



**New Zealand Ministry of Health: Discussion Paper**

***PUTTING PATIENTS FIRST: MODERNISING HEALTH WORKFORCE  
REGULATION***

**Australasian Sonographers Association (ASA) response –  
provided via the requested online survey template**

**Submitted: 30 April 2025**

**<https://consult.health.govt.nz/regulatory-policy/putting-patients-first/>**

## **ASA General Comments**

- We support consistent, statutory regulation of sonographers, and advocate for a model that supports both patient safety and the profession's ongoing development.
- We support a model that reflects risk.
- Workforce shortages and difficulties in accessing services are significant issues. We support efforts to ensure there is no unnecessary red tape or costs for qualified and competent practitioners (domestic or overseas) to practice in New Zealand.
- Patient safety is paramount. Efforts to cut red tape and costs should not compromise patient safety.

## **ASA Response to specific questions**

### *1. Patient-centered regulation (Questions on p. 5)*

#### **1.1 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**

#### **1.2 Are there any other things you think the regulators should consult the public on?**

#### **1.3 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?**

#### **1.4 Do you think regulators should be required to consider the needs of patients and the workforce when making decisions?**

#### **1.5 What are some ways regulators could better focus on patient needs?**

Regulators currently have lay people and practitioners within their formal structures to help ensure the needs of patients, the workforce and the broader community are considered. For instance, the New Zealand Medical Radiation Technologists Board (MRTB) currently has three lay people on a nine-person board and one lay person is the current Chair of the MRTB.

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

#### **1.7 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?**

Regulators should focus on factors that are interlinked with patient safety. NZ culture is different to other countries in the world and – if this aspect is not handled correctly by practitioners – there could be potential risks to the public. Therefore, to reduce the risk of public harm, practitioners should be regulated to ensure that they are practicing safety in all domains, including cultural.

**1.8 Do you think regulators should be required to consider the impact of their decisions on competition and patient access when setting standards and requirements?**

While these aspects could be considered, the safety of the public is paramount. Risking patients accessing unsafe practitioners due to poor regulation should not be permitted regardless of the reason.

**2. Streamlined regulation (Questions on p. 6)**

**2.1 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? Why?**

- While we support consideration of ways to improve efficiency and reduce unnecessary costs, if any merger occurs, it is important that each profession is adequately represented within the relevant regulatory body – particularly so for smaller professions that may be merged within a larger professional group such as sonographers.
- We also note the recent report from the Office of the Auditor General, which indicates that the five largest regulators are generally functioning well financially and meeting their core performance standards. See reference:
  - Office of the Auditor-General, *Our insights into five health regulatory authorities*. Available at: <https://oag.parliament.nz/2025/health-insights/docs/health-insights.pdf>.

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

- The MRTB currently regulates eight defined scopes of practitioner and trainee practitioner across multiple professions – being, medical imaging technologists, magnetic resonance imaging technologist, nuclear medicine technologist, radiation therapist, and sonographers.
- We feel that the MRTB works well and already captures efficiencies. We do not see a relevant opportunity for MRTB to merge with another regulator.

**3. Right-sized regulation (Questions on p. 10)**

**3.1 Do you agree that these regulatory options should be available in addition to the current registration system? • accreditation • credentialing • certification • any other options**

- Yes, where appropriate – ensuring patient safety, clarity of information for consumers/employers/practitioners, and where they reflect qualifications and experience.

**3.2 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?**

- A review may be helpful, as where relevant it would be beneficial for requirements between New Zealand and Australia to be comparable. However, any review would need to consider

the full course and workforce requirements, as a simple comparison of clinical hours may not reflect all relevant details. In general, where there are differences in health workforce training between New Zealand and other countries, these should be scrutinised and assessed on a case-by-case basis.

**3.3 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?**

- There may be limited instances where this is relevant. However, this should not be necessary in a system where a balanced regulatory model is in place that includes appropriate quality standards, and where there is appropriate support given to workforce training (incl. clinical placements) and retention. Here, competent practitioners would be able provide safe and professional care to patients, while working productively and meeting realistic workplace targets. Please also note our response to 3.4 below, indicating we favour appeals / challenges to be undertaken by an independent body, rather than undertaken by government / ministerial review.

**3.4 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?**

- We agree that appeals of decisions should be undertaken outside court. We would favour an occupations tribunal as an entity to review appeals of regulatory decisions, rather than a ministerial review.

***Extra commentary: (p. 8) The National-ACT Coalition Agreement commits to better recognising overseas qualifications, including considering an occupations tribunal. An occupations tribunal would consider appeals about decisions relating to overseas qualifications.***

- An occupations tribunal may have merit. The ASA understands that the MRTB currently has a list of acceptable qualifications from overseas jurisdictions e.g. UK and Canada as well as Australia, to support its decision making.

**3.5 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? If so, what changes should be made?**

- Recency of practice is an important professional standard for patient safety.
- Ensuring recency of practice is vital to maintaining the standard of sonographers. Technology advances change practice so a period of supervision (as is currently the case) is appropriate. New ultrasound techniques and treatments are being developed continually. We think the MRTB currently facilitates re-entry to the profession well, by tailoring conditions appropriately.

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

- If a qualification has previously been assessed as fit for practice in NZ by the MRTB, we consider that the next practitioner holding this same qualification should automatically be approved. That is, the ASA considers that the streamlining of pathways should be qualifications based together with relevant experience.

#### **Other comments in response to scenarios or commentary made within the consultation document**

**(p. 7) We think there should be a greater range of options to regulate professions in a way that is proportionate to the risk. In each case this would help us to streamline the system and remove unnecessary restrictions and cost. We are interested in people’s views on how we can make sure regulatory decisions are made in a way that is right-sized. We are also interested to understand how regulation, or lack of regulation, affects people’s decisions to choose a health practitioner.**

- Sonographers present a high level of risk to the public. For example, in obstetric sonography, consequences of misdiagnosis can result in death to the fetus or mother, or lifelong consequences in the case of mis or undiagnosed fetal anomaly, or result in death. In other areas of sonography practice, missed or misdiagnosis can cause treatment delays leading to cancer spread, ruptured aneurysm and so on.
- Regarding sonographers, therefore, we believe that it is appropriate that they continue to be regulated under the *Health Practitioners Competence Assurance Act 2003*.

**(p. 8. Scenario D) My friend, who trained as a specialist in New Zealand and has been practising overseas, is returning to work in New Zealand. However, they have been told they need to complete a course on cultural requirements. I don’t understand why this is necessary. This emphasis on cultural requirements seems like a distraction from the real issues facing our health system, where the focus should be on ensuring patients receive timely, quality care from the most qualified professionals.**

- New Zealand has a Treaty relationship with Māori. Māori are consistently overrepresented in health statistics. Research indicates that one of the barriers to access is a lack of culturally appropriate care. See references:
  - Espiner E, Paine SJ, Weston M, Curtis E. Barriers and facilitators for Māori in accessing hospital services in Aotearoa New Zealand. *N Z Med J*. 2021 Nov 26;134(1546):47-58. PMID: 34855733. Available here: <https://pubmed.ncbi.nlm.nih.gov/34855733/#:~:text=We%20identified%20five%20themes%20that,%2C%20whakawhanaungatanga%2C%20wh%2C%20manaakitanga%20and>
  - Health Quality and Safety Commission New Zealand. A window on the Quality of Aotearoa New Zealand’s Health Care 2019. Available here: [https://www.hqsc.govt.nz/assets/Our-data/Publications-resources/Window\\_2019\\_web\\_final-v2.pdf](https://www.hqsc.govt.nz/assets/Our-data/Publications-resources/Window_2019_web_final-v2.pdf)
- Overseas practitioners (e.g. from countries where women are not allowed to attend school, hold driver’s licenses or own property) are also often unaware of societal norms in New

Zealand regarding consent, appropriate physical contact, need for a chaperone and women's rights. See reference:

- Medical Council of New Zealand. Sexual boundaries in the doctor-patient relationship. Available here: <https://www.mcnz.org.nz/assets/standards/e8fb8a0ff4/Sexual-boundaries-in-the-doctor-patient-relationship.pdf>.
- Other countries also have more relaxed attitudes to nudity in the medical environment than is normal or expected in New Zealand. Ensuring overseas practitioners are trained in cultural requirements is setting them up for success rather than failure. See reference:
  - Australasian Sonographers Association. Guides to consent for intimate and medical examinations. 2024. Available at: <https://sonographers.org/resources/clinical-resources/guides-to-consent-for-intimate-and-medical-examinations>
- In addition, some ultrasound examinations are intimate in nature, and obtaining informed consent is a vital part of the examination process. It is important that all sonographers working in New Zealand do this in a highly professional manner, considering the cultural, social, and other individual needs of patients.
- Finally, we do not consider that undertaking the courses required is overly costly or burdensome for practitioners. Under the MRTB, overseas trained practitioners have six months to complete the courses required.

#### *4. Future-proofed regulation (Questions on p. 12)*

##### **4.1 Do you think regulators should consider how their decisions impact the availability of services and the wider healthcare system, ensuring patient needs are met?**

- The ASA believes that this should be a consideration but not the only consideration as patient safety is paramount.

##### **4.2 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 – general directions are appropriate. This is currently possible through the Ministry of Health Core Standards. See reference:
  - Ministry of Health. Core Performance Standards for Responsible Authorities. Available at: [https://consult.health.govt.nz/workforce/core-performance-standards-responsible-authorities/supporting\\_documents/coreperformancestandardsresponsibleauthoritiesconsultationdocumentmay20.pdf](https://consult.health.govt.nz/workforce/core-performance-standards-responsible-authorities/supporting_documents/coreperformancestandardsresponsibleauthoritiesconsultationdocumentmay20.pdf)

##### **4.3 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, with limitations. However, we seek clarification on how the Government would determine that a specific direction to a regulator would ensure more efficiency and patient focus? We also note that regulators, including the MRTB are listed as charities and do not receive taxpayer funding; instead, their operations are funded through practitioner fees.

**4.4 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?**

- The significant majority of any regulatory board should be practitioners democratically elected from the relevant profession(s), rather than government appointees, to avoid the perception of partisan political interference.
- We believe lay members of the public bring an outside perspective that is beneficial for regulation development and implementation. Lay members also ask questions that clarify thinking and challenge the status quo. It is common for health regulation boards and committees in Australia to have consumer representatives.

**Other comments**

- **How we could achieve future-proofed regulation (p 12)**
  - For example, recognising sonographers who undertake reporting of results. This already happens extensively in practice, but it would be good to have approved pathways and requirements for this to be recognised and/or endorsed.