Putting Patients First: Modernising health workforce regulation

SUBMISSION FROM THE NURSING COUNCIL OF NEW ZEALAND

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Te Kaunihera Tapuhi o Aotearoa
Nursing Council of New Zealand

Introduction

The Nursing Council of New Zealand (the Council) welcomes the opportunity to submit on the Government's review of the regulation of the health workforce.

The Council is the regulatory authority responsible for the registration of nurses in New Zealand. Its primary responsibility is to protect the health and safety of the public through mechanisms to ensure that nurses are competent and fit to practise their profession.

Nursing is the largest regulated health workforce in New Zealand, with over 85,000 nurses able to practise in New Zealand. In 1901, New Zealand was the first country in the world to regulate nurses and is seen as world leading in many areas of nursing regulation.

This document outlines a summary of our key points. **Attachment 1** provides our response to the consultation document questions which have been submitted via the survey portal.

Key points

The Council supports a focus on putting patients first, streamlined and efficient regulation, providing for right-touch regulation and ensuring regulation is future-proofed. These core objectives are at the forefront of our work in setting standards of education, competence and conduct for nurses, and in our processes for ensuring that nurses meet these standards.

We are concerned that the nature of this public consultation may result in a model of health workforce regulation that is more bureaucratic and expensive, risks the health and safety of the public and diminishes the professionalism of nurses. We are also concerned that the survey questions are leading, ambiguous and that there is no opportunity to comment on some of the more complex questions.

Our key points are as follows:

1. The Council's core role as a regulator is public safety. A core principle of professional regulation is independence where the regulator makes decisions in the best interests to protect public safety. A greater level of government oversight risks the independence of decision-making required for a regulator to perform its role, which may negatively impact public safety.

2. Cultural safety is a fundamental component of public safety. It requires nurses to reflect on and understand themselves and their biases, enabling care that is culturally responsive and free from judgement. Cultural safety is defined by the person and their family receiving care. It is measured by the extent to which they feel respected, understood and safe, in an environment that acknowledges their unique situation, religion, cultural identity, values and unique life context. Cultural safety is unanimously supported as a key

area of alignment by New Zealand health workforce regulators and is increasingly recognised as a global benchmark. Many international regulators look to New Zealand for leadership and guidance to embed cultural safety into workforce standards and public protection frameworks. In addition, the Council takes its legislative responsibilities to set standards of cultural competence seriously, including standards that enable effective and respectful interaction with Māori.

3. A move away from profession-led regulation is likely to reduce professional identity, resulting in decreased public trust and confidence in the Council's ability to set the highest standards of competence for the profession. Nursing is a diverse profession requiring effective regulatory governance that includes perspectives from different areas of nursing, including education and an understanding of international qualifications, community, private and public sector nursing.

4. The current model of health practitioner regulation is largely fit for purpose, efficient and cost-effective. The current legislation enables regulators to be amalgamated if it is in the public interest. Any new structural model, such as the Australian Health Practitioner Regulation Agency (AHPRA), will be expensive to implement and bureaucratic to maintain, impacting the cost to health practitioners, and resulting in flow-on costs to employers. It is also another disruptor to a significantly fragile health sector.

5. The Council is currently agile and responsive to government objectives. This is evidenced by the significant numbers of internationally qualified nurses (IQNs) registered over the last two years (almost 27,000 IQNs in the 24 months to 31 December 2024) with around half of these registered through an expedited process. In 2022, the Council specifically reviewed these processes in response to the Government's focus to address critical health workforce shortages and gaps. The Council's recent review of registered and enrolled nurse standards of education and competence directly supports the Government's focus on access to timely, quality healthcare for all New Zealanders. This review has resulted in standards that promote nurses working to the breadth of their scope of practice in all nursing practice and employment settings.

6. The current model of health practitioner regulation enables regulatory excellence, allowing the Council to take a long-term and future-focused approach which is not compromised by political electoral cycles. The Council's decisions are evidence-based and informed by robust consultation. The Council works with other New Zealand regulatory authorities and international nursing regulators to share knowledge and align standards and processes where appropriate. The Council does not work in isolation from national and international best practice.

7. The Council supports accessing more patient voice and is open to an intermediate level of regulation which could include regulating health and disability care and support workers, many of whom work in isolation providing intimate care to vulnerable people.

Attachment 1: Response to consultation questions

Patient-centred regulation

1. Would you be interested in having a say on any of the following:
    a. changes to scopes of practice (what health practitioners can do) and how this affects patient care
    b. qualification requirements
    c. other professional standards (for example codes of conduct) that impact patient experience.

Yes to all the above questions.

2. Are there any other things you think the regulators should consult the public on?

The public should be consulted on matters that directly affect the public. This primarily relates to nursing scopes of practice, standards of competence and standards of conduct.

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?

Yes – we consider that it would benefit public safety for health care assistants and disability support workers to be subject to a proportionate form of regulation.

4. Do you think regulators should do more to consider patient needs when making decisions?

Yes.

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

We consider that **question 4** is a leading question and gives no opportunity to qualify a response. Considering patient needs is fundamental to the regulator's role in protecting public health and safety. Lay people with diverse and consumer-led backgrounds are represented on the Council's board and committees. The Council considers that there is benefit in strengthening consumer/whānau voice in its processes, but this does not need legislative change. The Council has established mechanisms to access patient voice from some communities and a natural next step would be to establish a consumer reference group.

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

It is important to have access to views representing the diverse population of New Zealand. As well as partnering with Māori as tangata whenua, this includes lived experience from a range of perspectives including mental health, disability, rainbow, Pacific, Asian and rural communities.

Given the following questions have no opportunity to qualify our response, we also provide comments on **questions 7 and 8**:

Question 7:
The Council is legislatively required to set standards of cultural competence, including standards that enable effective and respectful interaction with Māori. It is important that internationally qualified nurses understand the unique characteristics of the population of New Zealand, so they are able to provide effective nursing care for all New Zealanders.

The Council strongly affirms that its regulatory focus extends beyond clinical safety alone. Cultural safety is not an optional or peripheral consideration; it is a core component of public safety and quality care. Ensuring the most qualified professional is not simply about academic achievement or clinical skill; it is about the nurse's ability to provide care that is respectful, safe, and responsive to the cultural, spiritual, and social needs of the person receiving it. Cultural competence, humility, and the ability to build trust and respectful relationships with diverse populations are essential professional attributes that impact health outcomes and equity. We do not see a tension between clinical excellence and cultural expectations – rather, they are interdependent. High-quality care is care that is clinically sound and culturally safe. Regulators must hold practitioners accountable to both. Many international jurisdictions prioritise cultural safety and look to New Zealand for leadership and guidance in this area.

Question 8:
Regulators need to focus on protecting public health and safety. We agree that regulators should consider government health objectives, but this should not be at the expense of public safety. Patient access is a key consideration when setting standards and requirements, but competition is a separate issue that should not fall into the realm of a regulator.

7. 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.

8. Do you think regulators should be required to consider the impact of their decisions on competition and patient access when setting standards and requirements?

No.

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.
There are many advantages to health professions being regulated by separate regulators which have not been acknowledged in this document. There has been no evidence presented in this document that a different model will result in greater efficiencies and reduced costs. From a public safety perspective, we consider that it is very important that the profession is regulated by a body who understands the nuances and complexities of nursing. Nursing is the biggest regulated health workforce and a profession that works across all sectors and in all settings. Nurses spend 24 hours a day working with people, often in intimate and vulnerable situations where there is a high risk to public health and safety.

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

No. There is no evidence presented that supports cost efficiencies from the amalgamation of some regulators. The Council is open to increased efficiency and future innovation but can't provide informed comment without knowing what model is proposed, the impact on costs for nurses and the public safety benefits. A model such as the Australian Health Practitioner Regulation Agency (AHPRA) would be expensive to implement and bureaucratic to maintain, impacting the cost to health practitioners, and resulting in flow-on costs to employers. The Council provides corporate services to 10 other regulators and full regulatory services to one other regulator which maximises cost efficiencies in the current model.

Right-sized regulation

1. Do you agree that these regulatory options should be available in addition to the current regulatory system? Accreditation? Credentialling? Certification? Other options?

Yes to all the above options. We agree that these forms of regulation all offer some benefit to public health and safety. They are used to some extent already in some situations, but it would be useful to have some consistency across currently unregulated health workers where public health and safety is at risk.

Given the following question has no opportunity to qualify our response, we also provide comments on **question 2**:

We thoroughly reviewed the requirement of clinical hours in 2024 and found that:

- evidence points to quality, not quantity, of clinical experience in nursing programmes
- many international regulators and NZ regulators continue to stipulate clinical hours as a proxy for quality clinical experience, probably because it is simplest to implement
- nurses and students value more, not less, clinical experience in nursing education programmes – although we consulted on reducing clinical hours, many stakeholders did not believe that a reduction in clinical hours would be beneficial to students, and did not consider that pressure on clinical placements should be the reason to reduce clinical hours
- while simulation is well integrated into nursing programmes, it doesn't replace the communication and cultural experience offered by real-life clinical placements
- if clinical learning hours were reduced, a strong mechanism would be needed for students to demonstrate competence in clinical practice. However, there is currently no pragmatic alternative quality measure to ensure that students are adequately prepared and competent to work in clinical working environments
- Australia's regulatory system is very different to New Zealand's system and most education providers offer more than 800 clinical learning hours.

2. 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.

3. 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. We do not consider that Government should be able to challenge a regulator's decision unless there is clear evidence of poor process in coming to that decision. There is already an ability to review regulators' decisions on standards through the Regulations Review Committee. Individual applicants or registrants can challenge a regulator's decision as an appeal in the District Court or Judicial Review in the High Court.

4. 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. Under the current Act, regulators can provide applicants for registration with a number of opportunities to respond to a proposal to decline registration. By delegating registration decisions initially to a registration manager and subsequently to a committee of external experts, the Council gives each applicant three internal opportunities to present their case and provide more information, culminating in the ability to request the full Council to review a delegated decision. An unsuccessful applicant can then appeal that decision to the District Court under section 106 of the HPCA Act. The Council has only had one such appeal since the commencement of the HPCA Act in 2003. The Council's decisions are made on robust evidence and consideration of public safety. We consider that the costs of establishing and running a further tribunal are likely to outweigh the benefits. We also anticipate that nurses, as the largest health workforce, will disproportionately pay more for the administrative costs of such a tribunal, based on the number of registrants rather than the number of times it is asked to consider cases. This is certainly the case for the Health Practitioner Disciplinary Tribunal where nurses bear over half of the costs of the tribunal, paying over $250,000 a year in administrative costs alone.

5. 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?

No.

If so, what changes should be made?

There is no need for any changes to the nursing competence assessment. The CAP programme is only offered to nurses who have been out of the workforce for a significant amount of time. We work individually with nurses who have not practised for 5 years or more to understand their background and circumstances. Options to support nurses back into the nursing workforce are proportionate, based on the risk of public health and safety, and include:

- having a potential employer who is willing to support their return to nursing
- placing conditions in their scope of practice to return to practice
- completing a return to nursing programme.

In the year ended 31 March 2025, only 55 nurses were offered a CAP. A further 140 nurses were issued an annual practising certificate with conditions, such as completing some professional development within 6 months of employment.

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

No. We're not sure what is meant by additional pathways. There should be a consistent process for nurses to be assessed as meeting the standards required to competently and safely practise in New Zealand. The Council currently has a framework in place with a number of pathways depending on where a nurse was initially educated and registered. Around half of the internationally educated nurses registered in the last two years have come through an expedited pathway.

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?

   Yes. We agree that regulators need to consider the impact of their decisions on the availability of services and the wider healthcare system. The Nursing Council already does this when reviewing its registration processes and standards. Decision-making needs to balance the impact on public health and safety with the availability of services and the wider healthcare system. This balance ensures that patient needs are met in the most practical and safest manner.

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

   Yes. The Government should not unduly influence the decisions of regulators where public safety is paramount. However, the Government's priorities and focus are set out in the Government Policy Statement on Health, which the Council is aware of and aims to give effect to in its strategic work.

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. We don't think that the Government should be able to issue directions about how workforce regulators manage their operations. Operational decisions should be the role of the Board and Executive of the organisation. There is no evidence that a shared register will ensure a more efficient and patient focused healthcare system. Without cost-benefit metrics it is difficult to comment on the value of such an investment. The Nursing Council register holds over 250,000 practitioners, and amalgamation to a shared database will be very complex and expensive.

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?

   Yes. Governance members should be appointed based on their skill and experience. Governance members should be making decisions that give effect to the purpose of a health workforce regulator – ensuring that practitioners are competent and fit to practise, resulting in safe, quality care to all New Zealanders. The Government currently has the ability to appoint lay board members who bring the voice of the public.