



TE WHARE TOHU TAPUHI O AOTEAROA THE COLLEGE OF NURSES AOTEAROA (NZ) INC. POSITION STATEMENT

PUTTING PATIENTS FIRST: MODERNISING HEALTH WORKFORCE REGULATION

Te Whare Tohu Tapuhi o Aotearoa the [College of Nurses Aotearoa \(NZ\) Inc.](#) (the College) is a national professional nursing organisation. We are a leading voice for the support, advancement, and valuing of registered nurses, alongside Nurse Practitioners New Zealand (NPNZ), a division of the College. Nurse practitioners - Mātanga Tapuhi work autonomously and in collaborative teams with other health professionals to promote health and prevent disease, improve access, and population health outcomes for a specific patient group or community. Founded on a bicultural partnership model, the College is committed to upholding the articles and principles of Te Tiriti o Waitangi.

The following is our positioning regarding the Manatū Hauora Ministry of Health public consultation document [Putting Patients First: Modernising health workforce regulation](#) (March 2025).

Background

The foreword signed by Minister of Health Hon Simeon Brown endeavours to convince the public that the way New Zealand regulates the health workforce is overly bureaucratic. The Minister asserts that *“this affects how quickly you can see a health professional, and how much it costs”*. The College challenges that this statement and other points made in the document are factually incorrect and misleading. The consultation wrongfully places the **accessibility issues** of a beleaguered national health system with regulatory authorities (RAs) and primarily focuses on low-cost efficient access rather than quality and safe healthcare.

The College argue that the current [Health Practitioners Competence Assurance Act \(2003\)](#) (the HPCA Act) was designed to address patient safety, and it does achieve this purpose. Prior to the Act, there were limited requirements for health professionals to demonstrate ongoing competency and education once registration was gained. This was a significant change, with current legislation and RA practice indeed prioritising and protecting patient safety. The College accepts that regular review is warranted for professional health workforce regulation in Aotearoa New Zealand. The [Health and Disability System Review \(2020\)](#) identified several issues with regulatory authorities:

- **Fragmented Regulation:** Inconsistent RA processes delay registrations and exacerbate workforce shortages
- **Weak Te Tiriti Alignment:** The review failed to adequately address Māori health equity or cultural competency within regulatory frameworks
- **Workforce Inflexibility:** The HPCA Act limits cross-profession collaboration and innovation needed for a sustainable health workforce

In addition to misrepresenting regulatory bureaucracy, the current public consultation document fails to address **existing systemic issues within RAs** and prioritises **speed over meaningful consultation**. The proposal also **negates Te Tiriti o Waitangi obligations** and **reduces cultural competency and safety standards**. Policy considerations for designing regulatory systems should protect the public and



support national health system goals with ‘right touch’ regulation at its heart.¹ This statement informs key concerns and evidence-based recommendations to ensure that any reforms align with patient safety, equity, and workforce sustainability, while upholding Te Tiriti o Waitangi, a cornerstone of practice for the Aotearoa New Zealand health workforce.

Key concerns

Dismissal of Regulatory Authority Expertise. The College are deeply concerned that the consultation document fails to capture the **significant responsibilities of regulatory authorities (RAs)**. Namely, the importance of regulation and regulators holding an apolitical and neutral position. The document shows a naïve lack of understanding of the role of RAs, including professional standards management, competency and conduct issues, and data collection.

The function of regulation is to ensure that healthcare professionals who are providing services to vulnerable people are safe to practise and have the knowledge, skills and cultural competence to do so. This includes ensuring that the public are not confused by misleading nomenclature. For example, that everyone knows what a medical practitioner or a nurse is – and that a degree of name protection occurs so that someone who has not achieved the required level of education and clinical experience cannot be issued a practising certificate by an approved RA or advertise that they are a member of that profession.

Regulatory authorities possess critical operational knowledge about workforce regulation. For example, Te Kaunihera Tapuhi o Aotearoa the Nursing Council of New Zealand expertly and professionally provide for mechanisms to ensure that nurses are competent and fit to practise in a manner that protects the health and safety of the public. They are well-regarded internationally for data collection and the regulatory processes. Dismissal of RA expertise risks worsening workforce shortages and safety gaps rather than resolving them.

Misguided Focus on Deregulation Over Systemic Issues. The document inaccurately asserts that regulation/ registration is significantly responsible for the lack of appropriately qualified staff needed to meet healthcare demand. Blaming ‘red tape’ for workforce constraints overlooks systemic underfunding and understaffing as the real drivers of delays. Overstretched RAs need resourcing to improve efficiency while maintaining safety standards, not reduced oversight.

The significant factors responsible for lack of healthcare staff include lack of government investment in providing training opportunities for advanced practice nurses, lack of investment in post registration specialisation training and competence revalidation, lack of investment in professional staff employment in health service, slow vacancy filling, and lack of government investment for staff to meet growing healthcare need based on a growing and aging population.

Fast-Track Process Lacks Meaningful Engagement. The rushed consultation timeline excludes critical input from health professionals, whānau Māori, hapū and iwi, regulatory authorities (RAs), and the wider public. **This failure to accept submissions written in-full creates a flawed consultation process.** The survey is poorly constructed and is clearly designed to lead answers to an already pre-determined outcome. A biased approach does not provide adequate opportunity for the consideration of future-focused decisions about healthcare professional regulation. The outcome will be reforms

¹ World health organization. (2024). *Health practitioner regulation: Design, reform and implementation guidance*. <https://www.who.int/publications/i/item/9789240095014>



that are misaligned with professionally informed, evidenced-based clinical practises that (when supported) intentionally produce best health outcomes for patients.

Insufficient Public Awareness and Transparency. Limited public engagement leaves all New Zealanders unaware of the proposed changes and stifles democratic participation, particularly when delivered in a document with numerous errors and misleading statements. There is no clear communication strategy to ensure diverse voices are heard, especially from rural communities and minority groups. There appears to be a move to change regulatory boards, and the public consultation process related to regulatory and potentially change scopes of practice. The College finds 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. The changes may also contribute to a two-tiered healthcare system – where those who can afford healthcare will receive services from qualified and skilled practitioners, and those who cannot readily access or afford healthcare, will be relegated to culturally unsafe services provided by unregulated and lesser-skilled health workers working from an algorithm.

Risks of the current approach

The current fast-tracked approach poses significant risks:

1. **Compromised Equity:** Replacing Te Tiriti o Waitangi obligations with a multicultural equality-focused framework undermines government accountability to Māori and will severely worsen health inequities. Cultural competency requirements that are central to equitable care will be removed. Cultural safety education and training that is central to achieving patient safety, accessibility and health outcomes will also be removed
2. **Reduced Patient Safety:** Deregulation risks lowering professional standards in an overstretched system. There will be reduced focus on clinical practise safety and regulatory requirements that are proportional to the risk level inherent to each profession. Education and competence standards will be minimised and decisions on training/education will simply fast-track health professional qualification. A minimised entry criteria for overseas trained health practitioners will also prioritise fast-tracking registration processes over quality healthcare provision. There will be greater involvement of unqualified and ill-informed public to determine scopes of practice.
3. **Erosion of Trust:** Rather than having independent RAs, control will be held by the government over regulatory expectations, practices and end-decision making - especially through the establishment of a Ministerial Review and Occupational Tribunal. Marginalising Māori voices and dismissing RA expertise will undermine collaboration across the sector.
4. **Missed Opportunities for Systemic Reform:** There are sweeping assumptions in the current consultation process that changes in regulation will change patient access to care. Focusing on deregulation distracts from addressing deeper systemic issues like underfunding and workforce planning.

Recommendations from the Simpson Review – *The Health and Disability System Review* (2020):

- Establish centralized oversight under Health NZ while retaining RA expertise
- Strengthen cultural competency standards tied to Te Tiriti obligations
- Modernise the HPCA Act to support workforce sustainability through flexible regulation



Recommendations for Ministerial Action

Immediate actions for fast-tracking positive change:

1. Adopt a Regulatory Reliance Framework

- Partner with trusted international regulators (e.g., FDA, EMA) to fast-track approvals for overseas-trained professionals while maintaining safety standards
- Evidence shows reliance models reduce approval timelines (e.g., from 2+ years to 6 months) without compromising quality or safety

2. Embed Te Tiriti o Waitangi Obligations in Regulation

- Mandate cultural competency training co-designed with Māori leaders as a core requirement for all health practitioners
- This ensures equitable care for Māori and Pacific communities while addressing longstanding disparities

Systemic Improvements for Long-Term Success:

3. Invest in RA Resourcing and Digitisation

- Provide funding for RAs to digitise registration systems, hire additional staff, and streamline processes without compromising oversight or safety standards

4. Transparent Consultation Process

- Extend consultation timelines and launch a nationwide public awareness campaign (e.g., community hui, multilingual materials) to ensure diverse participation from Māori, Pacific peoples, clinicians, and the public

5. Collaborative Redesign of Regulatory Frameworks

- Establish a taskforce comprising RA representatives, clinicians, Māori health experts, and patient advocates to co-design reforms that balance efficiency with safety and equity

Conclusion

Modernising health workforce regulation is an important step toward improving healthcare delivery in Aotearoa New Zealand; however, it must be done thoughtfully and inclusively to avoid unintended consequences that harm patients or exacerbate inequities.

We urge that the Minister:

1. Halt fast-tracked reforms until robust consultation occurs with RAs, Māori leaders, clinicians, and the public
2. Prioritise cultural competency requirements tied to Te Tiriti o Waitangi obligations
3. Focus on resourcing RAs instead of reducing oversight
4. Align reforms with evidence-based insights from the Simpson Review and international best practices

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