been out of practice for a certain period to re-enter the workforce more efficiently, while still maintaining clinical safety and quality of care?

- ☐ Yes
- ☒ No

If so, what changes should be made? _____

6. Do you believe there should be additional pathways for the health workforce to start working in New Zealand?

- ☒ Yes
☐ No

Comments _____

We recognise the difficulties that some overseas trained psychologists experience registering in Aotearoa New Zealand, or registering in the fields they trained in.

It is important to have a good way for overseas trained professionals to be facilitated in their necessary upskilling for the needs of the Aotearoa public. This should not involve reducing the regulatory requirements. It is ESSENTIAL that we have processes in place to protect the quality of our healthcare environment. It is hard to see how we could lower restrictions while ensuring the quality of our practitioners is protected. It also serves to protect the reputation of our qualifications and registrations for NZ practitioners who want to work overseas, any lowering of requirements endangers the quality of our health service. Requirements that are imposed on the overseas-trained practitioners often serve to support that practitioner during their transition as well as ensuring their practice is safe and effective for the New Zealand public

Learning cultural competencies and developing an understanding of how to operate well, ethically and professionally in the NZ context is essential. Learning modules for each profession could be created, so that people can be trained quickly and efficiently (maybe this is an area for a collaborative approach). Creating a clear and transparent system of education for new to NZ practitioners would speed up their ability to register. Availability of training is an alternative to relaxing regulation standards.

4..Future-proofed regulation

Future-proofed regulation is about making sure our workforce is always focused on the needs of all New Zealanders.

This section of the survey seeks your input on options for ensuring that health workforce regulation is future-proofed.

1. Do you think regulators should consider how their decisions impact the availability of services and the wider healthcare system, ensuring patient needs are met?

- ☐ Yes
☒ No

Comments

The availability of services and not unduly restricting these will no doubt play a part in regulators decisions, however responsibility for ensuring patient needs are met falls to the Ministry of Health/Health NZ. Shortages in the health workforce can be solved through training more practitioners, not interfering in health workforce regulations. It is not bureaucracy around registration that creates delays in new professions developing appropriate and effective training courses. If the government wants new professions, they need to fund training and the regulators so that they can develop, approve and offer more courses. But it will still take time to train new a new workforce - we can't create quality practitioners overnight. Expertise takes training and supervised experience.

2. Do you think the Government should be able to give regulators general directions about regulation?

This could include setting priorities for the regulator to investigate particular emerging professions, or qualifications from a particular country to better serve patients' healthcare needs.

- ☐ Yes
☒ No

Comments _____

Greater Government ability to direct regulators risks their independence. Regulators decisions should be based on evidence and professional knowledge with a focus on best practice and public safety. Enabling the Government to give direction or set priorities leaves the profession open to instability, regular changes based on government whim and significant influence unrelated to public safety or professional integrity. This will be detrimental to clinical outcomes for patients.

This consultation document is an example of our concerns - it was not a neutral or objective look at health workforce regulation, it expresses a clear intent which stands against Te Tiriti of Waitangi and protecting the Hauora of Māori in ways that acknowledge the intergenerational harm that a Pakeha oriented health system has created for them. It is essential that anyone in the health workforce understands this impact and how to work within it. The document has not provided a good problem definition of how the regulatory

environment is limiting the health workforce. It does not show any ways that we can protect the quality of service without or with less regulation.

3. Do you think the Government should be able to issue directions about how workforce regulators manage their operations, for example, requiring regulators to establish a shared register to ensure a more efficient and patient-focused healthcare system?

- ☐ Yes
- ☒ No

Comments

Regulators can be encouraged to consider when and how they could work together to increase efficiencies and support interdisciplinary work, however this should not be directed by those who do not have in-depth knowledge of each of the professions and their requirements.

4. Do you think the Government should have the ability to appoint members to regulatory boards to ensure decisions are made with patients' best interests in mind and that the healthcare workforce is responsive to patient needs?

- ☐ Yes
- ☒ No

Comments _____

The Minister already has the ability to appoint up to 14 members of the regulatory boards, so it is unclear why this question has been included. Whilst this is current practice it has also meant that we have had times when we were unable to get members appointed to the NZ Psychologists Board due to significant delays from the Minister. This is detrimental to the ability of the Board to function. Given the potential for considerable political influence it would be preferable if this was not an option and there were alternative ways to select members who will uphold what is best for patients and be responsive to their needs.

Combined the suggestions in this proposal appear to reduce the amount of regulation on health professions, whilst increasing government powers to direct the regulatory authorities to act in certain ways, directing their decisions and operations. The proposals continue the Governments attempts to erase the needs and rights of Māori. We do not agree with or support such actions.