The Royal New Zealand College of General Practitioners
Te Whare Tohu Rata o Aotearoa

30 April 2025

Ministry of Health
PO Box 5013
WELLINGTON 6140

By email: workforceregulation@health.govt.nz

Tēnā koe

Submission on the Manatū Hauora | Ministry of Health consultation – Putting Patients First: Modernising health workforce regulation[1]

The Royal New Zealand College of General Practitioners (the College) is the largest medical college in Aotearoa New Zealand with a membership of 6,018 specialist General Practitioners (GPs) and rural hospital doctors. Our General Practice Education Programme (GPEP) and Rural Hospital Medicine Training Programme (RHMTP) trains the specialist General Practitioner and Rural Hospital Doctor workforce. The Medical Council of New Zealand (MCNZ) accredits the College to deliver a Vocationally Registered workforce through its Continuing Professional Development Programme, making up 40 percent of the specialist medical workforce.

The College is committed to prioritising the reduction of health inequities and honouring Te Tiriti o Waitangi and the rights of Māori. To do this we prioritise initiatives that support our members to develop cultural safety capability through our training, professional development and quality programmes.

Our members provide medical care to patients and their whānau. Each year approximately 24 million[2] patient contacts are recorded in 1,077 general practice teams across Aotearoa. Together they deliver first point of contact care to effectively manage 90 percent of all patient healthcare concerns in the community.

INTRODUCTION

The College welcomes the opportunity to provide feedback on Manatū Hauora's consultation document *Putting Patients First: Modernising Health Workforce Regulation*, which proposes amendments to the legislation regulating Aotearoa New Zealand's health workforce. (Refer to Appendix 1 for our detailed responses.)

The Health Practitioners Competence Assurance Act 2003[3] (the Act) is the primary mechanism to ensure that practitioners are competent and fit to practice for the duration of their professional lives. Its principal purpose is to protect the health and safety of the public by setting and promoting standards of professionalism, medical and cultural competence. The Act incorporates principles of ongoing competence and separates the registration process from disciplinary procedures.

COMMENTS ON THE CONSULTATION PROCESS

The College has significant concerns about the tone and structure of the consultation document, which does not encourage genuine engagement. Leading questions risk steering respondents towards predetermined outcomes and compromising the integrity of the consultation process.

The Office of the Ombudsman[4] advises that public consultations must be conducted independently and with an open mind. We believe the current consultation document falls short of this standard.

Specifically, the document:

- Makes incorrect and subjective assertions about regulatory bodies' decision-making and requirements.
- Omits essential information about how regulatory bodies recognise international qualifications and experience.
- Misrepresents the impact of regulatory decisions on the health sector.[5]

A. Commitment to Te Tiriti o Waitangi

The College is committed to honouring Te Tiriti o Waitangi across our work to support Māori health and well-being advancement via a health system which is responsive to Māori.

Persistent Māori health inequities reflect systemic failures in strategy, policy, service design and delivery that do not adequately meet the needs of Māori. These inequities are a breach of Māori rights to health as guaranteed in Te Tiriti o Waitangi.

Despite political agendas, and in recognition of the fundamental role a Te Tiriti o Waitangi led approach has in achieving Māori health equity, the College unreservedly supports initiatives that seek to give effect to Te Tiriti principles of equity, active protection, options, partnership as well as Māori rights to Tino Rangatiratanga (WAI 2575) [6] [7].

B. Aligning Cultural Safety with our Regulator (MCNZ)

The College unreservedly supports the Medical Council of New Zealand's (MCNZ)[8] integration of cultural competence and cultural safety standards into its regulatory framework, He Ara Hauora Māori: Pathway to Māori Health Equity[9]. This framework aligns with the Cultural Training Plan for vocational medicine in Aotearoa,[10] developed in partnership with Te Ohu Rata O Aotearoa (Te ORA), the Council of Medical Colleges (CMC), and associated medical colleges, and the Statement on Cultural Safety [11] to advance clinical safety, cultural safety, and Māori health equity.

The College embeds cultural competence and cultural safety requirements within our General Practice Education Programme (GPEP) and Continuing Professional Development (CPD) programme, ensuring they are integral to specialist training and ongoing professional development. [12] [13]

C. Our Policy Priorities

The College advocates for regulatory reform that prioritises patient-centered care, equity, professionalism and patient safety. To this end a resilient health workforce must be supported through regulatory settings that foster continuous professional development and uphold clinical safety, cultural competence and cultural safety.

1. **Upholding Patient Safety**
   Patients have the right to expect healthcare that is both clinically effective and culturally safe. Practitioners trained in cultural safety deliver more accurate diagnoses and treatments, leading to significantly lower rates of preventable hospitalisations and improved outcomes for Māori and Pacific patients.[14]

2. **Balancing Workforce Growth with Patient Safety and Standards**
   Efforts to streamline workforce pathways must not compromise clinical standards. Fast-tracking practitioners without adequate preparation increases the risk of medical errors, undermining trust and endangering patient care.

3. **Recognising the Interdependence of Clinical and Cultural Safety**
   Practitioners trained in cultural safety require both clinical expertise and cultural competency.[15] [16]
4. **Upholding Rigorous Standards**
   Regulatory reforms must improve and not undermine safety standards. [17] [18]

5. **Addressing Workforce Shortages Responsibly**
   Regulatory change must focus on understanding workforce distribution, supply gaps, and the ability to meet community needs, rather than simply removing barriers to entry.[19]

SUMMARY

The College supports regulatory changes that enhance efficiency, promote continuous professional development, and uphold patient safety, clinical competence and cultural safety.

Additionally, we advocate for regulatory changes to explicitly consider Te Tiriti o Waitangi and its application via the Waitangi Tribunal principles to support Māori health equity and uphold Māori health rights more broadly.

We caution against using "red tape reduction" to justify relaxing standards, as this risks serious long-term harm to both the profession and public health outcomes.

Introducing new workforces without addressing existing shortages or supporting standards risks diluting healthcare quality and undermining patient safety.

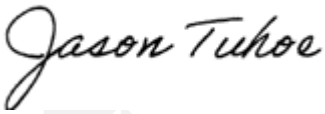
Finally, we wish to register our interest in continuing to work with you as the review of the Act continues, and seek assurance that the process will be transparent, inclusive, and based on best practice consultation[20].

If you require further clarification, please contact Maureen Gillon - Manager Policy, Advocacy and Insights – Maureen.Gillon@rnzcgp.org.nz.

Nāku noa, nā

Dr Luke Bradford
Medical Director | Mātanga Hauora

Dr Samantha Murton
President | Te Tumu Whakarae



Dr Jason Tuhoe
Chair | Te Akoranga a Māui

References

1 Ministry of Health. Putting Patients First: Modernising health workforce regulation. Consultation document. 2025. Available at: https://www.health.govt.nz/publications/putting-patients-first-modernising-health-workforce-regulation.

2 Ministry of Health, 2024 data.

3 Ministry of Health. Parliamentary Counsel Office. New Zealand Legislation. Health Practitioners Competence Assurance Act 2003. Section 118(i). Available at: https://www.legislation.govt.nz/act/public/2003/0048/latest/DLM203312.html.

4 The Office of the Ombudsman|Tari o te Kaitiaki Mana Tangata. Good decision making. 2012. Available at: https://www.ombudsman.parliament.nz/sites/default/files/2022-03/Good%20decision%20making.pdf.

5 Council of Medical Colleges. Letter to the Council of Medical Colleges to the Office of the Ombudsman. 23 April 2025..

6 Waitangi Tribunal, 2019 (Wai 2575) Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry [Internet]. Lower Hutt, New Zealand: Legislation Direct; 2023. Available at: https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_195476216/Hauora%20 2023%20W.pdf.

7 The Royal New Zealand College of General Practitioners. Position Statement. Te Tiriti o Waitangi and Māori health equity. March 2025.

8 Medical Council of New Zealand. What we do. Available at: https://www.mcnz.org.nz/about-us/what-we-do/.

9 Medical Council of New Zealand. He Ara Hauora Māori: A Pathway to Māori Health Equity. October 2019. Available at: https://www.mcnz.org.nz/assets/standards/6c2ece58e8/He-Ara-Hauora-Maori-A-Pathway-to-Maori-Health-Equity.pdf.

[10] Council of Medical Colleges, Te Ora Cultural Safety Training Plan for Vocational Medicine in Aotearoa. January 2023. Available at: https://www.cmc.org.nz/media/4xmpx1dz/cultural-safety-training-plan-for-vocational-medicine-in-aotearoa.pdf.

[11] Medical Council of New Zealand. Statement on cultural safety. October 2019. Available at: https://www.mcnz.org.nz/assets/standards/b71d139dca/Statement-on-cultural-safety.pdf.

[12] The Royal New Zealand College of General Practitioners. General Practice Education Training Programme. Available at: https://www.rnzcgp.org.nz/study-with-us/study-general-practice/general-practice-education-programme-gpep/.

[13] The Royal New Zealand College of General Practitioners. Foundation Standard. RNZCGP Quality Programme. Available at: https://www.rnzcgp.org.nz/Quality/Foundation/Foundation_2022/Introducing_the_Foundation_Standard/Qua.

[14] Curtis E, Jones R, Tipene-Leach D, Walker C, Loring B, Paine S, Reid P. Why cultural safety rather than cultural competency is required to achieve health equity: a Literature review and recommended definition. *Int J Equity Health* **18**, 174 (2019). https://doi.org/10.1186/s12939-019-1082-3. Available at: https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-019-1082-3.

[15] Health Quality and Safety Commission. He tirohanga ki te ōritenga hauora o te Māori | A view on Māori health equity. HQSC. 2019. Available at: https://www.hqsc.govt.nz/assets/Our-data/Publications-resources/Window_2019_web_final-v2.pdf .

[16] Ministry of Health. Achieving Equity in Health Outcomes: Highlights of important national and international papers. Wellington: Ministry of Health. 2019. Available at: https://www.health.govt.nz/system/files/2018-11/achieving-equity-in-health-outcomes-important-paper-highlights-nov18_1.pdf .

[17] Hardy B, Filipenko S, Smylie D, Ziegler C, Smylie J. Systematic review of indigenous cultural safety training interventions for healthcare professionals in Australia, Canada, New Zealand and the United States. BMJ. Medical Education and Training.

Doi:10.1136/ bmjopen-2023-073320.Available at: https://bmjopen.bmj.com/content/13/10/e073320.

[18] Vella E, White M, Livingston P. Does cultural competence training for health professionals impact culturally and linguistically diverse patient outcomes? A systematic review of the literature. Nurse Educ Today. 2022 Nov: 118:105500. DOI: 10.1016/j.nedt.2022.105500. Available at: https://pubmed.ncbi.nlm.nih.gov/35964378/.

[19] Džakula A, Relić D. Health workforce shortage - doing the right things or doing things right? Croat Med J. 2022 Apr 30;63(2):107-109. doi: 10.3325/cmj.2022.63.107. PMID: 35505643; PMCID: PMC9086817.

[20] The Office of the Ombudsman|Tari o te Kaitiaki Mana Tangata. Good decision making. 2012. https://www.ombudsman.parliament.nz/sites/default/files/2022-03/Good%20decision%20making.pdf

APPENDIX

Manuatu Hauora |Ministry of Health – P utting Patients First: Modernising the health workforce regulation

Survey to inform the review of the HPCA Act 2003 – Responses by the Royal New Zealand College of General Practitioners (RNZCGP) - 30 April 2025 to be read in conjunction with the College letter attached to these responses.

Patient-Centred Regulation

1. Would you be interested in having a say on any of the following?
(Select all that apply)

- *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*

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

We support the proposal for wider consultation requirements by regulators on changes to scopes of practice and qualification requirements. Regulation should be transparent with patient input, but it must be balanced with clinical expertise, evidence, and safety; including cultural safety, in the decision-making process to ensure patient safety.

Although patients provide important insights, they may lack the technical expertise to fully understand the technical issues. We raise concerns about the potential for consultation to increase the costs of regulation.

Consultation must also occur to understand whānau Māori health needs and rights, and how these may be impacted by proposed regulatory changes. Article one; Kāwanatanga, provides the impetus for this consultation to occur.

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?

Regulators must ensure that all practitioners registered with them are fit to practice, fully competent in their profession, have appropriate qualifications, and ongoing training for their scope of practice. It is in the best interest of patients to have clinicians who are not only clinically qualified but also understand their legal responsibilities, the context of the New Zealand health system, and the application of Te Tiriti o Waitangi to health. All health practitioners should be culturally safe, to effectively treat patients from diverse backgrounds including Māori as Tangata Whenua.

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

The point of regulation is to ensure patient safety, it not only about the professions. Regulators must consider needs of patients and workforce when making decisions. It is in the best interests of

every patient to have clinicians who are safe to practice and whose qualifications and training are of an appropriate standard for their scope of practice.

Beyond basic clinical qualifications, regulatory bodies can ensure patients' needs are met by ensuring practitioners understand their legal responsibilities, such as the relevance of Te Tiriti o Waitangi, are culturally safe to treat patients from diverse cultures, understand the Privacy Act, and the context of the New Zealand health system. A highly qualified professional cannot deliver the highest standard of clinical practice without being skilled in cultural safety and excellent communication skills which are responsive to the patients they serve.

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

The consultation document does not mention that clinicians are patient-facing in every day and serve their communities, instead it makes disparaging generalisations of self-interest by the health workforce profession. We are disappointed that Manatū Hauora has refused to take this sentence out of the document.

There is no mention in the consultation document of the Health and Disability Commissioner and their role in upholding patients' rights and safety. The Health and Disability Commissioner also influences the regulatory environment with their rulings. This sits at cross-purposes with the direction of deregulation in the consultation document.

Patients expect healthcare professionals to understand and respect their cultural context. Cultural safety is not simply a regulatory requirement; it is a public expectation and a cornerstone of patient-centred care.

Studies show that when healthcare workers are trained in cultural safety, patients experience better communication, stronger trust, and improved outcomes (Curtis et al., 2019)

Given the clear link between culturally safe practices and better health outcomes, our regulatory reforms need to prioritise patient safety in its full sense: clinical, cultural, and ethical.

The framing of clinical safety as separate from cultural competency in the consultation document is misleading. Effective communication, trust, and understanding cultural health perspectives are all fundamental to patient safety.

Research shows that Māori patients who receive culturally safe care are more likely to engage with healthcare services and adhere to treatment plans (The Lancet, 2020).

The Health Quality & Safety Commission NZ reports that culturally unsafe care contributes to poorer outcomes, including lower rates of follow-up care and higher hospitalisation rates for Māori.

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

We are concerned that the consultation document does not mention any of the consumer advisory groups that already exist, and that lay people are appointed to boards such as the Medical Council of New Zealand's Board. This omission is misleading to submitters.

We are not opposed to other ways to improve public engagement or bring in greater patient representation to regulatory bodies, but this must not be at the expense of clinical and Māori representation. Losing clinical and Māori voice and expertise is the opposite of improving patient safety.

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 safety requirements and ensuring that the most qualified professional is providing safe care for the patient.

Regulators are already mandated to wish to consider the impact of decisions consult with the regulatory bodies so that changes can be considered in the context of keeping patients safe. They should remain focused on the standard and quality of the relevant health professionals to ensure safety and quality of the workforce.

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?
The primary priority should always be the competence, skill, and safety of the clinician.

Streamlined 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?
Moderately important

A one size fits all approach to regulation would be inappropriate. There are vast differences in the scope, role, duties, and risks within the various professions and is understood to fail recognition of Māori health needs and rights.

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

We believe there are opportunities for greater collaboration and sharing of infrastructure between the regulators, but it is critical for amalgamation to be driven by combining professions who have a degree of alignment.

If the focus is not looking at the broader picture of how the clinical and wider multidisciplinary team intersects and instead combining professions loosely due to cost, then this will lead to a breakdown in registration and other regulatory processes.

Regulatory changes need to balance efficiencies while maintaining professional standards to ensure that all practitioners, regardless of their pathway into the workforce, are equipped to deliver safe, high-quality, and culturally safe and competent care.

Right-sized Regulation

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

Accreditation
Yes
Credentialling
Yes

Certification
Yes

Accreditation, credentialling and certification already occur through the College programmes – all our doctors are certified

In Australia better alignment was achieved through Ahpra and its national boards. Objectives of the National Registration and Accreditation Scheme are focused regulating 16 health professions to help protect the public by setting standards, and policies that all registered health practitioners must meet. The focus is on regulatory effectiveness, trust and confidence, evidence and innovation, capacity and culture, including cultural safety.

Credentialling: We disagree with health and disability service providers being responsible for verifying and assessing qualifications, experience, and competence of health practitioners. Providers face budgetary and workforce pressures which could influence the decision on assessing a practitioner's skills and or qualifications.

There are significant risks with expanding what doctors and non-medical professionals are allowed to deliver without standardised regulation that ensures competency. Patient safety as well as cost implications for the health system will be affected due to potential over-investigation and increased supervision requirements.

Patients have the expectation that the health workforce has the skills and experience in the service that they are delivering.

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
Regular review of international best practice should inform regulatory requirements.

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?

No

If there are issues, they are different for each occupational group.

Workforce shortages will not be solved by challenging regulators decisions. It is the exact opposite of protecting patients' safety. Challenging and overruling standards of care will lead to worse patient outcomes.

The principal purpose of the Health Practitioners Competence Assurance act is to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practise their professions. This proposal for Government to overrule these mechanisms means that the purpose of the act will be competing with workforce demands and will compromise patient safety.

A significant percentage of foreign doctors leave after registration, raising concerns about the incentives and systemic issues in the process. MCNZ's data and opinions suggest shifting the focus from registration to retention. Effective medical workforce planning should prioritize strategies to improve retention, ensuring doctors are supported to continue practicing in New Zealand.

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, to strengthen our health workforce and deliver timely, quality healthcare?

Yes

The Medical Council of New Zealand already recognises 26 countries as having comparable health systems under the comparable health system pathway. This is an important contextual fact that is missing from the consultation document.

Decisions on registration should be based on clinical judgement, standards, and safety. It is critical for regulators to be able to assess and understand any gaps between overseas curriculum and training, and the skills needed to deliver care to patients in New Zealand. Patients expect doctors to have these skills before performing a service on them. Any proposed appeals body such as an occupational tribunal needs to recognise the complexities of training and qualification pathways in different countries otherwise it could risk endangering patients. The criteria for appointment on such a body would need to consist of clinical, education and training expertise to maintain safe standards for practice and identify what is needed to retain the medical workforce.

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

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

No

Non-regulation is a patient safety issue. We do not support unregulated overseas trained workforces providing healthcare to the New Zealand public, for example,

the non-regulated Physician Associate (PA) workforce poses a significant risk to patient safety.

Investment in our own health workforce would provide a better return on investment than a new unregulated overseas trained profession. We consider the Government should focus on its training investment and understand how to retain the New Zealand health workforce.

Future-Proofed Regulation

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

We are not opposed to regulators look at availability of services and the wider system, but it should not be weighed against health professionals delivering safe, high-quality, and culturally responsive care.

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

Yes

A ministerial letter of expectations would be an appropriate lever for Government that allows them to set priorities. This could include setting priorities for the regulator to investigate emerging professions, or qualifications from a particular country to better serve patients' healthcare needs.

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

The MCNZ 12-member Council is appointed by the Minister of Health. The government already has the authority to appoint regulatory bodies for health practitioners, which mean increasing public involvement in health practitioner regulation through changes to the HPCA Act could be made without overhauling the entire legislative framework.

Professionals in each field are best equipped to determine the necessary regulations to ensure patient safety. They have expertise that that the public does not.

Appointments to regulatory boards should also be balanced with the expertise of the profession with input from the public.