

Mōrena,

As representatives of the National Allied Health Scientific and Technical Informatics workforce, we are writing to you regarding the recent consultation on the Workforce Regulation and Monitoring Review. We could not provide clarity within the online document, so we would like to make the following points regarding the consultation.

We are pleased with the opportunity to review workforce monitoring and regulation. There are clearly aspects that need to become more relevant, flexible, and attuned to the changing global health system landscape.

Our submission focuses on the opportunity for **standardisation** across the health workforce in terms of **capability and skillset**. We strongly believe there needs to be a standardised approach to upskilling our workforce for digital literacy and leadership expertise. The attached document is an engaging infographic summarising responses from our NAHSTIG workforce. It also includes a suggested framework for this approach to standardising how to support all the disciplines across our health workforce.

This framework could address other practice scopes, like leadership and other specialists, allowing our staff to progress their careers, focus on specialist areas, and remain within the workforce. It also emphasises how the staff can retain their professional identity while doing so—a critical element for staff retention.

While there is a myriad of issues under review, we wanted to highlight this opportunity for streamlined performance and capability across our health workforce.

Many thanks for considering our feedback.

Kind regards

Rebecca George and Dr Charlene Tan-Smith (Co-Chair NAHSTIG Council)

On behalf of the NAHSTIG membership

What is the Key Positive Outcome you want to see achieved with the regulation review?

Summary:

- People want regulation to be simplified, more consistent, future-focused, and supportive of all allied health professions.
- There is a strong push for improved recognition of allied health roles, less administrative burden, more equity across professions (including smaller ones), and the ability for professions to innovate while ensuring public safety.

Simplification and Alignment

Streamlining registration and regulation across professions

Equity and Recognition

Valuing diverse allied health roles

Future-Ready Regulation

Agile, responsive, supporting innovation

Reduced Administrative Burden

Cutting red tape, maintaining safety

Support Career Progression

Clear pathways for career and digital advancement

To promote digital health careers for AHST – what type of levels or layers do you envision for the workforce to support and enable them?

Summary:

- Respondents envision a structured, layered workforce model based on increasing levels of digital skills, from baseline literacy for all, up to leadership and specialist advisory roles.
- There is a call for digital competencies to be recognized as core clinical skills, career pathways to be made clear, and more opportunities for education, leadership, and specialized digital roles.

Layered Workforce Model

Structured progression from foundation skills to leadership

Digital Literacy as Core Competence:

Mandatory for all clinical staff

Career Pathways and Progression

Clear role titles, descriptions, and requirements

Capacity Building

More training, secondments, academic partnerships, and micro-credentialing.

Foundation

Digital fluency and safe use for all

Applied

Using digital tools to enhance care delivery

Specialist

Driving innovation and integration

Leadership

Strategy and system design

Advisory/Expert

Strategic planning and evaluation at system level

health outcomes
 health leaders supporting health professionals health workforce Allied Health
 play in health digital health professions role regulation better enable
 health play health system health roles Health professions patient safety
 Recognition of the role eg overseas pharmacists self-Regulating professions

Postgrad+ level level - workflow Digital competence level thinking
 resources that are digital
 level - strategic Digital literacy digital roles digital innovation
 Practice level digital health digital projects
 digital capabilities Level digital champions profession
 Digital navigators level - domain measures that are digital

NAHSTIG Feedback summary

Q1: What is the key positive outcome you want to see achieved with the regulation review?

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Key Themes:

- **Simplification and Alignment:** Streamlining registration and regulation across professions.
 - **Equity and Recognition:** Valuing all allied health professions equally.
 - **Future-Ready Regulation:** Agile, responsive systems that support innovation.
 - **Reduced Administrative Burden:** Cutting red tape while maintaining safety.
 - **Support Career Progression:** Clear pathways for career and digital advancement.
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Q2: To promote digital health careers for AHST – what type of levels or layers do you envision for the workforce to support and enable them?

Summary:

- Respondents envision a structured, layered workforce model based on increasing levels of digital skills, from baseline literacy for all, up to leadership and specialist advisory roles.
- There is a call for digital competencies to be recognized as core clinical skills, career pathways to be made clear, and more opportunities for education, leadership, and specialized digital roles.

Key Themes:

- **Layered Workforce Model:**
 - **Foundation:** Digital fluency and safe use for all.
 - **Applied:** Enhanced digital practices in clinical roles.
 - **Specialist:** Driving innovation and integration.
 - **Leadership:** Shaping digital strategy and system change.
 - **Advisory/Expert:** Strategic planning and evaluation at system level.
- **Digital Literacy as Core Competence:** Mandatory for all clinical staff.
- **Career Pathways and Progression:** Clear role titles, descriptions, and requirements.
- **Capacity Building:** More training, secondments, academic partnerships, and micro-credentialing.

What is the key positive outcome you want to see achieved with the regulation review? (raw data)
Alignment and simplification of regulation and professional registration
Recognition of the role of professional regulation as a key part of patient safety. Alignment of different professions about common areas. Recognition of the important roles that allied health play in health outcomes, not just doctors and nurses.
<p>From a Community pharmacy professional perspective, a regulation system that safeguards profession-specific governance while enabling pharmacists to operate at the top of their scope, integrated into the wider health system.</p> <p>This means:</p> <p>Preserving pharmacy's distinct regulatory oversight — especially in areas where medicine safety, legal compliance, and public protection are non-negotiable (e.g. dispensing, controlled drugs, S29, cold chain).</p> <p>Ensuring the regulator is responsive, agile, and connected to system priorities (e.g. managing medicine shortages, enabling POCT, supporting vaccination rollouts).</p> <p>Strengthening pharmacist career pathways and scopes — including support for advanced roles like prescribers, minor ailments providers, and digital health leaders.</p> <p>Reducing bureaucracy without weakening patient safety — right-sizing compliance and credentialing, particularly for workforce entry and re-entry (e.g. overseas pharmacists, technicians).</p> <p>Enabling innovation in care delivery — while maintaining public trust in the safe, accessible, and professional role community pharmacists play.</p>
I would like to see equity in support for all Allied Health professions - in particular de small One's likes Diversional and Recreational Therapy, Music Therapy, etc.
I'd like to see a strategic review. To achieve this, you need to run two separate streams because you will be overwhelmed with the operational issues.
Streamlined notes and data collection across services. Innovation and ease of data collection to reduce risk associated with human error such as hard coding all notes with average data counts.
A more responsive, equitable, and future-ready regulatory system that ensures public safety while supporting a competent, culturally aware, and sustainable health workforce.
Increased recognition and opportunities for current self-Regulating professions. Currently immigration apply certain rules and many job roles advertise for allied health professionals who are registered under HPCA. Hope this isn't more of a financial burden for people.
For Allied Health to be regulated consistently allowing members from more ALH professions to be eligible to step up into quality roles including digital health roles.
To make progression more achievable in digital health and identified steps and pre-requisites on how to achieve this (an informal guide).
Reduced administration burden and therefore cost across professions
The opportunity to digitally empower our workforce to better enable safe, effective, efficient and equitable digital models of care.

To promote digital health careers for AHST – what type of levels or layers do you envision for the workforce to support and enable them?		
<p>Top table leadership Frontline leadership Professional leadership (alignment of digital priorities) Education for digital health Clinical informaticians (discipline agnostic) Digital literacy to be a key requirement for all clinical roles (same as clinical, cultural safety, professional standards)</p>		
<p>Digital competence recognized as a key skill for all the workforce, regardless of their role. Recognition of digital competence as an area of expertise. Involvement of allied health in digital projects to ensure successful outcomes.</p>		
Level	Workforce Focus	Enablers
1. Foundation	Digital fluency & safe use	Core training, onboarding, role descriptions
2. Applied	Enhanced care delivery	Credentialing, peer review, audit templates
3. Specialist	Innovation & integration	Project roles, CPD, secondments
4. Leadership	Strategy & system design	Governance roles, academic partnerships
I am not sure to be honest		
It would be useful for people to understand corporate IT, a little knowledge is dangerous and the health sector seems to have lost some basic understanding.		
FTE provision for leads in profession and sites to complete required tasks. Prioritizing digital health and allowing progression steps to recognize those specializing in the area to support the retention of these key staff.		
a layered workforce approach is needed ranging from foundational digital literacy for all, to specialist roles in informatics and digital innovation, with digital champions and leaders driving adoption, integration, and strategic direction. This ensures a digitally capable workforce that can adapt to evolving technologies and models of care.		
More support for resources that are digital, more use of outcome measures that are digital and patient centred. Sharing of skills and resources on a national level. Up skilling all professional groups to understand digital health and the potential		
Some ALH roles that come out require for an applicant from a regulated profession. This rules out SLTs who are not currently regulated. Something to support SLTs to move up in these roles and have equal opportunity as other professions would be to become regulated.		
<p>More clinical informatics opportunities. Road map of progression. Documents of what roles are available, titles, description, duties, requirements... As it is a newer field, there's a lot more titles being used which some applicants may over look.</p>		
Digital Health / Informatics endorsed scope available consistently across any profession, with clear access parameters.		
<p>Foundational level - baseline digital literacy for all AHST. Built into curriculum and/or mandatory CPD. x Applied Practice level - domain specific digital capabilities. Digital champions. Digital navigators. Micro credentialing. x Advanced Practice level - workflow design level thinking. Data driven decision-making. Digital CQI. Micro credentialing +/- Postgrad level. x Leadership level - transformation and change. Data standards. Co-development & co-production. Education. Secondments & fellowship. Postgrad+ level. x Specialist Advisory level - strategic and systems level. Education. Evaluation. Planning. Postgrad+ level.</p>		

Online Form (*Submitted online*)

Patient-centred regulation

The health system exists for the benefit of patients. Currently, regulatory decisions are largely made without public involvement.

This section of the survey seeks your input on how patient views and needs can be incorporated into regulation.

1. Would you be interested in having a say on any of the following?

(Select all that apply)

- 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

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

Other things you think the regulatory authorities should consult the public on

[Free text box]

- Standardisation across health workforce to provide consistency and clarity of practitioner roles and services expectations
- An access and security of publicly available information

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?

Health practitioners who are currently unregulated but should be subject to regulation

[Free text box]

Holding the term regulation lightly and considering the alternative of guardrails to protect the scope and service consumption. There are a significant number Allied Health Scientific and Technical disciplines that would benefit from greater visibility and support in delivering practice.

There need to be a thoughtful approach to balancing the need for regulation and **supportive** oversight.

At least 32 self-regulated professions in NZ and most associations function similar levels to the regulation board. The considerations include cost, workforce volume, health organisation accountability for practitioner CPD, should these self-regulated professions be taken under the wing of the MOH (as governance steward of the workforce).

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

Yes

No

Single selection

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

Ways regulatory authorities could better focus on patient needs

[Free text box]

- Standardisation across health workforce to provide consistency and clarity of practitioner roles and services expectations i.e. digital health roles and capability

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

Perspectives, experiences, and skills that should be represented to ensure patients' voices are heard

[Free text box]

Diverse and inclusive perspective across the ALL THE PROFESSIONS, rural and urban, across cultures and across race across the motu, spanning the layers of experience from new graduate to health systems leadership.

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

No, regulators should focus solely on ensuring that the most qualified professional is providing care for the patient

Single selection

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?

Yes

No

Single selection

Streamlined regulation

The Government is focused on driving efficiency in the health system to deliver timely, quality healthcare to all New Zealanders. This includes regulating in the most streamlined and cost-effective way possible.

This section of the survey seeks your input on options to streamline 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
- Important
- Moderately important
- Slightly important
- Not important

Single selection

Why?

A governance layer that provides standardisation across the health workforce makes logical sense across the elements this questionnaire has identified. HOWEVER, disciplines need to have the autonomy to manage the operational approach and tailoring of competencies beyond the agreed standardised layers.

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

- Yes
- No

Single selection

Comments

Smaller workforces that make use of the umbrella collective of 'Allied Health, Scientific and Technical' find value in the ability to lean on their colleagues when raising their voice. It would be of similar benefit for them to be aligned for regulatory/guardrail frameworks.

The efficiencies would be most apparent in the administrative and logistical operations required to administer a licence. It is NOT about merging all disciplines for clinical safety, but rather respecting their history, experience and capability for workforce development.

It would be beneficial to the smaller professions such as the Orthotist, Play Therapy Specialist, SLTs.

Right-sized regulation

Regulation ensures people feel confident in the health services they receive, but it needs to be right-sized.

This section of the survey seeks your input on options for right-sized regulation to enable patients to have access to timely, quality healthcare.

1. Do you agree that these regulatory options should be available in addition to the current registration system?

Accreditation

- Yes
- No

Single selection

Credentialling

- Yes
- No

Single selection

Certification

- Yes
- No

Single selection

Any other options

[Free text box]

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?

- Yes
- No

Single selection

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?

- Yes
- No

Single selection

Comments

[Free text box]

We should define the word “**Government**”. The Government (i.e. the Minister of Health) shouldn’t be involved in the regulator’s decision or should it have any ability to influence any regulatory authority. **HOWEVER**, The Ministry of Health, as a government agency that acts independently of the Minister of Health, can call any regulatory authority to account should their actions be counterproductive to what the policy sets out to do.

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?

- Yes
- No

Single selection

Comments

[Free text box]

ONLY IF, we use resources already available, such as the NZ Clinical Senate which might be beneficial if they have a more formal position and formalised links with trusted International regulators.

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?

- Yes
- No

Single selection

If so, what changes should be made?

[Free text box]

Streamlining such a process is logically beneficial. **HOWEVER**, nursing is only one of 50+ health disciplines in Aotearoa who would all benefit from a return to work standardised pathway.

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

Yes

No

Single selection

Comments

[Free text box]

Internships/Apprenticeships/Earn to Learn etc. Are all pathways internationally recognised and worth pursuing for application and integration into Aotearoa's health system.

Future-proofed regulation

Future-proofed regulation is about making sure our workforce is always focused on the needs of all New Zealanders.

This section of the survey seeks your input on options for ensuring that health workforce regulation is future-proofed.

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
 No

Single selection

Comments

[Free text box]

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

This could include setting priorities for the regulator to investigate particular emerging professions, or qualifications from a particular country to better serve patients' healthcare needs.

- Yes
 No

Single selection

Comments

[Free text box]

We should define the word "**Government**". The Government (i.e. the Minister of Health) shouldn't be involved in the regulator's work or should it have any ability to influence any regulatory authority. **HOWEVER**, The Ministry of Health, as a government agency that acts independently of the Minister of Health, should be able to give general guidance and direction about regulation

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?

- Yes
 No

Single selection

Comments

[Free text box]

This needs to be done thoughtfully and not with a blanket approach to information access.

We should define the word “**Government**”. The Government (i.e. the Minister of Health) shouldn’t be involved in the regulator’s work or should it have any ability to influence any regulatory authority. The Ministry of Health, however, as a government agency that acts independently of the Minister of Health, should be able to help direct strategies that would affect all professions as a whole. Broad brush stroke strategic decision making which will affect everyone, such as a shared register to ensure a more efficient and patient-focused healthcare system. For the greater good of everyone.

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

No

Single selection

Comments

[Free text box]

Applying guardrails to the types of members and experience required is key, but NOT appointing specific individuals.

We should define the word “**Government**”. The Government (i.e. the Minister of Health) shouldn’t be involved in the regulator’s work or should it have any ability to influence any regulatory authority. The Ministry of Health, however, as a government agency that acts independently of the Minister of Health, should be able to ADVISE on the appointment of relevant members to regulatory boards to ensure patient needs representation is included.