



COLLEGE OF NURSES AOTEAROA

TE WHARE TOHU TAPUHI O AOTEAROA

Submission to the Education and Workforce Committee: Education and Training (Vocational Education and Training System) Amendment Bill

Introduction

Te Whare Tohu Tapuhi o Aotearoa the College of Nurses Aotearoa (NZ) Inc. is a leading national professional nursing organisation. In consultation with our Registered Nurse and Nurse Practitioner membership, including the Board and Fellows, we provide professional commentary on issues which affect nurses and the health of our community's. A primary focus is the achievement of barrier-free access and elimination of disparities in health outcomes for all New Zealanders.

Bill Background

The College welcomes opportunity to provide feedback on the Education and Training (Vocational Education and Training System) Amendment Bill. The Bill proposes to redesign the vocational education and training system. It will restore regional decision making and increase industry involvement in vocational education and training, particularly in the areas of standard-setting and work-based training. The Bill proposes a framework within which new polytechnics and a polytechnic Federation Committee can be established, as well as a framework to establish industry skills boards.

Scope of Submission

The focus of this submission is on the impact of the Bill on nursing and midwifery education delivered through the polytechnic network (currently under Te Pūkenga). The scope of students this submission pertains to includes Enrolled Nurse (Level 5-6), Registered Nurse (Level 5-7), and Registered Midwife. Foundational programmes at Level's 3 and 4 form an important part of the pipeline into these professions. Postgraduate Level 8 nursing courses which prepare nurses for research and teaching roles, or advanced clinical roles, and can lead on to Masters, Nurse Practitioner and doctoral qualifications are also offered.

Vocational vs Skills-based Training and Professional Regulators

Nursing programmes lead to vocational registration under the oversight of Te Kaunihera Tapuhi o Aotearoa the Nursing Council of New Zealand (NCNZ) and the Midwifery Council of New Zealand (MCNZ). These regulatory authorities possess critical operational knowledge about workforce regulation and are responsible for setting and maintaining consistent and nationally recognised education and registration standards. Regulatory authorities expertly and professionally provide for mechanisms to ensure that nurses and midwives are competent and fit to practise in a manner that protects the health and safety of the public, both here, and in alignment with international standards.

- The College affirms the importance of maintaining an independent regulatory system, with strong clinical governance, to assure culturally safe and competent practice of nurses across all clinical settings,
- Any changes to vocational education must protect and promote professional oversight and not introduce parallel or conflicting systems for setting qualifications or standards



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Te Tiriti o Waitangi and Health Equity

The College are founded on a bicultural partnership model and are committed to upholding the intent of Te Tiriti o Waitangi. New Zealand-educated and qualified nurses are required under NCNZ standards to meet competence related to Māori health, Kawa whakaruruhau and broader cultural safety. This focus is critical to building a workforce that are prepared to address health needs and aspirations of Māori and meet health system obligations under the Pae Ora (Healthy Futures) Act 2022 - which aims to make quality health care accessible for everyone and reduce health disparities.

There is an overdue and urgent need for the government to invest more wisely in the domestic nurse workforce to meet a growing nursing workforce crisis. There is over-reliance on the employment of internationally qualified nurses (IQN) with NCNZ quarterly data (at March 31st 2025) recording that 48% of registered nurses are IQN. Māori are significantly under-represented in the nursing profession. Māori make up approximately 17.4% of New Zealand's population, but only about 7% of the nursing workforce.

- The College regard it vital that Te Tiriti o Waitangi, which was a partnership between Māori and the British Crown, remain explicit and not become diluted in legislative or regulatory activities
- A sustainable domestic workforce that will be more effective at meeting the demands of forecast population demographics is imperative
- Workforce equity requires enabling diverse communities to enter and serve in health professions
- A more representative nursing workforce is seen as crucial for providing culturally appropriate care and improving health outcomes for Māori communities.

Education Sector Stability and National Network

The health and nursing education sector has endured restructuring and cessation of evidence-informed developments (before gains have been allowed). For example, the restructuring and disestablishment of Te Pukenga, and cessation of national unified nursing degree curriculums: despite long-term concerns about the proliferation of courses, inequitable resourcing, and inappropriate clinical placement experiences.

The current polytechnic network supports regional accessibility by enabling students to gain a nursing qualification nearer to their home. This aspect improves recruitment and retention, particularly in rural and remote areas. Centralisation or reduction of training sites risks undermining this strength.

New Structure concerns

- A **regional structure** has merit BUT must be viewed as a national structure to ensure appropriate access and link to the regional needs of health services. Fragmentation risks duplication, inefficiencies, and inequities in access
- **Anchor polytechnics** must have good relations with the associated universities and the network of polytechnics/wānanga. A two tiered 'second-class' system must be avoided as this will affect the student experience in terms of access to clinical experience settings, skilled academic and clinical educators, and preparation for registration and employment
- **Federation governance** functions and how government intervention will influence the priorities of the Federation are unclear. The proposed governance structure must support providers, not burden them with bureaucracy or limit innovation



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- The relationship between the **industry skills board** and regulatory bodies is unclear. There is no clarity around who will develop, set and maintain standards, qualifications and micro-credentials.
- **Funding and programme viability** are currently unclear. There are costs associated with health programmes in relation to student access to clinical placements and clinical education supervision. Funding decisions must prioritise programme quality and sustainability, be made in consultation with professional regulators and the health sector, consider regional health workforce needs—not only institutional financial sustainability. It is unclear how the wider health workforce discussions will occur with regards to supply and demand – noting this is different from EFTS.

Recommendations

1. **Preserve the regulatory authority of NCNZ and MCNZ** as the sole standard-setters for nursing and midwifery education and registration.
2. **Honour te Tiriti o Waitangi and Māori-Crown relationships** by ensuring that as part of the Bill meaningful partnerships must be developed with Māori employers and communities. Also, that governance, management and operations respond to the needs of, and improve outcomes for Māori learners, whānau, hapū and iwi.
3. **Support a national, regionally delivered education model** that ensures equitable access to training and meets rural and urban workforce needs.
4. **Clarify the role of the Industry Skills Boards**, ensuring they complement, not override, the functions of statutory regulators.
5. **Ensure that governance and structural reforms** are designed to support providers, reduce unnecessary bureaucracy, and enhance education quality.
6. **Establish clear and equitable funding mechanisms** that reflect the actual resource needs of nursing and midwifery programmes, and safeguard regional delivery. Nursing programmes should not be viewed as a means of financial stabilisation for polytechnics, but as critical national infrastructure requiring dedicated and stable investment.

Conclusion

Polytechnic and wānanga-based education providers represent critical pathways into the health workforce. They offer continuity and clear structured pathways, from foundational to advanced nursing practice. It is essential that any changes to the framework protect the integrity, quality, and accessibility of nursing qualifications. Any disruption to the nursing education pipeline has a significant impact on the nursing workforce – particularly the medium and longer term. This ultimately affects health outcomes, equity and access to health care. The College urge the Committee to ensure this Bill support these essential recommendations.