



**Aged Care  
Association**  
NEW ZEALAND

Aged Care Association and Nursing Leadership Group's  
submission to the Ministry of Health on the document  
'Putting Patients First: Modernising health workforce  
regulation'

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April 2025

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## About the Aged Care Association

This submission is from the Aged Care Association (ACA), the peak body for the aged residential care (ARC) sector in New Zealand.

New Zealand has over 670 aged residential care facilities, with more than 40,000 beds and 35,000 residents. In comparison, Te Whatu Ora oversees 10,748 public hospital beds.

Our members provide rest home, hospital, dementia, psychogeriatric, respite, and palliative care and care for around 700 younger people with disabilities.

Sixty six percent of beds are run by religious institutions, charitable trusts, family-owned, not-for-profits, and privately owned facilities. Most of the remaining beds are operated by listed companies (34 percent), with less than 1 percent provided by Te Whatu Ora.

Residents may be

- very frail and clinically unstable,
- well but disabled and have very high care needs,
- cognitively impaired or with mental health issues, with some requiring a secure environment,
- receiving end of life care.

Funding for aged residential care is a mix of means-tested user-pays and government subsidy.

Aged residential care providers are contracted by Te Whatu Ora to provide care services at a rate that is set annually.

The aged care workforce is under-resourced and overworked.

The ACA welcomes the opportunity to make a submission to the Ministry of Health on the document 'Putting Patients First: Modernising health workforce regulation'. The Association is available for discussion at any time that suits MoH.

## 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, Qualification requirements, Other professional standards (for example, codes of conduct) that impact patient experience**  
 Yes
  
2. **Are there any other things you think the regulators should consult the public on?**
  - a. The Association supports having improved standards that deliver better standard of patient-centric care to all New Zealanders. However, from this consultation document alone, the evidence for requiring the suggested changes remains unclear to us. It is, therefore, difficult to understand the rationale for wanting to change the current practices, when the empirical evidence for why they are not working now remains unaddressed.
  - b. The ACA supports the Government's intention to improve the regulation of the health workforce. But we do not believe that public consultation is essential to improving regulation.
  - c. The public should be given opportunities to comment on a part of the regulations that concern them directly. For instance, patient communication and right to information, cultural safety and equity, grievance redressal processes, among others. However, matters concerning professional standards, qualifications, or scopes of practice should be limited to those with professional expertise. A generalised approach or external direction on professional standards risks eroding specialist knowledge and reducing responsiveness. We believe that there's merit in ensuring that the technical requirements remain within the scope of the professionals to comment and consult on.
  - d. We disagree with the correlation between public consultation and patient-centred regulation drawn in the consultation document. The purpose of the current HPCA Act emphasises the need for patient-centred regulation by putting the health and safety of members of the public as the core objective. Regulation standards often include specific technical details concerning the profession. We therefore believe that opening these to public consultation would dilute the process. For instance, Scenario A in the document refers to a patient wanting to weigh in on the power to prescribe among podiatrists. However, given that consultations concerning prescription rights are conducted extensively with experts weighing in on the pros and cons, some of which may be oblivious to the larger public, we believe there's quite a significant risk in opening such consultations widely. We also believe that there's a need to place more trust in health professionals that they would review the standards that pertain to their professions with the responsibility to provide the best quality of care for their patients.
  
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?**
  - a. The Association supports considering looking at currently unregulated workforce, such as the Caregivers workforce, through a supportive framework like a health professionals charter. Concerns are that caregivers who have had misconduct issues from previous

employers can hide their employment and choose favourable referees for new employment.

**4. What are some ways regulators could better focus on patient needs?**

- a. Regulators could better focus on patient needs by being required to periodically consult with health professionals to understand the developments, opportunities and challenges with patient care in their specific profession. This would also help in ensuring that regulations are future proofed.
- b. The Association believes that creating a Working Group for dedicated sub-sectors in health could be an effective way of ensuring streamlined regulation which is future proof. The Working Group could consist of industry associations, owner providers, professionals, and other stakeholder organisations such as the Ministry of Health, Te Whatu Ora, Health and Disability Commission among others. Through the Ministry for Regulation, there could be a mandated requirement for all the regulatory authorities to consult with the Working Group once every three years. This would ensure that the regulatory bodies are able to come together periodically to identify duplication or conflict with regulatory and other compliance requirements, hear from the sector on the enablers and challenges with the regulatory standards, and gather insights into the direction of travel within their sectors which could help them keep the standards updated to current realities.
- c. The Association feels reassured with the HPCA Act prioritising patient safety by regulating specific health professions, qualification requirements and high standards of practice. By prioritising cultural competency among health professions, it ensures that they are mindful of existing inequity in access to health care and resultant health outcomes.
- d. The Association strongly believes that cultural competency is integral to provision of patient-centric care, which is as important as patient-centred regulation. This should continue to be required of all practitioners.
- e. Most importantly, the Association does not support any movement under the Act that reduces the Crown's obligation under the Treaty.

**5. What perspectives, experiences, and skills do you think should be represented by the regulators to ensure patients' voices are heard?**

- a. The Association supports the current law that requires most of the members of a health regulatory authority to be health professionals. We do not agree with the statement "When most members of an authority are practitioners, decisions are more likely to be based on the interests of the profession, which may not match the public interest."
- b. The Association strongly recommends that regulation remain independent of political influence. The Government should set key health policy objectives, but it must not instruct regulators on scopes of practice or other guidelines concerning their professional practice. These require professional experience, accountability and technical expertise.
- c. To ensure that the regulations do not end up disadvantaging any community or groups, regulators should be required to consider the impact of their decisions on patient access. Regulators should be required to keep the responsibility of health professionals to provide patient-centric care, and this would be influenced by the patients access to care.

d. However, commercial considerations should not be mixed with regulatory decision-making. There are other bodies, specifically the funders and policy-makers, who regulate competition and this should not be under the purview of regulators.

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?

Yes, regulators should focus on factors beyond clinical safety, for example mandating cultural requirements.

## 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?

Very important

### *Why?:*

- a. The Association supports regulating in the most streamlined and cost-effective way possible. But it does not support combining regulators to reduce bureaucracy.
- b. Separate regulators are important to maintain a high standard of professional expertise and efficiency in the oversight of dedicated groups of health professionals. It mitigates the risk of having broad regulatory requirements which may not address the nuances of the profession it serves.
- c. Inefficiency, higher costs and duplication of tasks could be managed at the administration end, by having a single agency to provide administration support between the different groups and ensuring a free flow of information between them. It could also be managed by looking at technological solutions to solve some of the administrative challenges.

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

No

### *Comments:*

Same reasons as mentioned above.

## Right-sized regulation

1. 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

2. 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:**

- a. Decisions requiring qualification and registration requirements, should be left to the discretion of the regulatory authorities.
- b. We strongly recommend that any consideration for Government to be able to challenge a regulator's decision should be a part of a wider independent consultation process.

3. 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:**

Decisions requiring qualification and registration requirements, should be left to the discretion of the regulatory authorities.

4. 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?

Not Answered

***If so, what changes should be made?:***

Decisions requiring qualification and registration requirements, should be left to the discretion of the regulatory authorities.

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

Yes

**Comments:**

- a. There are several barriers to entry into the health workforce in New Zealand that have not yet been sufficiently addressed. For instance, New Zealand could learn from other countries to see how financial requirements for student visas could be made flexible for those wishing to graduate in specific health degrees, particularly in those professions where workforce shortage is evident. It is important that New Zealand is seen as a desired

destination among students wishing to pursue health degrees, and for this, education policies need to be reviewed.

- b. We've also heard anecdotally about long wait times with completing the CAP/OSCE programmes, owing to which qualified health professionals are waiting anywhere between 4 to 6 months before being eligible to practice. Such regulatory barriers need to be evaluated timely to ensure that it does not end up discouraging qualified health professionals from other countries from viewing NZ as a desired destination for work.

## 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?**

Not Answered

### *Comments:*

- a. We believe that the current settings already enable this. The Association feels reassured with the HPCA Act prioritising patient safety by regulating specific health professions, qualification requirements and high standards of practice. By prioritising cultural competency among health professions, it ensures that they are mindful of existing inequity in access to health care and resultant health outcomes.
- b. The Association strongly believes that cultural competency is integral to provision of patient-centric care, which is as important as patient-centred regulation. This should continue to be required of all practitioners for ensuring that patient needs are met.
- c. Most importantly, the Association does not support any movement under the Act that reduces the Crown's obligation under the Treaty. The lens of cultural competency would ensure that regulators consider how their decisions impact the availability of services and the wider healthcare system.

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

No

### *Comments:*

The Association strongly recommends that regulation remain independent of political influence. The Government should set key health policy objectives, but it must not instruct regulators on scopes of practice or other guidelines concerning their professional practice. These require professional experience, accountability and technical expertise.

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 Association strongly recommends that regulation remain independent of political influence. The Government should set key health policy objectives, but it must not instruct regulators on scopes of practice or other guidelines concerning their professional practice. These require professional experience, accountability and technical expertise.

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:***

The Association strongly recommends that regulation remain independent of political influence. The Government should set key health policy objectives, but it must not instruct regulators on scopes of practice or other guidelines concerning their professional practice. These require professional experience, accountability and technical expertise