

Cyber threats demand better protection

Anne-Marie Brady, Simon O'Connor and Louisa Wall

In May 2024, news broke that Inter-Parliamentary Alliance on China (IPAC) MPs across the globe, and one of their advisers, Anne-Marie Brady, had been targeted in the APT31 hacking attempt. APT31 is a People's Republic of China Ministry of State Security-sponsored hacking organisation.

On Monday, the Government Communications Security Bureau's (GCSB) National Cyber Security Centre (NCSC) released a report acknowledging failings in responding to this hack attempt against former MPs Louisa Wall and Simon O'Connor, and Professor Anne-Marie Brady, the authors of this article.

At the time of the cyber attack, Wall and O'Connor were the New Zealand representatives to IPAC. Brady continues to be an adviser to this organisation. IPAC is a global alliance of parliamentarians, working on reform of how democratic countries approach China.

In recent years, New Zealand has faced escalating cyber threats originating from China, prompting urgent calls for a reassessment of the nation's engagements and relationships involving entities linked to the Chinese Communist Party (CCP) government. China is by far the main source of cyber attacks on New Zealand.

These incidents underscore the critical need for all levels of government to conduct thorough audits of their interactions, including procurement contracts, information-sharing protocols and technological collaborations.

New Zealand needs to step up training in the foreign interference threat in key security agencies such as police. The goal is clear: safeguarding our national sovereignty and security against foreign interference and espionage that compromise our democratic processes.

One of the core tasks of our National Cyber Security Centre is to "ensure that



Lisa Fong, the director of the GCSB's National Cyber Security Centre, initiated a review of its handling of the Chinese cyber attack.

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governmental and democratic processes remain free from interference". But the new report shows NCSC was solely focused on narrow technical aspects of the hack and made erroneous assumptions of the risk. Its failure to inform the individuals targeted was a dereliction of its obligation to protect New Zealand democracy, particularly the critic-and-conscience role of the academic, and the right to raise difficult issues by our parliamentary representatives.

Lisa Fong, the deputy director-general for cyber security at GCSB, initiated the review to identify areas for improvement in NCSC procedures. The report's findings emphasise the need for NCSC to adopt a more holistic approach that considers the wider implications of cyber security incidents, especially those involving foreign state-sponsored actors targeting New Zealand individuals.

Recommendations from the review include enhancing engagement with targeted individuals, developing comprehensive guidance for incident response, and refining protocols for briefing government officials.

NCSC is required to brief "sensitive category individuals" if they are targeted for hacking attempts. Yet in this case, it

only informed Parliamentary Services.

It did not inform Professor Brady's employer, the University of Canterbury, even though it is required to protect New Zealand "research institutions".

The report reveals Parliamentary Services had a duty to inform the MPs, but failed to do so. Parliamentary Services wrongly assumed its cyber defence was robust enough to prevent such attempts.

The report says NCSC "assumed" that as only emails were targeted, there had been no compromise. However, the hack was a progressive attack, and one goal appears to have been identifying IP addresses.

The report also states that NCSC "assumed" one targeted individual "was likely aware of the risk of targeting by foreign state-sponsored actors and would already be taking appropriate security measures", and so did not act to inform that individual.

NCSC's emphasis on an organisational response to cyber attacks is very concerning as it fails to adequately address the personal and national security implications for targeted individuals.

Moving forward, it is imperative for NCSC to revise its procedures to ensure

all affected parties, including individuals, receive the necessary support and guidance during such incidents.

The FBI has long provided detailed public information about how organisations and individuals can defend themselves against China's cyber attacks. Such information is released as part of public attributions of state-sponsored cyber attacks. As the threat risk has increased from China, the GCSB is now regularly naming China as the source of cyber-attack against New Zealand.

The lack of clear guidance and protocols for briefing the Minister Responsible for the GCSB is identified as another area needing improvement in the report.

Effective communication and transparency are essential to ensure government officials are promptly and comprehensively briefed on cyber incidents, enabling informed decision-making and appropriate responses.

The broader implications of these cyber threats require a proactive approach from New Zealand's Government.

It is not just about reacting to incidents as they occur but about fortifying our defences and resilience against future cyber threats.

Public awareness and transparency are crucial. New Zealanders deserve to know how their Government is safeguarding their digital sovereignty and personal information from foreign interference. Publishing clear guidelines for individuals at risk of state-sponsored cyber targeting is a step towards empowering citizens to protect themselves effectively.

The recent incidents targeting IPAC members should serve as a wake-up call, highlighting vulnerabilities that demand immediate action.

By strengthening our national and local governance structures, enhancing engagement with affected individuals, and improving transparency in our cyber security protocols, we can better safeguard our democratic processes and national security against evolving cyber threats.

Professor Anne-Marie Brady is a professor of political science and international relations at the University of Canterbury, specialising in Chinese politics. Simon O'Connor and Louisa Wall are former MPs and members of the Inter-Parliamentary Alliance on China.

No place for 'physician associates' in healthcare

Sarah Dalton

Should you have to ask your doctor if they are really a doctor before seeing them? If things carry on the way they are, you may have to.

New Zealand now has a small, but growing, number of "physician associates" who are employed to seem like they are doctors when they are not. You may have already been seen by one.

To be crystal clear, physician associates are not doctors. They are not trained to the level of a doctor. They have not graduated from medical school. They are not regulated. So, what are physician associates and why are they appearing in New Zealand healthcare settings?

The simple answer is New Zealand has not trained enough doctors. We struggle to recruit overseas and retain the workforce we do train, due to working conditions.

This has led the powers that be to experiment with your healthcare.

Physician associates come from flawed

thinking that having more unqualified healthcare workers is better than having not enough qualified doctors.

There are serious risks with physician associates practising in New Zealand. Already overseas we have seen dire examples of misdiagnosis, with more than 70 instances of "near misses" caused by physician associates.

But is it any wonder physician associates are making such clinical errors, when they do not have anywhere near the same level of education, training or vocational registration as a doctor?

They also do not have the same level of accountability.

Accountability does not lie in regulation; it lies in competency and responsibility for delivering the standard of care expected by patients. When a doctor makes an error they are held responsible.

The public won't be aware of these differences in qualification, expertise, and practising scope when booking a medical appointment. This is why the use of the term "physician" in "physician associate" needs to be dropped. It is misleading, likely intentionally, to ease the public into

thinking they saw a medically trained doctor when they did not.

Not only does this violate the principle of informed consent, but this confusion can lead to a loss of trust in our health system.

Physician associate use in the UK has been labelled an "unqualified mess" and it should serve as a cautionary tale for us in New Zealand.

Calls to have physician associates regulated in NZ misses the point because we're still left with the risks to patient safety outcomes and issues around public confusion.

Regulating physician associates can only mean we are doomed to repeat the same mistakes we've seen play out in the UK.

The fact is our healthcare issues stem from a lack of staff, not a lack of professions. We have more qualified and more experienced workforces already available to outperform the roles taken by physician associates – our nurses and many of allied scientific and technical (AST) professions. Instead of regulating physician

associates we should support them to retrain as nurses or paramedics or pharmacists, or encourage them into medical school training here to bring them up to the standard we expect.

This is a clear win-win to bolster our health workforce through existing education and registration pathways, while maintaining faith in our medical professionals.

We cannot save our way out of our healthcare workforce crisis by bringing in less experienced and less qualified staff; allowing patient safety and quality of care to fall by the wayside.

We also need our decision-makers and healthcare institutions to better understand and appreciate the complex work that doctors, AST practitioners, and nurses do (and the decades of clinical training and judgement that underpin this), and then invest in them accordingly.

This is the only sustainable path towards a health system that is fully staffed and supported to provide us all with the care we need.

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