

About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the opportunity to provide feedback on the Government's review of Health Practitioner Regulations.

The RANZCP is the principal organisation representing the medical specialty of psychiatry in New Zealand and Australia and is responsible for training, educating, and representing psychiatrists on policy issues. The RANZCP represents more than 8700 members, including more than 6000 qualified psychiatrists and is guided on policy matters by a range of expert committees made up of psychiatrists and community members with a breadth of academic, clinical, and service delivery expertise in mental health.

Introduction

This submission has been prepared in consultation with Aotearoa New Zealand-based committees and submitted via an online survey.

Survey Responses

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

Selected options:

- 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.

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

Tu Te Akaaka Roa, the New Zealand National Committee of the Royal Australian and New Zealand College of Psychiatrists (RANZCP) supports a person-centred approach and embraces partnership with the lived experience community in decision-making, in line with Pae Ora and the RANZCP's position statement #62. Lived experience voices, including Māori, Pacific, and disabled communities are vital for identifying system issues and potential areas for improvement. We believe that existing and well-established regulatory bodies including the Medical Council already consider and serve the needs of both patients and their target workforces and routinely consult with consumer groups on standards, registration policies and guidelines.

However, regulatory decisions, especially changes to scopes of practice, must be informed by a wide base of evidence and advice of relevant health professionals to ensure clinical standards and patient safety are not compromised. Such decisions require strong subject matter expertise and clinical experience to understand the potential risks and benefits of a proposed change. For example, the public may be unaware of certain risks that are mitigated by regulatory requirements. We highlight that the interest of the profession and the interest of the public are not in opposition and system improvements can only be achieved through genuine

partnership between the lived experience community and health professionals.

Additionally, we recommend the Ministry of Health seek public views on regulating new professions in addition to consulting with relevant professional bodies.

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

We recommend strengthening cultural safety requirements to ensure a high level of care across the country.

Tu Te Akaaka Roa emphasises that cultural safety is inextricably linked to clinical safety. Cultural safety is, by definition, focused on meeting the unique needs of patients and research has shown that culturally competent care reduces clinical errors, builds rapport and trust, and improves health outcomes. Cultural safety is therefore an essential part of assessing whether someone is competent and safe to practice in Aotearoa New Zealand.

As set out under Section 118 of the Health Practitioners Competence Assurance Act 2003, setting appropriate standards for cultural competence is a key function for regulatory bodies; this Section was introduced to ensure health practitioners are competent and safe to practice in Aotearoa New Zealand and meet the unique needs of our population. However, we note that cultural training requirements currently vary across regions, and we recommend that cultural safety requirements are strengthened to ensure a high level of care across the country.

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

Tu Te Akaaka Roa views the current regulatory model as appropriate. While the document implies that regulators are solely led by members of the profession, Section 120 of the Health Practitioner Competence Assurance Act requires at least 2 or 3 board members (depending on the total number of members) to be lay persons. Additionally, the majority of current members of the Medical Council of New Zealand have been appointed by the Ministry of Health.

Increasing the number of members elected by the profession and including diversity requirements in the legislation may improve a wider range of view to be represented and a stronger emphasis on engagement and partnership with iwi Māori and Māori health provider may help to meet community need and address current inequities.

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? (no free text)

Yes, regulators should focus on factors beyond clinical safety, for example mandating cultural requirements.

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?

Important

Why?

Based on international examples from the United Kingdom and Australia, amalgamating

regulatory bodies may not address inefficiencies or other system issues. Instead, there is a risk of a merged regulatory body not having sufficient professional expertise to understand and address issues faced by individual professions within the context of clinical practice in Aotearoa New Zealand. Regulatory bodies play an important role for maintaining the safety of the public whilst maximising the opportunity to grow their own health workforce as quickly as possible and to sustain this growth.

Legislative changes may be considered to enable flexibility and regulator's ability to respond to patient need and access issues, e.g., authority to implement temporary or conditional changes to scope of practice, practice or supervision requirements in emergency situations.

Additionally, we believe stronger connection between regulatory bodies, education providers and local services would be beneficial. This may be achieved through increased transparency, improved data collection and data sharing between authorities, including in situations where complaints have been raised (e.g., by sharing registration ID numbers).

Additionally, some duplication of tasks may be addressed by the Ministry of Health providing guidance on sector-wide issues, e.g., setting standards for use of Artificial Intelligence tools in health care.

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

No

Comments:

Regulatory bodies play an important role for maintaining the safety standard whilst maximising the opportunity to grow their own health workforce as quickly as possible, and to sustain this growth. Based on international examples from the UK and Australia, amalgamating regulatory bodies may not address inefficiencies or other system issues. Instead, there is a risk of a merged regulatory body not having sufficient professional expertise to understand and address issues faced by individual professions within the context of clinical practice in Aotearoa New Zealand.

We recommend stronger connection and collaboration between the government, regulatory bodies, education providers, and local services to identify potential pathways for improvement and respond to the need of services, workforce and communities.

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

We consider the information provided in the consultation document insufficient for clearly evaluating this issue. We note that regulatory settings must ensure public safety and consistent standards across the country.

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?

Local training programmes have been developed following consultation with local and international training providers. Where possible, local requirements are modelled on international programmes and the number of hours for training required in one country may

differ from another for valid reasons. For instance, a nurse's scope of practice in one country may be wider than in another and requirements must be determined by the roles for which people are being trained, not convenience.

More important than the number of hours of required training, for example, is what is included in a training programme – of note, in Aotearoa New Zealand, nurses receive little training in mental health and are therefore more likely to take on roles in physical health, which contributes to current shortage of mental health nurses across the motu. We recommend the Government work more closely with professional groups, education providers, regulators and patients to better understand priorities and pathways for workforce development that meet patient need.

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?

While the document provides insufficient detail regarding the proposed tribunal, we believe current processes for review and repeal are appropriate. According to the Medical Council of New Zealand, less than one percent of applications from overseas-trained doctors are declined per year, suggesting a marginal benefit from establishing such a tribunal.

Instead, a stronger emphasis on retaining both locally trained and overseas-trained practitioners would help to ensure a stronger and more competent health workforce. This may be achieved by providing more flexibility and clinical leadership within the health sector. Additionally, we recommend the Government engage in regular discussion with regulators and service providers and work together toward community-oriented and professionally manageable goals. While tension between service access and service quality are a global issue, factors such as population changes, the size of the workforce, workforce and service funding likely have a more significant impact than health practitioner regulation.

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

Comments:

Access to services is an important factor for assessing patient need and safety risks that is already being considered by regulators. However, access must be balanced with other risks to clinical safety.

To better meet the needs of patients, we recommend the Government work closely with regulators and service providers and find solutions toward community-oriented and professionally manageable goals, considering factors such as population changes, the size of the workforce, workforce and service funding.

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

Yes, however, decisions on such matters must be made together with regulators, education providers, professional groups, and consumer representatives.

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, it is critical that regulators remain independent of the government. However, a national register of practitioners may be a helpful resource for patients.

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?

As noted previously, the Ministry of Health already appoints regulatory board members. However, we reiterate the need for regulatory bodies to remain independent of the Government and the political environment.

Finally, we reiterate that regulatory bodies exist to ensure that patients are provided with the most effective and safe care, and we recommend a collaborative approach between the government, regulators, education providers, professional groups, lived experience communities, and other relevant stakeholders.