Tūmuaki Nēhi Aotearoa | HANGAIA NGĀ KAIĀRAHI NĒHI
Nurse Executives Aotearoa | DEVELOPING NEW ZEALAND'S NURSE LEADERS

30 April 2025
Hon Simeon Brown
Minister of Health
Parliament Buildings
Wellington 6011
By email: S.Brown@ministers.govt.nz

Tēnā koe

Re: Putting Patients First: Modernising health workforce regulation

Te Whare Tohu Tapuhi o Aotearoa the College of Nurses Aotearoa (NZ) Inc. (The College) is a leading national professional nursing organisation. Founded on a bicultural partnership model, the College is committed to upholding the principles of Te Tiriti o Waitangi.
The College is a leading voice for support, advancement, and valuing of the nursing profession, representing our membership of Registered Nurses and Nurse Practitioners.

Nurse Practitioners New Zealand (NPNZ) is a division of the College of Nurses Aotearoa representing Nurse Practitioners professional and practice issues. Nurse practitioners| Mātanga Tapuhi work autonomously and in collaborative teams with other health professionals to promote health, prevent disease, and improve access and population health outcomes for a specific patient group or community.

Nurse Executives Aotearoa (NEA) is an inclusive organisation of nurse leaders from across the whole of health. NEA encourages robust, professional korero and actively participates in identifying and guiding the future direction of the nursing profession and health system.

We have several key concerns with the Modernising the Health Workforce discussion document and the process of consultation.

- **Absence of a clear problem statement:** The consultation lacks a defined and evidence-based rationale for change.
- **Biased questioning and scenario framing:** The questions and scenarios are leading and suggestive, appearing to funnel submitters toward a pre-determined outcome.
- **Restricted submission format:** The exclusive reliance on a narrowly structured online submission portal limits full and considered participation.
- **Lack of transparency regarding analysis:** The methodology for AI analysis, including the equitable weighting of collective versus individual submissions, remains unclear.
- **The substantive changes being proposed** which appear to lower crucial training, regulatory, and clinical standards while introducing an unwarranted level of government intervention.

Putting Patients First: Modernising health workforce regulation, seeks feedback on regulation of health professionals. The Health Practitioners Competence Assurance Act (2003) is now over twenty years old – however we are of the view that the Act is achieving its purpose of protecting the health

and safety of the public. Any proposed changes to the legislation must continue to have this as a central principle. The title 'putting patients first' unfairly and wrongly implies this is not already central to regulators and individual health practitioners' daily practice.

We note that throughout the document, there is misleading and inaccurate information - for example comments made in regard to registration processes for internationally qualified nurses (IQN). We draw your attention to the latest Nursing Council report. Data shows that in the past 12 months there have been significantly more internationally qualified nurses (IQN) gaining NZ registration than domestic NZ nurses (NZQN) Nursing Council Quarterly Data Report - December 2024 Quarter.pdf. This, coupled with a failure to fully employ new graduate nurses from the 2024 cohort – many of whom still do not have employment due to restrictions on hiring – threatens workforce sustainability.

Despite the persistent message of timely, quality patient care, there is little in the document which speaks to "quality" but only to cost-effectiveness - speed of registering new scopes of practices, overseas trained professionals, regulation proportionate to the risks (which, critically, will need definition), reduced registration processes, and reduced education and training. At no place is more rigour, longer training, or improving standards mentioned.

The consultation document then leads to a range of questions. We have particular concerns with question 6. '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?' (p5). It is hard not to read this as a leading question referencing a narrative entwined in current governmental positioning in which culturally appropriate care is subjugated to an assumption that equitable care is the prime driver of quality. Of course, the health care provider must be properly qualified, but it is important in the Aotearoa/NZ context with reference to Te Tiriti principles, to realise that such qualifications must include a sense of cultural competence and a drive to deliver culturally safe care at an organisational level.

Critically the discussion document fails to establish the problem that regulatory reform is trying to solve. This is the antithesis of good regulatory practice as detailed in the recent (2024) World Health Organization (WHO) published guidance on health practitioner regulation. The (first) Health practitioner regulation: Design, reform and implementation guidance reviews global available evidence and offers policy considerations for designing regulatory systems that protect the public and support national health system goals with right touch regulation at its heart.

The WHO presented evidence highlights how health practitioner regulation can generate added value within health systems, including health professions education, equitable distribution, workforce planning and management of the financial costs associated with health services. There is no evidence presented in this discussion document that the interests of the professions are being prioritised over public welfare through regulatory capture.

We note that the Ministry of Health has implemented Responsible Authority Core Performance Standards Review Reports on current regulatory bodies in terms of their performance in addressing the public safety requirements. It is unclear what problems have been identified through these reviews.

There are potential cost-efficiencies within the current system, particularly for larger Regulatory Authorities (RA) such as the Nursing Council. We note that the Nursing Council is already providing

administrative support to a number of other smaller RAs. This is an example of where a cost effective and practical approach is taken – where costs continue to be borne by the user (i.e. the practitioners) – without need for ministerial cost, as would be the case if regulatory function became an extension of government agency.

The document appears to suggest a move to change regulatory boards, and a change to the public consultation process related to regulatory activity, and potentially a change to scopes of practice. We find this concerning. We believe that proposed changes are an attempt to deskill, deregulate and cheapen the health workforce to meet budget imperatives. The net result will be the most vulnerable having health needs "met" by the least skilled and qualified workforce and may contribute to two tiered health care services – where those who can afford it will have a service based on qualified and skilled practitioners, whilst others will be relegated to a service provided by unregulated lesser skilled people working from an algorithm. While it may speed up first point of contact, the trade-off is that it will actually build unnecessary and potentially dangerous delays to patients getting appropriate and timely care.

There are particular concerns with the *Putting Patients First: Modernising health workforce regulation* document in respect of Te Tiriti o Waitangi:

1. Detrimental Impact on Māori Health

- The initiative is expected to increase Māori morbidity and mortality, worsening health outcomes.
- It moves healthcare regulation away from culturally safe practices, undermining holistic Māori models of care.
- The proposed shift toward Western biomedical models perpetuates systemic inequities and erases Indigenous led, culturally aligned healthcare approaches.
- Tikanga Māori, Wairuatanga, Whanaungatanga, Manaakitanga, and Kotahitanga are absent from the initiative, reflecting no commitment to Māori values or holistic wellbeing.

2. Erosion of Māori Voice and Governance

The centralisation of regulatory control removes localised, Māori-led expertise.

- Government-appointed regulatory board members will replace elected or community-chosen representatives, marginalising Indigenous decision-making and priorities.
- The ability to override regulator decisions and redirect regulatory priorities risks silencing Māori perspectives in governance structures.

3. Lack of Māori Consultation and Evidence Base

- While the initiative claims to have referred to Māori stakeholders, it fails to name them or specify the level of engagement, demonstrating a lack of transparency.
- There is no Māori evidence base cited, and no genuine intention to consult Māori communities.
- The process breaches standards of transparency and partnership expected under Te Tiriti o Waitangi and international legal principles (contra preferentem).

4. Breach of Indigenous Rights and Standards

- The initiative violates principles in Ngā Paerewa Health and Disability Services Standard, particularly around culturally safe and responsive care. Therefore, breaching Pae Ora Legislation.
- It reprioritises focus solely to clinical measures, ignoring Indigenous holistic care models.
- It questions the necessity of Tikanga Māori knowledge in healthcare regulation, devaluing cultural safety, a critical element for achieving equitable Māori health outcomes.

5. Loss of Equity Mechanisms

- The initiative proposes no clear equity metrics or outcomes, thereby removing safeguards for Māori health interests.
- References to "public consultation" appear tokenistic, as there is no guarantee of resourced, equitable participation from Māori communities.
- Without intentional equity mechanisms, the initiative threatens to undo progress made toward health equity for Māori.

The focus of the review as outlined in Putting patients first – right sized regulation is unclear. The issues that the review is being designed to address do not sit with the regulators - rather these are issues of workforce and employers, funding models and outdated legislation.

Key concerns:

- Control by government over regulatory practices and decisions – especially the proposal to set up a Ministerial Review and Occupational Tribunal; as well as more generally to enable the Government to "set expectations of regulators"
- Minimising educational and competence standards; making decisions on training/education
- Greater involvement of the public to determine scopes of practice with little cognisance of the knowledge and skill required to be a health practitioner
- Removal of the need for cultural safety education and training; and failure to identify cultural safety as central to achieving patient safety
- Minimisation of entry criteria for overseas trained health practitioners and speeding up registration processes with little regard for ensuring the competence of these practitioners to practice in New Zealand
- Focus on clinical safety and regulatory requirements that are proportional to the risk of the profession
- Assumptions that changes in regulation will change patient access to care
- Shared systems for e.g. registration process/collection of fees
- The poor process of consultation that does not meet the requirements or expectations of consultation outlined in the Department of Internal Affairs guidance on engagement and consultation: Engagement and consultation - dia.govt.nz

We would welcome the opportunity to discuss any of these issues with you.

Ngā mihi nui

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