

Putting Patients First: Modernising health workforce regulation

Note to reader: In this document, anything highlighted in blue by me, or appearing in bold, are answers I gave to the questions asked, with the other text being the questions asked, and the items highlighted in purple, indicate yes and no questions, that I did not answer, but to which I gave qualitative answers, for the reasons expressed by me in the survey. John O'Connor, APANZ President.

Closes 30 Apr 2025

Your details and privacy

1. What is your name?

Name: John Harold O'Connor (President, APANZ)

2. This submission is being made by:
an individual or individuals (not on behalf of an organisation nor in their professional capacity) on behalf of a group or organisation(s)
Name of group/organisation, if applicable

The Association of Psychotherapists Aotearoa New Zealand (APANZ)

3. Please indicate which group(s) your submission represents:

Member of the public or patient
Patient advocacy group/non-governmental organisation
Health workforce
Professional regulator (responsible authority) Union

Professional organisation

Self-regulating professional body
Māori professional organisation
Pacific professional organisation
Other (please specify)
Other

4. Publishing submissions

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If your submission contains any information that is confidential or you do not want it published for another reason, please indicate this when making your submission and mark any confidential information clearly within the text.

If you do not want your submission published, please let us know below.
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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)

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

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

Other things you think the regulatory authorities should consult the public on

We do not consider there are additional matters about which regulators should currently consult the public at this point in time.

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?

Health practitioners who are currently unregulated but should be subject to regulation

We are supportive of health professionals' self-regulation of their workforce, where this is thoughtfully planned and well resourced.

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

Yes

No

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

Ways regulatory authorities could better focus on patient needs

We consider that health regulators are currently already overall thoughtful and skilled in considering a complex range of needs, specific to patients' needs in interaction with the health workforce. The vast majority of health professionals, and the regulators charged with the regulation of health professionals, are passionate about patients' needs and thoughtful in the regulation of their workforce in service of these needs. We consider that this question, along with many others in this survey, is biased in the premise that underpins it, and its implication that regulators are not currently focused on patients' needs (for this reason we have not answered the simple binary offered in question four above, along with several other yes/no questions in this survey, as we do not accept the premise of many of these questions, and we consider that many of these yes/no questions suggest simplistic and biased answers, that do not address the complexity underpinning these questions). Regarding questions 4 and 5 above, the questions imply that current regulators may be invested in the needs of their workforce, to the cost of patients' needs. We do not accept this is the case. Indeed, we consider the current psychotherapy regulatory Board for example, to be thoughtful in attempting to act in the best interests of patients with whom the psychotherapy health workforce works, and in regulating this health workforce to do this. We say more about this in answer to further questions below.

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

Perspectives, experiences, and skills that should be represented to ensure patients' voices are heard

We are supportive of service users' perspectives being an important voice on regulatory boards, as is currently the case. We reiterate our support for the voice of service users. We also reiterate our support for cultural perspectives on regulatory boards, and in particular the voice of indigenous Māori, and the lens of Te Tirit o Waitangi in the work of health workforce regulation, given the ongoing consequences of Aotearoa New Zealand's colonial history, in terms of health outcomes for indigenous Māori, as well as for many sectors within our communities. We are very concerned regarding any possible undermining of an indigenous Māori voice in relation to matters of health and health practitioner regulation in this country. In this regard, in relation to question seven below, we strongly assert that this question presents a false dichotomy, and we reject the premise of the question.

To suggest, as question seven does, that clinical safety and clinical considerations can be extricated and separated from "mandating cultural requirements" is in our view absurd. Health practices are culturally mediated, and if a monocultural Eurocentric lens is brought to the regulation of health practice, and consequently to health practice itself, this inevitably leads to health practice and practitioners who are narrow in their understanding and implementation of health practices, leading to inappropriate and culturally misaligned health practices, with the consequent detrimental and sometimes dangerous impacts on the diversity of cultural groupings which interact with the health workforce. This is specifically so in relation to the alarming and ongoing detrimental health outcomes for indigenous Māori. By contrast health regulation which enables a diverse and culturally relevant lens in relation to health practice, and specifically an indigenous Māori lens, inevitably leads to better and safer clinical practice and outcomes.

Question seven below contributes to a divisive approach in which those with a "clinical focus", are set against those with a "cultural focus", as if those two things are separate. Rather we support health regulation which enables and maintains cultural requirements which have a direct and beneficial impact on clinical safety and clinical outcomes for patients. This is specifically the case in relation to psychotherapy, in which a narrow Eurocentric perspective on the nature of psychological health, has been very detrimental, and by contrast te ao Māori lens to psychotherapy, as currently supported by our current Board, and support of a specifically Māori psychotherapy training approach, is one which we appreciate, and which we believe contributes to better psychotherapeutic clinical outcomes for Māori patients. Moreover, we believe this cultural lens to regulation of

psychotherapists in this country only enhances clinical capacities of all clinicians as it enables greater openness to a diversity of cultural perspectives, including diversity of cultural, ethnic, gender experience and presentation, and sexual orientation, as these are represented in the vast range of communities which make use of psychotherapy services in this country.

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 patient

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

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?

Once again, the premise of the question is extraordinary in its bias and the transparency of this bias. Question 1 above assumes that separate regulators leads

to greater inefficiency. By contrast we assert that health regulation in which regulatory boards are close to and understand the clinical realities of particular health practices is essential to "efficient" and effective regulation. Enabling amalgamation of regulatory boards, in which the nuance of specific health practices are lost, runs the significant risk that the needs and nature of the health practice being regulated, both in terms of the health practitioners of the specific health practice and the patients who make use of the health practice, are lost in a "blunt instrument" generic approach to health regulation.

In the case of psychotherapy, this is a very particular approach to psychological and emotional health, and one which we consider to be invaluable to the health of our patients and to the populace at large. We believe and strongly advocate that our current Board, which is solely focused on the regulation of psychotherapists, is essential, given the specifics of psychotherapy practice, and the need for a regulatory board which is understanding of the specifics of this practice. We oppose very strongly any possibility of amalgamation of the regulation of psychotherapists, with other regulatory health boards.

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

Yes

No

Comments

As described in answer one above, we consider that psychotherapy is a specific health practice with specific understandings of the nature of psychological health, and that amalgamation of the regulation psychotherapy with other regularity boards, would increase rather than decrease inefficiency, given the likelihood that amalgamation would need to regulation by a board with little understanding of the realities of psychotherapy health practice, and an increasing failure in regulation that meets the needs of psychotherapists and the patients with whom we work. We reiterate our strong opposition to any possibility of amalgamation with other professional regulatory bodies.

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

Credentiailling

Yes

No

Certification

Yes

No

Any other options

We support options for self regulation of health professionals where this is well resourced and thoughtfully and robustly implemented. Whilst we recognise there are shortages in health practitioners in a range of areas, we oppose any dilution of requirements for health practitioners, particularly in relation to cultural understandings of the unique context of Aotearoa New Zealand, for the reasons expressed earlier in the survey. We also consider that this question is complex, and that yes no answers are misleading, as designing appropriate regulatory processes unique to the needs of specific health practices and their patients, requires a much fuller consultation and engagement with the Ministry and government in relation to the nature and role of health regulation in this country.

Specifically, we consider that workforce shortage is a strategic issue, and that growing the necessary health workforce in this country, requires a 20-year plan. Not a sticking plaster approach without proper resourcing and planning of alternative regulatory approaches.

The regulation of health and the growing of the health workforce in this country is vital to the ongoing well-being of the inhabitants of Aotearoa New Zealand, and options in relation to regulatory bodies must be embedded in long-term planning for the health workforce. Appropriate workforce development will not be achieved through one-off actions or quick and thoughtless solutions based on yes and no answers to a survey that is inherently ideologically biased in its approach.

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

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

Comments

We strongly oppose any interference by the government and oppose government being empowered to challenge a regulator's decision. We note the contradiction in this question, given the previously asked question concerning whether boards should be having in mind "competition and patient access", implying the need for a broader focus from health regulators, whilst in this question, there is an implication that regulators should keep a narrow focus only on "protecting patient health and safety". This contradiction suggests that underpinning this questionnaire is a cherry-picking approach, in which the ideological biases of the current government, underpin the questions.

This cherry-picking approach is illustrated in question 2 above; the number of clinical hours a nursing student should complete in their training, should not be driven by an arbitrary comparison with Australian training, but rather focused on what number of hours is needed to equip students to meet the clinical needs of patients. This is a decision for regulators in relation with training providers, who are close to the clinical needs of patients. It is not a decision for review by government.

In relation to the specifics of question 3 above we strongly assert that the regulator is in the best position, given its close understanding of the specifics of the health practice that they are regulating, to make decisions regarding regulation of the specific health practice, and how this will serve patient needs, health and safety. There will be times when decisions may be made in relation to health regulation, in which health and safety considerations may have an impact on workforce availability, but this is a decision-making process that the health regulator is best placed to make. In our experience, health regulators, and specifically the current psychotherapy Board, are thoughtful about the need to develop the workforce. APANZ's recent experience, working alongside the Board regarding the accreditation

of psychotherapy training providers, was illustrative of an approach to health regulation in which the board was invested in enabling a diversity of clinically competent and rigorous training programs to be accredited, in service of the development of a psychotherapy workforce which is both clinically well trained and equipped, with a diversity of cultural and clinical approaches, in service of increasing the number of psychotherapy practitioners available. The responsiveness of the Psychotherapy Board in this matter was only possible because the Board was close to the professional practice it is regulating and had a good understanding of the needs of patients in relation to this professional practice.

We reiterate our strong opposition to any government overreach in challenging regulators decisions, particularly given that this government interference is likely to be motivated by political and ideological considerations, rather than having a focus on health needs.

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

For similar reasons we oppose the creation of an occupations' tribunal. Once again, we consider that health regulators with a close connection to and understanding of the particular health practice they are regulating, are in a much better position to assess overseas trained practitioners and ensure the standard of their training and understanding of health needs in the specific context of this country, is thoughtfully assessed. It is clear that shortages in health workforce is an international phenomenon. We consider that shortages in our current health workforce are directly related to challenges in relation to cost of living, and costs of training. This broader perspective, we reiterate, is essential to thoughtful planning regarding health workforce development. We reiterate our strong support for regulators to make assessments in relation to their own specific health practice regarding registration of overseas trained practitioners.

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?

We reiterate our strong support for regulatory bodies to be in charge of their own processes of competency assessment for the reasons outlined in question 4 above. We are concerned that the word "streamlined" in the above question is a camouflage for attempts to dilute standards of clinical competence, and that once again this reflects political and ideological considerations regarding the importance of matters such as "cultural" competence. We consider that the above question once again implies an ideological impulse embedded in the above questionnaire, aimed at supporting the current government to engage in government overreach in relation to the regulation of health.

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

Yes

No

Comments

We once again reiterate our support for a comprehensive examination of the economic factors which impede health workforce development in this country, and for a strategic and long-term plan for the growing of our health workforce and for overcoming these economic obstacles. We support consultation with the current regulatory bodies and professional organizations, as part of strategic health workforce development planning.

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

We believe that regulators having in mind the availability of services in the wider healthcare system is valuable. We consider that regulatory bodies already do this, in service of ensuring patient needs are met. As mentioned earlier, our recent experience with our own regulatory body, the Psychotherapy Board of Aotearoa New Zealand (PBANZ), was of their thoughtful engagement with psychotherapy training providers, in service of accreditation of a range of psychotherapy training bodies that might enhance the quality and diversity of psychotherapy training providers, very much with the needs of patients in mind, including cultural needs, and the need to increase the number of psychotherapy practitioners that can meet the ever-increasing mental health needs in this country. We note that these mental health needs have grown exponentially, in close relationship to expanding socio-economic disparities in this country, which as we have previously stated in other submissions, in our view contribute to competitiveness, isolation, and individualism, with its inevitable detrimental effects on community, and consequent negative impacts on individual and community mental health.

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

We consider this as a role for the Ministry of Health, in collaboration with current regulators. As mentioned in other questions, we are concerned regarding government overreach, and that should government involve themselves in directions in this regard, these could be based on ideological and political motivations, rather than clinical need.

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

We are concerned with the premise of this question. It assumes that the government is best placed to make decisions that are needed to ensure a "more efficient and

patient focused healthcare". We reject this premise. Indeed, we consider health professionals, and regulators close to the health practice which they are regulating, are much better placed to make decisions regarding regulators operations. To suggest government involvement in how regulators "manage their operations", suggests an alarming government overreach into operational matters. We perceive that the government's role is in long-term planning and investment, in service of increasing the numbers and quality of our health workforce, rather than seeking to constrain it.

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

Absolutely not. Once again this is a concerning indication of a possible intention by this government to intrude upon the work of regulatory boards, with the assumption implied that the government is in the best position to judge whether decisions are "with patient's best interests in mind", and are "responsive to patient needs". We strongly reject the premise of this question. As stated earlier, we consider that regulators, and health professionals, who are much closer to the coal face of clinical work, are in a much better position to make assessments regarding patient's best interests, and to be responsive to patient's needs. By contrast, government interference in such decisions runs significant risk of ideological and political motivations underpinning decisions and appointments, as opposed to clinical need.

With the above in mind, we request that professional bodies such as the Association of Psychotherapists Aotearoa New Zealand (PBANZ) be invited to meaningfully collaborate and work with government and the Ministry of Health to plan, alongside colleagues in psychiatry, counselling and psychology, how we might meet the ever increasing mental health needs of the population in this country, which is experiencing increasing levels of stress and mental health difficulty, directly related issues of socio-economic wealth distribution, poverty, cultural alienation, and it's inevitable distress. We suggest this collaborative approach is much better placed to meet the needs of patients, and to develop the health workforce, than reactive, and ideologically driven short term "solutions", highly likely to lead to even more detrimental outcomes.

To reiterate, you will note that we have not answered some of the yes/no questions, as these simple binaries, we suggest, do not address the complexity of the issues

the health workforce is currently facing. We would much prefer a meaningful dialogue, rather than a consultation which appears to be superficial, and, given the ideological bias inherent in the questions in this survey, which suggests that the Government is already moving in a particular direction irrespective of the answers to this survey. We hope we are wrong about this, and that meaningful engagement with professional organizations such as APANZ, and health regulators, will occur.

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