

Response ID ANON-WN3J-QZKG-Y

Submitted to Putting Patients First: Modernising health workforce regulation
Submitted on 2025-04-28 12:26:23

Your details and privacy

1 What is your name?

Name:

Te Rōpū Puoro Whakaora o Aotearoa - Music Therapy New Zealand

2 This submission is being made by:

on behalf of a group or organisation(s)

Name of group/organisation, if applicable:

Te Rōpū Puoro Whakaora o Aotearoa - Music Therapy New Zealand

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

Health workforce, Self-regulating professional body

Other:

4 Publishing submissions

You may publish this submission

5 Official Information Act responses

Include my personal details in responses to Official Information Act requests

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, 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:

The regulating body of music therapy in New Zealand includes practicing music therapists who have a comprehensive understanding of health and wellbeing and who are in touch with the needs of both patients and the workforce when making decisions.

Patients often share their frustration and disappointment with us when they cannot access additional music therapy services for identified health needs. For example, a parent sees the positive impact of music therapy for their child with special learning needs in the school setting and asks a music therapist for support with their own mental health concerns. Because music therapy is a self-regulated profession and not recognised as a service provider for mental health issues, they cannot access funding via ACC or Work and Income and are therefore shut out of the service.

This consultation document claims to put patients at the centre of service provision. This must be achieved through professional regulation by Boards with members who understand the profession concerned, as well as members with a broad understanding of regulatory (and self-regulatory) bodies. The priority should be establishing boards and systems that ensure that qualifications and standards are maintained, together with clear complaints procedures. There should be no need for direct government intervention other than in exceptional circumstances.

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:

We think this is the wrong question. The question should ask "Are there health practitioners who are currently self-regulated and account for the clinical safety of patients, whose lack of recognition by the government restricts patient access to quality health services?" The answer to this question is yes. Music Therapy is a self-regulated Allied Health Profession that is not recognised in Health NZ systems and therefore not funded nor recognised as a service that patients can access funding support for. This red tape prevents people accessing a service which is their preferred service. For example, a young woman struggling with the impact of bipolar disorder asked a music therapist to work with her. Because music therapy is not included on the Work and Income list of providers, she was not able to access the Counselling subsidy and therefore could not afford to access her preferred health service.

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:

Music therapy is a profession that is already patient focused and the regulating body of music therapy in New Zealand includes practicing music therapists who are in touch with the needs of both patients and the workforce when making decisions. Music therapy practitioners have a comprehensive understanding of health and wellbeing and already work collaboratively with their patients, participants, relevant family members and caregivers to determine patient needs and set goals to address these.

Effective collaboration that meets patient needs requires cultural safety. Cultural safety is a more appropriate consideration and is internationally recognised as a more helpful concept, as it is a process of learning about each patient and their cultural needs rather than a tick box of being culturally competent (ref Irihapeti Ramsden, 2002). Cultural safety is essential for clinical safety – they are not separate! Patients are not 'one size fits all' and are whole people, not just a health need to be fixed. Therefore, regulating for a workforce that is culturally respectful and safe sets an expectation that music therapists will work positively and respectfully with the culture of a patient.

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:

The regulators of music therapists should be people who understand the relevance of and impact of music therapy on the health outcomes of a wide variety of patients. Music therapy is a nuanced Allied Health service provided by a postgraduate masters' level music therapist with a high degree of musical proficiency. The scope of music therapy within health currently includes psychology, mental health, physical and neurologic rehabilitation, relationship and social health, dementia and elder care, adult and paediatric palliative care, early intervention for children with disabilities, intervention for school age children and adults with disabilities, including autism.

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?

No

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

Why?:

Regulation needs to be primarily about patient outcomes and safety, with regulators experienced and knowledgeable in how a health service appropriately delivers that service to meet patient needs.

As the representatives of a relatively small profession, Music Therapy New Zealand can see the financial and efficiency benefits of sharing regulator responsibilities between professions whose training requirements and scope of practice align. We do not believe that it is necessary for each profession to have a separate regulator, as long as there is sufficient representation from each profession in the development and implementation of regulatory standards. Professions need to retain their points of difference to provide scope for patient choice.

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

Yes

Comments:

The HPCA Act specifies the five key functions and responsibilities for regulators (issuing annual practicing certificates, setting scope of practice and standards of practice, accrediting relevant educational institutions and managing practitioner complaints), which do not change depending upon the specific profession. Given this, and the opportunities for increased efficiency and shared resourcing for smaller professions, Music Therapy New Zealand supports shared regulators for professions with similar kaupapa. This has been done successfully in multiple US states, where music therapists fall under the same licensing umbrella as professions such as Social Workers, Marriage and Family Therapists, Art Therapists, Speech Language Pathologists and Audiologists.

Similarly, in the UK under the HCPC (Health and Care Professions Council), which regulates 15 professions including SLT, psychologists, physios, OTs and Arts Therapists, there is a general code of ethics covering all the professions. Each specific profession then has their own standards of practice under this e.g. music therapy or drama therapy.

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:

Music Therapy New Zealand strongly supports the introduction of a system which could accredit currently 'self-regulated' professional bodies to carry out regulatory functions, with government oversight. While music therapy has been deemed to be a 'lower risk' health profession, rigorous procedures for the Registration of appropriately qualified music therapists have been in place since 2000. The procedures have been crucial in providing assurance for employers, contracting agencies, and individuals, that the qualification and professionalism of Registered Music Therapists meets appropriate standards as occurs with other health professionals.

The NZ Music Therapy Registration Board operates independently of the MThNZ Council. They use regularly reviewed criteria set out in the Handbook for the Registration of Music Therapists to determine whether an applicant is suitably qualified to use the term "New Zealand Registered Music Therapist" (NZ RMTh). NZ RMTh are also required to apply for Annual Practising Certificates (APC) to ensure they can create and maintain physically and emotionally safe environments for clients, adhere to the NZ Music Therapy Registration Board Code of Ethics, and the Standards of Practice for Registered Music Therapists in New Zealand. To maintain their APC, they are required to demonstrate that they have up-to-date music therapy knowledge (by engaging in ongoing Professional Development) and the skills to practice safely (by undertaking regular Professional Supervision) as well as adhering to the Standards of Practice.

Music Therapy New Zealand believes that their self-regulatory procedures provide a highly suitable alternative to government regulation and that they do ensure that music therapists safeguard the health and safety of members of the public. However, as a self-regulating profession we are concerned to increase public safety by ensuring only qualified people can practice 'Music Therapy' or use the title 'Registered Music Therapist'. While music therapy is considered a low-risk profession overall, music therapists work with vulnerable people in a variety of contexts and their activities are certainly not risk free.

Further, over time we have observed an ongoing lack of professional recognition of music therapy within health sectors, because the profession is not included under the Act. This has had a significant impact on people's abilities to nominate a music therapist as their preferred health provider. We therefore strongly agree that an accreditation system would need to be accompanied by robust public messaging that regulation is based on the risk profiles of professions and is not a judgement on a profession's value or legitimacy. We appreciate that an Accredited Register system could open pathways for funding, increase consumer choice in the ways patients manage their health needs, and unleash innovative approaches to healthcare, while ensuring that registered health practitioners are well qualified and provide safe services.

Micro-credentialling for music therapists in specialised areas of work would be helpful. However, government funding would be required for music therapy educators, operating from an accredited and recognised music therapy training programme, to develop these micro-credentials, pay for accredited music therapy trainers and courses.

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?

No

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

Comments:

We consider increasing government oversight of regulators to be a negative approach. Instead, it seems important to ensure that regulators have the experience and skills to do the job they are charged with and to trust the system, thus avoiding further delays. Court procedures are available for the presumably rare cases in which disagreements cannot be resolved.

Music Therapy New Zealand believes that clear frameworks, a balanced board, and a clear complaints procedure will ensure effective regulation of health professions, to ensure patient safety. Government intervention should not be needed.

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?

No

Comments:

It seems that an occupations' tribunal would be a double up of what our Registration Board already provides, where they use a casebook approach to review international applications to determine equivalence with New Zealand standards. An occupations' tribunal would also strip oversight from

regulators and create a two-tiered system based on a practitioner's place of birth.

Further, workforce educators need to be the people who determine what is required to complete training, or perform specific tasks, in their field. Educators typically draw on local and international practitioner experience and research to inform their decision making. For example, people who train as music therapists in New Zealand complete a two-year masters' programme at Te Herenga Waka-Victoria University of Wellington which includes 1050 hours of supervised practice (based initially on USA standards).

When new graduates from other countries apply to register in New Zealand, the NZ Music Therapy Registration Board considers the content and hours alongside the local criteria. Applications from more experienced practitioners are evaluated for equivalency according to their overall supervised work experience. A casebook is used to assess against similar examples, if required.

Provisional registration can be an option for practitioners who have been out of practice for a period of time. To maintain registration and to receive their Annual Practising Certificates (APC) Registered Music Therapists are required to provide evidence of Continuing Professional Development (CPD) and professional activities, and ongoing supervised practice (at least 10 hours per year).

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?

No

If so, what changes should be made?:

Streamlining sounds like an attempt to make competency assessments 'one size fits all'. This will not be appropriate. The aim of maintaining clinical safety and quality of care across different health service providers is actually determined by unique approaches and skill sets for each profession. Streamlining will end up not reflecting the true competency of people within nuanced professions.

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

Yes

Comments:

We agree that to address the workforce crisis, New Zealand needs to simplify the process and make it easier for qualified professionals to work here. However, we would strongly resist efforts to reduce the current emphasis on cultural safety (as suggested in Scenario D). Cultural safety has been acknowledged as an important feature of high-quality health care delivery for decades; critical to reducing health disparities, improving access to high-quality, respectful and responsive health care, and eliminating patient frustration and dissatisfaction. Cultural safety education not only supports the mission and vision of the health system in Aotearoa New Zealand, which holds equity in access to health services as a fundamental objective but is also crucial to ensure patients receive optimal healthcare.

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:

Yes.

Regulators should consider how their decisions impact the availability of services. Music Therapy New Zealand recognises that regulation serves the purpose of ensuring safe and ethical practice by appropriately qualified professionals with an approved scope, recognised standards of practice, and requirements for continuing professional development and supervision.

However, the Music Therapy Registration Board is responsible for the standards of practitioners, not whether the public has equitable access to music therapy, nor how quickly. While MThNZ advocates for patient access to music therapy, the reality is that equitable access comes via funding which is approved by the government and supported by relevant government systems.

Further, regulation and protected titles exist to inform and assure service-users of the type and quality of service they can expect, and to protect both service users and qualified professionals from risks associated with inadequately trained or unsupervised workers. This applies to the risk of both physical and psychological harm.

Increased recognition of music therapy as an allied health service, through protected titles of "music therapist" and "music therapy" would clarify professional status for service users. An expectation for other music professionals to gain music therapy qualifications or to engage with music therapy consultants, would increase access to safe and ethical services across New Zealand.

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

No

Comments:

We do not support the government directing regulators on their regulatory responsibilities and direction. Further, we do not support merging all Boards into a single system which is then steered by the government.

While common principles apply across Boards such as scope of practice for each profession, patient-centred principles and expert representation on Boards we do not support merging all Boards into one system.

We do advocate for the inclusion of Registered Music Therapists in a shared register, as professionals qualified to provide psychological and rehabilitation services and to collaborate with multidisciplinary teams supporting patients across the health sector. However, funding is needed to ensure equitable access to services of the patient's choice.

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?

No

Comments:

The example given in this question adds bias to the question.

No, governments should not be able to issue directions about how boards manage their operations.

However, greater recognition of different allied health providers within the health sector would raise awareness of the entire range of treatment options for patients. Funding is needed to ensure equitable services across the country and to ensure patient choice. For example, Registered Music Therapists are well positioned to increase service provision in areas currently lacking capacity, such as mental health, neurological rehabilitation, dementia care, and palliative care. Registered Music Therapists can also offer consultation services to upskill other practitioners who could potentially include music in their treatment protocols.

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?

No

Comments:

Regulatory boards need to be kept free of people representing a political ideology rather than the needs of patients and the workforce.

Music Therapy New Zealand believes that boards need to include people with a knowledge of the scope of practice of the particular profession being regulated and with strengths in regulatory systems, to ensure procedures are both relevant to the professional field and consistent across Boards. For example, the Music Therapy Registration Board includes an external member, currently an international music therapist, and previously another allied health professional. While appointees external to the profession can view services as part of a wider system and gain a general understanding of treatment options, professional representation is also needed to ensure the scope of practice and clinical methods are well understood. We strongly believe that political appointments should not be made, and that cross-party consensus is needed to strengthen any proposed regulatory framework.