Chinese Medicine Council of New Zealand

Below is the Chinese Medicine Council of New Zealand's (the Council's) response to the discussion document "Putting patients first: Modernising health workforce regulation" published by the Ministry of Health.

Would you be interested in having a say on any of the following?

a. changes to scopes of practice (what health practitioners can do) and how this affects patient care

b. qualification requirements

c. other professional standards (for example, codes of conduct) that impact patient experience

Regulators, such as the Chinese Medicine Council of NZ, regularly engage stakeholders, including the public, when developing or changing scopes of practice, prescribing qualifications, and implementing professional standards, with reference to the Health Practitioners Competence Assurance Act 2003.

Any changes to scopes of practice must be evidence-based and uphold patient safety. Expanding roles without ensuring appropriate training and competency assessment risks compromising care quality and public trust. Regulatory frameworks should maintain rigorous oversight to ensure patient care is not negatively impacted.

Qualification requirements should remain robust and be aligned with public safety needs. Lowering training standards to expedite workforce entry is not a sustainable solution. Regulatory decisions should prioritise competence over expediency, ensuring that all practitioners meet safe professional standards. *Similarly, the accreditation of providers and their qualifications must be robust and be aligned with a profession's minimum competency standards, to ensure public protection for the designated scopes of practice*.

An example of prioritising competence over expediency was demonstrated recently in the findings from the sinking of the HMS Manawanui in Samoa. Staff on the bridge were not sufficiently trained to manage the naval vessel, because there had been a prior lowering of standards for entry into the navy during a time of reduced workforce applications.

Professional standards, including ethical guidelines and cultural competence requirements, must be regularly reviewed to align with evolving healthcare needs. However, these reviews should not dilute fundamental professional competencies but rather enhance patient safety and care quality.

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

Regulators regularly engage stakeholders, including the public, when developing or changing scopes of practice, qualifications requirements and professional standards. A few potential areas that regulators could consult more widely on include:

- The impact of emerging digital health technologies on patient safety and professional accountability.
- Effectiveness of current competency assessment models.
- The balance between regulatory independence and government oversight in healthcare decision-making.

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?

Regulation should be risk-based, ensuring all practitioners who perform healthcare interventions are subject to oversight, *voluntary or legislative*. The public should be consulted on whether new or emerging roles in healthcare require regulatory safeguards; however, the public may not have the knowledge to make an informed judgement. Education of the public about emerging roles in health care will be necessary.

Do you think regulators should be required to consider the needs of patients and the workforce when making decisions?

Yes, but patient safety must always take precedence, *as required by statute in the current Health Practitioners Competence Assurance Act 2003 (the Act)*. Regulators can incorporate patient perspectives through structured consumer representation on governance boards and formal patient consultation processes. However, decisions should not be dictated by short-term workforce challenges at the expense of long-term healthcare quality.

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

- Utilising data from notifications to monitor and improve regulatory compliance can help identify areas where patient care can be improved.
- Providing ongoing continuing education and training for healthcare providers, especially on regulatory requirements and culturally safe practices.
- Feeding data from regulation into the accreditation processes, so that there is a clear link between regulation, practice and education.

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

Regulators should include:

- Clinical experts to maintain *clinical, ethical, cultural* and professional standards.
- Lay members to ensure public interest representation, ideally lay members with lived experience of the health system, experience with patient advocacy, or in public health.
- Health economists to assess system-wide impacts.
- Legal professionals to uphold regulatory integrity.
- Individuals with expertise in culturally competent care.
- Ethics specialists to navigate complex healthcare decisions.

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. Cultural safety and cultural competence are paramount in providing *appropriate* individualised care to patients and should work in tandem with core clinical competence. Providing culturally safe care involves healthcare providers examining their own cultural identities and attitudes and understanding how these can impact their interactions with patients. The impact of culturally *unsafe* care on patient outcomes is well documented. Conversely, culturally safe care has been shown to improve patient satisfaction, adherence to treatment, and overall health outcomes and statistics.

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

No. While regulators should be mindful of workforce and access issues, health regulators do not have levers to manage competition or patient access - patient safety must remain their priority. Regulatory standards should not be compromised to address workforce shortages. Instead, systemic workforce planning and funding should be prioritised and implemented from the Ministry of Health and Health New Zealand, with adequate and sustainable funding from government.

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? Why?

Please select only one item

☐ **Important**

Distinct professions require unique regulatory expertise, making profession-specific regulators essential. Administrative efficiencies *and cost savings* can be achieved through shared back-office functions, and this currently happens with some RAs. The concerns, such as too much bureaucracy, raised in the discussion document have not eventuated. In comparison, a single regulator risks diluting profession-specific oversight and expertise, as seen with Australia's AHPRA model, which has not yielded the anticipated cost savings.

A few such ways could include:

- Use of *Application Programming Interfaces* (APIs) to draw all registers together on one website for patients *to consult in their decision-making about practitioners*. Such a single register could include self-regulated professions; however, clear information would need to be made available for the public on the difference between those who are government-regulated v self-regulated, so that the public can make informed decisions about their health care.
- Investing in one central platform where the public can go to make a notification/complaint regarding a health practitioner/provider. From the information provided this platform could identify the relevant authority to send a notification to, be it the regulator, the Health and Disability Commissioner, ACC, a professional body, the Privacy Commissioner etc.

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

No. Merging regulators is <u>not</u> the solution, and risks losing profession-specific expertise, leading to weaker oversight and compromised patient safety. Only the back-office functions of RAs should be consolidated. Many smaller health regulators already share back-office functions with the likes of the Nursing Council. Other health regulators, with their own administration, could be strongly encouraged to do so.

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

- accreditation

- credentialling

- certification

- any other options

No. Introducing more terms and other places/organisations the public must go to, to be informed and to make an informed choice about who to receive care from, will create more confusion.

Regarding the options noted:

- *The issue of how and who accredits a 'self-regulated' professional body is not addressed.*
- *The use of service providers in credentialling raises provider issues of competence and integrity.*
- *Certification is already widely used. To have meaning and validity, a certificate must be specifically tailored and confined to the competencies of the designated tasks.*

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?

Comparisons with other countries should focus on the *practitioner's competence* and patient outcomes, not just reduced training hours. Lowering training requirements without clear evidence risks undermining patient safety.

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?

No. The Government already *chooses and therefore* controls appointment of persons to health regulatory boards. Some regulatory independence is essential to ensure public trust and prevent political interference in safety standards.

The Health Practitioners Competence Assurance Act 2003 already includes provision for the appeal of decisions made by health regulators via the District and High Courts. Many health regulators also have processes in place whereby an application can be made for the review of a decision, before more formal appeal mechanisms are utilised.

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, provided that the tribunal maintains rigorous competence assessments and does not compromise standards. This means that members of the tribunal should be carefully chosen,

hold specific qualifications and experience in registration standards and international benchmarking of health professionals, and be independent of the Minister. A tribunal should not create another layer of unnecessary and expensive bureaucracy, and if implemented, should be financed by overseas-trained practitioners applying for registration.

Here are some considerations for any future occupational tribunal:

- **Respecting International Agreements**
- **Collaboration, Not Undermining**: For example, as evidenced by the TTMR which could be expanded to similar arrangements with other countries.
- **Maintaining High Standards** should not come at the expense of lowering standards to fill workforce shortages.
- **Cost-Effective Solutions to** reduce duplication of efforts and streamline processes.
- **Transparency and Fairness,** with all decisions based on clear and unambiguous criteria so that practitioners from all countries are treated equitably.

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? If so, what changes should be made?

Assessments should be efficient but must not compromise *competency, fitness to practice, or safety.* Any changes must be evidence-based.

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

Yes. Any new pathways must uphold competence standards, *fitness to practice*, and ensure patient safety.

An additional pathway could include Implementing a funding-for-work model, where the cost (or a proportion) of study is offset by a commitment to work in New Zealand for a specified period after qualification. This may ensure a stable and available workforce, directly benefiting patient care, and a return on investment. Such models have been successfully implemented in countries like Norway and Canada.

Maximising the underutilised allied workforce is another additional workforce pathway. For example, using acupuncture as a treatment modality in emergency rooms as seen in the US and Australia, has shown promising results in pain management, reducing the need for pharmacological interventions and reducing the demand for emergency services.

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, but patient safety and practitioner competency must always be the primary considerations. Aligning workforce development, public policy, and regulation could create a more cohesive and effective healthcare system.

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.

No. The Government controls policies and funding of the health system through *Vote Health* (*implemented by* the Ministry of Health and Health New Zealand). Health regulators focus on competence assurance and public protection and should retain their *i*ndependence*,* outside the mechanisms of government*,* to ensure decisions made on behalf of the public are based on safety and competency*.*

Government support in developing a single shared public Register, potentially a single notification platform, and effective shared health records could be a useful step towards streamlining healthcare regulation. By removing duplication of backend tasks and enhancing system efficiency, regulators can focus their efforts on areas that have the most significant impact.

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?

No, this should not be necessary. Health regulators already regularly review and improve their operational processes and systems to ensure maximum efficiency in delivering their mandated functions. However, an alternative to a shared register could be the use of *Application Programming Interfaces* (APIs) to draw all registers together on one website for patients to consult in their decision-making about practitioners.

Such a single register could include self-regulated professions; however, clear information would need to be made available for the public on the difference between those who are government-regulated v self-regulated so that the public can make informed decisions about their health care.

This would require substantial government investment to implement, as would implementing *any* directive to establish a shared register.

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?

Appointments should be made based on regulatory expertise and experience. Specifically, this should include:

- Clinical experts to maintain *clinical, ethical, cultural* and professional standards.
- Lay members to ensure public interest representation, ideally lay members with lived experience of the health system, experience with patient advocacy, or in public health.
- Health economists to assess system-wide impacts.
- Legal professionals to uphold regulatory integrity.
- Individuals with expertise in culturally competent care.
- Ethics specialists to navigate complex healthcare decisions.

Currently, most appointments to health regulators are made by the Minister of Health on behalf of the Government, apart from a few larger health regulators who currently have some elected appointments.

The Government could consider making it uniform across all RAs that all appointments are made by the Minister of Health.

30 April 2025