Briefing

Approach for engagement on health workforce regulation

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To:	Hon Dr Shane Reti, Minister of Health		
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Contact for telephone discussion

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Minister's office to complete:

☐ Approved	☐ Decline	☐ Noted
☐ Needs change	☐ Seen	☐ Overtaken by events
☐ See Minister's Notes	☐ Withdrawn	

Comment:

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Purpose of report

1. This briefing provides you with an overview of our intended phased approach for engagement on changes to health workforce regulation. It also provides you with example "use cases", which you requested to help demonstrate the potential benefits to specific stakeholders of changes to health workforce regulation.

Background

2. Following the Ministry of Health's (the Ministry's) review of the Health Practitioners Competence Assurance Act 2003 (the HPCA Act), we have established the following objectives that will provide a framework for significant shifts in health workforce regulation:
    a. People-centred regulation: High-quality regulation where community needs are paramount.
    b. Right-touch regulation: Regulation that is proportionate to the level of risk posed to public safety.
    c. Sustainable regulation: Regulation that can be implemented through lasting and efficient processes and structures.
3. In May 2024, you were briefed on the three broad changes that will support the necessary shifts, which are:
    a. utilise the full competence of our workforce through responsive scopes of practice
    b. establish alternative forms of regulation commensurate to risk to public safety
    c. an accountable and efficient structure to support modern regulation.
4. Following a discussion with officials, you agreed that the Ministry could begin to engage on these changes to health workforce regulatory settings. During that discussion you requested that the Ministry develop a plan that focused on refining and socialising any proposals with key stakeholders before beginning public consultation.

Phased engagement approach

5. Setting the future direction of health workforce regulation requires collaborative and constructive engagement across government, the health sector, and the community.

6. Engagement will be held in three phases to arrive at policy decisions in early 2025 and introduce a bill in late 2025.

Phase 1 – Initial targeted engagement

7. Key outcomes of phase 1 will be to present the future vision for health workforce regulation and to refine the proposals for change, to be included in a public consultation document.

8. Officials met with the Council of Medical Colleges Board (the Board) on 25 June 2024, to discuss our findings following the review of the HPCA Act and test our views on next steps. We discussed the challenges facing the workforce and the opportunity to help improve outcomes through people-centred, right-touch, and sustainable regulation.

9. The Board was receptive to the overarching direction and engagement plan and invited Ministry officials to attend a webinar in August 2024 for a more detailed discussion.

10. The next step in our engagement will be a meeting between senior Ministry officials and leaders from all 18 responsible authorities (RAs). This meeting is scheduled for 16 July 2024. The intention for this meeting is to introduce and socialise the objectives of the work programme and demonstrate opportunities for RAs to contribute to the process.

11. Following this introductory meeting, we will be holding workshops with key stakeholders including RAs, professional associations, Māori health organisations, employers, consumer advocacy groups, and colleges to further develop options for achieving the shifts in workforce regulation.

12. We will share our engagement materials, including key messages and Q+As, with your office throughout the engagement process.

13. Developing the proposals to achieve the necessary shifts will continue throughout engagement. We will regularly update you on the impact of engagement on these proposals.

Phase 2 – Public consultation

14. Key outcomes of phase 2 will be to deliver a robust and transparent consultation process that provides interested parties, and the public, the opportunity to shape the proposed changes to health workforce regulation.

15. The main feature of this phase will be a consultation document that articulates how the shifts in workforce regulation could benefit consumers, and seeks views on the proposals and consider alternative options.

16. It will be clearly communicated that any options included in the consultation document will not be government policy; we want to test all ideas before decisions are made on any changes.

17. At the end of phase 2, the Ministry will finalise the proposals for change and policy positions – taking public and sector feedback into consideration – and seek your approval to proceed.

Phase 3 – Ongoing engagement

18. Key outcomes of phase 3 will be to demonstrate the influence of public consultation on the proposals and to continue to refine policy options through further targeted engagement, leading to policy decisions.

19. This will involve continued engagement with the most impacted stakeholders to improve the quality of the proposals, and to work through any implementation challenges, for policy decisions to be made by Cabinet in early 2025.

20. Depending on the scale of final changes made by Cabinet, a bill could be drafted and introduced by the end of 2025.

Use cases – Benefits of changes to health workforce regulation

21. Following a meeting with officials on the proposed changes to health workforce regulation, you requested a series of "use cases" that would clearly show the potential benefits for specific stakeholders.

22. We have provided four example use cases at **Appendix One**, which describe the potential benefits for different stakeholders:

    a. Regulated practitioner: Registered nurse

    b. Unregulated/self-regulated practitioner: Speech-language therapist

    c. Rongoā Māori practitioner

    d. Consumer.

23. Use cases are an effective way of describing the intended benefits of regulatory change to people unfamiliar with the impact of regulation on the delivery of health services.

24. As such, we will continue to develop these and more use cases through targeted engagement during phase 1.

25. Feedback from this engagement will support us to shape the use cases into a form that is clear and approachable for public consultation during phase 2.

Next steps

26. We will continue to meet with impacted stakeholders on the proposed shifts in health workforce regulation and report back to you on the outcomes of initial engagement at the conclusion of phase 1.

27. We will provide you with a draft Cabinet paper and consultation document in September 2024 to allow public consultation to begin in early October 2024.

Recommendations

We recommend you:

a) **Note** the Ministry is undertaking a phased approach to engagement on changes to health workforce regulation

b) **Note** the Ministry is drafting a public consultation document on changes to health workforce regulation that we intend to release in October 2024

c) **Review** the use cases provided in **Appendix One**, which outline potential benefits of changes to workforce regulation for certain stakeholders

d) **Note** that we will continue to develop further use cases which will support public consultation.

Maree Roberts
Deputy Director-General
Strategy Policy and Legislation
Date:

Hon Dr Shane Reti
Minister of Health
Date:

Minister's Notes

Appendix One – Use cases

Regulated Profession – Registered Nurse, IQN – Maria

- Improved responsiveness of regulators to address workforce issues (e.g. faster registration of internationally qualified nurses)
- Increased consumer access by empowering workforce to provide more services in line with their skills
- Consistent approach to cultural safety across professions

Maria is a 55-year-old Registered Nurse with 30 years' experience. Ten years ago, Maria migrated to New Zealand from the Philippines, where she received her training and qualifications.

Maria experienced first-hand the long and expensive registration process that delayed her entry into New Zealand and, ultimately, delayed her contribution to New Zealand's health system. Faster processing times has been identified as a priority for the nursing regulatory body so is included in its performance monitoring. This prioritisation and accountability mechanism means the future IQNs can begin safety treating New Zealanders faster.

Maria also sees opportunities to provide an even greater contribution to her community, based on the competencies she has gained through her qualifications and experiences. As Maria's skills and capabilities are clearly defined in her scope of practice, her employer, colleagues, and patients understand the contribution she can make. This empowers Maria to provide more services she is qualified and competent to perform safely, which relieves the burden from medical staff and provides more patients with quality and timely care.

Finally, cross-profession standards on matters such as cultural and disability competence provide a more responsive, representative and culturally safe workforce. As an immigrant herself, Maria has experienced racism in the workplace while she also develops her own understanding of New Zealand's unique cultural context. Consistent standards across the workforce would mean that all of Maria's colleagues were expected to meet the same standards, regardless of profession.

Self-regulated Profession – Speech-Language Therapist – Sophie

- Quality assurance of currently self-regulating professions
- Increased consumer protection through a new tier of regulation - Accredited Register
- Increased consumer access by empowering workforce to provide more services in line with their skills

Sophie is a 31-year-old speech therapist, specialising in paediatric feeding and swallowing, and is the paediatric team lead in the SLT service at Health New Zealand | Te Whatu Ora – Nelson Marlborough.

Sophie is registered by the New Zealand Speech-language Therapists' Association (NZSTA), which has been endorsed by the regulatory authority to hold an Accredited Register of speech-language therapists.

Under the Accredited Register the NZSTA sets standards and scopes for speech-language therapists and protects consumers by only allowing practitioners who meet their standards to call themselves "speech-language therapists". This provides consumer protection appropriate to the level of potential risk to patient safety.

This means that when Sophie refers a patient onward to another speech-language therapist working in a school or in private practice, she is assured she is referring them to someone competent, trained and with the same access to ongoing development support. This has not always been the case.

As an endorsed self-regulating professional association, the NZSTA can remain flexible to respond to system needs and support Sophie in her continuous professional development, such as evidence-based practice and upskilling to safely perform more complex tasks.

This professional development is reflected in Sophie's scope of practice. This means that Sophie's employer and colleagues have a clear understanding of her role and competencies, and therefore the value she brings to the delivery of care.

This provides safer, more efficient and more effective care for consumers. Recognising all of Sophie's competencies supports greater team-based care and enables her to provide more services to more people. In addition, the protection of the title of "speech-language therapist" to practitioners on the Accredited Register, means that Sophie can be confident the safety of her patient will be protected when she refers them to another speech-language therapist.

Rongoā Practitioner – Kārena

- For Māori, by Māori quality and safety assurance of traditional medicine
- Increased consumer visibility of, and access to, rongoā practitioners
- Increase connection to wider health system, possibly including funding

Kārena is a 42-year-old Ngāpuhi woman, who has practiced rongoā (mirimiri and romiromi) full-time for five years. She was taught by her Aunty and took a local course to build her skills at Te Wānanga o Aotearoa.

Kārena sees an opportunity to help meet unmet needs in her local community, such as early detection and intervention of health needs, through greater connection between clinical and traditional practitioners.

Kaitiaki rongoā have the option to establish an Accredited Register of safe and competent rongoā practitioners, like Kārena. This enables Māori to exercise tino rangatiratanga over rongoā and its practitioners (including setting standards and safety and quality assurance measures that are for Māori, by Māori), while connecting rongoā with the wider health system to create one holistic health workforce.

An Accredited Register also provides quality assurance for health service commissioners and consumer protection through a list of competent and safe practitioners. It is not compulsory to form or join an Accredited Register. By joining an Accredited Register of rongoā practitioners, Kārena can reach more health consumers and may have another pathway for equitable access to funding.

Consumer – Āwhina

- Increased access to services through team-based model of care
- Connected, inter-disciplinary primary care
- Consistent cultural and disability competence across professions
- Increased consumer understanding of capabilities of practitioners

Āwhina is 19 years old and works as a gardener for the Far North Regional Council. Āwhina is well connected to her whanau, Iwi and marae, has a boyfriend, and is managing her transition into independent living and adulthood as a person with Down syndrome.

As a person with complex, ongoing needs, Āwhina needs a coordinated, team-based approach to her care. This would help Āwhina and her whanau navigate the health system, ensure her care is evidence-based and considering multiple perspectives, and responds to her communication and cultural needs. Enabling this model of care would also spread the responsibility of treatment across multiple members of the team, which would ensure appropriately competent practitioners engage with Āwhina at the right times, free up more specialised practitioners provide more complex services to more consumers, and reduce workforce burnout.

This will support Āwhina's ongoing health by building continuity and relationships with her care team, so she is comfortable to discuss even sensitive matters, such as sexual health, or her care team is able to identify changes in behaviour that may indicate a health issue.

Building these relationships is supported by consistent standards on disability competence and cultural safety being applied across all health professions. This means that anyone Āwhina sees in her care team is required to meet the same standard of cultural and disability competence, rather than experiencing different standards depending on the type of practitioner.

In addition, clear and easy-to-understand scopes of practice mean that Āwhina and her whanau are informed on the contributions each practitioner can make to her care. As these scopes of practice overlap between multiple practitioners in Āwhina's care team, she is more likely to be able to access these services when she needs them.