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Submitted to Putting Patients First: Modernising health workforce regulation
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Your details and privacy

1 What is your name?

Name:
Clare Greasley

2 This submission is being made by:

Not Answered

Name of group/organisation, if applicable:
New Zealand Hospital Pharmacy Association (Inc)

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

Professional organisation

Other:

4 Publishing submissions

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Patient-centred regulation

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

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?

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

NZHPA support in principle the opportunity for wider consultation on regulatory matters. We believe successful consultation includes appropriate engagement and providing a suitable timeline for considered responses. Engagement should include patient/consumer groups, with Māori and Pacific representation. Health is a complex system with the expertise and challenges of many professions being poorly understood, even within health. There are opportunities to engage with existing organisations with an established patient voice such as HQSC. Limited public engagement leaves New Zealanders unaware of the proposed changes, stifling democratic participation. There is no clear communication strategy to ensure diverse voices are heard, especially from rural communities and minority groups. Rushed consultations such as this one exclude critical input from health professionals, Māori communities, regulatory authorities (RAs), and the public. This risks creating reforms that are misaligned with frontline realities and patient needs. Our experience is that the Pharmacy Council already provides the public with an opportunity to contribute to consultations via the website. Public contributions can be helpful in highlighting their preferences for the types and quality of services they wish to receive. How we feel that the way the profession achieves this is best left to the profession (and health service) itself as it can be difficult for a lay person to fully understand the complexities of the skills and knowledge that constitutes good and safe practice. For instance, pharmacists often hear the complaint 'why is my prescription taking so long – you only have to stick a label on the box'. Until you are in a profession, it is hard to appreciate the full range of behaviours, skills and knowledge that need to be executed appropriately to provide safe patient care.

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:

Yes, Pharmacy Technicians are recognised professionals who work alongside pharmacists, contributing essential skills in primary and secondary care settings. NZHPA believes that regulating Pharmacy Technicians would ensure consistent standards and competence across the workforce, improving clinical safety and reducing errors. Currently, inconsistencies in knowledge and practice, and no requirement for continuing education to keep practice current and safe, places an increased pressure on the already stretched pharmacist workforce. While traditionally supervised directly, several countries, including the UK, have acknowledged pharmacy technician's ability to perform many tasks autonomously. Regulation of this profession would support the expansion of these roles, allowing pharmacists to focus on clinical tasks such as

supporting the care of more complex patients and enhancing the use of medicines in hospital settings. As well as ensuring consistency for those who achieve qualifications regulation of technicians would also improve workforce efficiency, increase the face to face patient care delivered, and enhance public confidence in pharmacy services.

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

Yes

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

Ways regulatory authorities could better focus on patient needs:

We agree that patient needs should be considered by regulators when making decisions and this is already a requirement under the HPA. However, patient safety should remain the key remit of regulators and we believe that a balanced approach of patient wants / needs versus safety should be taken. Patients don't always understand the many facets that contribute to safe practice. They may focus on themselves and their immediate needs and not understand the importance of wider roles within each profession (e.g. management, research, teaching of students)

The needs of patients, both as individuals and within the broader healthcare system, are already used as a proxy endpoint for establishing the standards of competency and education for healthcare professionals. Any lowering of these standards should not carefully considered alongside a thorough risk assessment.

As well as listening to patient needs regulators need to work with the profession / health service to ensure that regulation facilitates service provision and there aren't any unnecessary barriers for a workforce pipeline.

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 believe that individuals with expertise in governance, and understanding of regulation should sit alongside profession specific expertise. These skills are likely to be provided by a diverse range of individuals who understand the benefits of appropriate consultation.

It is critical that the patient voice should include Māori and other patient groups that suffer from poorer health outcomes.

Additional comment relates to question 7 below

Cultural safety is a fundamental part of clinical safety. All practitioners providing care in NZ should understand the cultural context within which they are working in order to provide safe and effective care, and to ensure that those who are most vulnerable are not marginalised.

Specifically, NZHPA firmly believe that removing cultural requirements is a significant risk in worsening health inequities for Māori and Pacific communities. Replacing Te Tiriti o Waitangi obligations with a multicultural framework undermines accountability to Māori and risks worsening health inequities.

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

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

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?

Very important

Why?:

NZHPA believes that a pharmacy specific regulator is essential to the profession. Each health care profession has a professional identity which reflects the differences in how they deliver health care which needs to be supported. There is a risk with a joint regulator that larger bodies will swallow up the smaller ones, when actually we need diversity in decision making and a regulatory body that advocates for that profession.

NZHPA believes that the pharmacy profession is an underutilised workforce with the ability to provide significant impact to health outcomes. A lack of understanding and acceptance of professional capabilities are contributory factors.

Our current regulatory authority possesses critical operational knowledge about workforce regulation. Ignoring or losing their expertise risks, which would potentially happen with a joint regulator, would worsen workforce shortages and safety gaps rather than resolving them.

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

Not Answered

Comments:

Can't answer this without more detail and risks would need to be weighed up. However we would not want to see the Pharmacy Council merged with other regulating bodies.

NZHPA would be supportive of an exploratory process to look at include adding pharmacy licenses to the remit of the Pharmacy Council. This would combine the pharmacy practice regulations for practitioners and premises and leave the licensing of medicinal products with Medsafe.

Right-sized regulation

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

Yes

Yes

Yes

Any other options:

These options are already in use and often reflect qualifications or roles / tasks additional to the base registration for the health care profession. It is important not to confuse these and acknowledge that accreditation etc needs to be within a robust regulatory framework which recognises all the professional skills and knowledge needed to practice safely.

Any recognition needs to be from accredited training or regulatory organisation.

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

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

Comments:

Challenge but not necessarily overrule. In most cases regulators have put a lot of thought into decisions and have weighed up a range of issues to arrive at decisions. These should not be overturned easily. If the decision making is flawed then the process (and underpinning legislation) should be reviewed rather than overruling.

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

Comments:

NZHPA would value any opportunity to enhance hospital pharmacy workforce however, it should be noted that regulators are already tasked with setting standards for registration and part of this is considering pathways for overseas trained staff. We are therefore unsure where an occupation tribunal would fit into this without causing increased bureaucracy, confusion and cost.

We do however feel that there could be a review of requirements for overseas practitioners from countries of similar or higher standards than NZ e.g. within Pharmacy, pharmacists from UK, Ireland, Canada and USA are required to pass a clinical examination (CAOP) before applying for registration. This exam is written and administered by Australian Pharmacy Council and creates a significant barrier to entry. It costs \$AU2050 per attempt and is only offered three times a year. We are unclear how this knowledge-based exam (potentially asking about medicines not available in NZ) correlates to a competent pharmacist if these pharmacists are practicing in their home countries, holding a current APC. We would like to see a less onerous pathway that also considers the role the pharmacist will undertake on entry e.g. non-clinical, specialist or generalist clinical and sizes the requirements appropriately.

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

If so, what changes should be made?:

We agree with the principle of ensuring that professionals who have been out of practice for a certain period should be supported back into practice in an efficient way. Competency assessment should be efficient and appropriate for the scope of practice for the health practitioner, whether this is more or less than current practice. Blaming "red tape" for workforce constraints overlooks systemic underfunding and understaffing as the real drivers of delays.

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

No

Comments:

It is paramount that health care professionals are suitably trained and qualified in order to delivery safe patient care. Patients should also have confidence in their health care professionals so a consistent pathway for a profession is important. Alternative routes could undermine this confidence. NZHPA were involved with the professional sector review where many workforce barriers and recommendations were identified. Recommendations included recognition of prior learning for pharmacy technicians, promotion of pharmacy as a career to high school students and expanding technician roles.

It is important to note that increasing numbers of overseas trained pharmacists require increased support and supervision placing further strain on the current 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

Comments:

Our experience is that our regulatory authority does try and ensure they are in touch with innovation. We believe they provide regulation within existing outdated legislation

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

Yes

Comments:

NZHPA support consistency in approach to regulation. Government could highlight current and future needs of the health service and work with regulators to support the development of the roles required to deliver these services. However, governments change and it would be inappropriate for the regulators to be constantly required to change direction depending on the politics of the day.

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

Comments:

Experience merging Health NZ has shown that this can be challenging and costly. In theory this sounds like a good idea but our members would not be happy to subsidise this in their APC fees.

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

Comments:

Given that the Ministry of Health make appointments to the Pharmacy Council we would assume that government already has this ability.