

11 April 2025

Dr Joe Bourne
Chief Medical Officer
Ministry of Health

By email: joe.bourne@health.govt.nz

Cc: audrey.sonerson@health.govt.nz

Tēnā koe Joe,

The Council of Medical Colleges wishes to reiterate the position outlined in our letter of 10 March 2025 addressed to the Director-General, in which we agree with the need to update workforce regulation legislation due to newer proficiencies, taking a patient-centred view of regulation. Responding to the letter, the Director-General suggested that we address further correspondence to yourself. Due to the nature of our concerns, we have taken the liberty of copying in the Director-General as well. We are looking forward to meeting the Director-General in June and discussing ways we can work with the Ministry of Health on regulatory reform.

As mentioned in the letter, we again offer to set up a working group or discuss with the Ministry of Health in-person what changes we can make to our health workforce regulatory system to improve efficiency, performance and achieve better patient outcomes.

It is disappointing the only current avenue for feedback on the HPCA Act 2003 review policy proposal changes is the submission form accompanying the consultation document.

The Council of Medical Colleges would like to formally express its concern with several statements made in the consultation document *Putting Patients First: Modernising health workforce regulation* which are misleading on the current settings for recognising international health professions qualifications, cultural safety requirements, international health professionals' retention, as well as negative generalised statements about the workforce who sit on regulatory bodies.

The way the consultation document is currently worded will not ensure a fair consultation process. We request changes to be made to the document to correct these statements.

The following are examples of inaccurate or misleading statements which should be amended to ensure a fair consultation process before decision-making:

"When most members of an authority are practitioners, decisions are more likely to be based on the interests of the profession, which may not match the public interest."

This suggests health practitioners do not consider patients or consumer voice when making decisions which is an unfair generalisation to the health workforce who are patient-facing in their everyday work.

Australasian College for Emergency Medicine (ACEM)	College of Intensive Care Medicine of Australia and New Zealand (CICM)	New Zealand College of Sexual and Reproductive Health (NZCSRH)	Royal Australasian College of Medical Administrators (RACMA)	Royal Australian and New Zealand College of Obstetricians and Gynecologists (RANZCOG)	Royal College of Pathologists of Australasia (RCPA)
Australasian College of Sport and Exercise Physicians (ACSEP)	New Zealand College of Musculoskeletal Medicine (NZCMM)	Royal Australasian College of Physicians (RACP)	Royal Australasian College of Surgeons (RACS)	Royal Australian and New Zealand College of Psychiatrists (RANZCP)	Royal New Zealand College of General Practitioners (RNZCGP)
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“Regulators today often encourage or require health practitioners to consider factors beyond clinical safety. In some cases, this involves requiring certain professions to favour cultural requirements in hiring decisions, such as mandating an understanding of tikanga Māori.”

This is factually incorrect. Job descriptions and hiring requirements are the responsibility of the employer, the largest one being Health New Zealand.

“Currently, regulatory authorities will recognise some overseas qualifications, particularly from Australia, if they are similar enough to New Zealand qualifications.”

The sentence implies regulators do not recognise many overseas qualifications when in fact, the regulator of medical practitioners, the Medical Council of New Zealand, recognises 26 countries as having health systems comparable to New Zealand under their comparable health system registration pathway.

“Instead of welcoming these qualified workers, we’ve created complicated bureaucratic barriers that discourage even the most motivated individuals from staying.”

The sentence implies the reason international health professionals do not stay in New Zealand is because of regulation. This sentence ignores support, remuneration, cultural adaption and other variables that have been studied and researched on this topic.

The Council of Medical Colleges is also concerned about the submission form which consists of leading questions that make assertions and suggestions in the question to generate a particular kind of response which contravenes the Ministry of Health’s obligations to consult with an open mind to ensure a fair process e.g. *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?*

We ask you to remove the suggestions and assertions put into the second part of several of the questions in the submission form.

We also ask for the submission form to be changed so that the health sector has an opportunity to provide all information relevant to the review. Some of the questions ask for yes or no responses only, for example, question 8 which provides no ability to give any comment or provide any further information to the question.

The short submission timeframe of one month on regulation covering over 100,000 people who work in the New Zealand health sector further compounds the issues with the submission form in giving submitters who are impacted a chance to meaningfully engage. We ask for this timeframe to be extended to give workforce organisations a fair chance to comment as many of them need to go out to their members for feedback.

We reiterate our wish to work with the Ministry of Health on updating and modernising our regulatory settings which meet the needs of patients. We are asking the Ministry of Health to make corrections to the document, change the submission form to allow more contextual answers, and extend the submission deadline to give us and other submitters the opportunity to have a conversation in good faith on any changes to regulatory settings so that we can improve patient access and outcomes.

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The consultation document also mentions the Ministry is going to use artificial intelligence tools to identify themes and trends from submissions. We would appreciate assurance this will not be the main method of analysing submissions so all relevant matters and issues raised are taken into account.

Nāku noa, nā



Dr Samantha Murton

Chair

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