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Submitted to Putting Patients First: Modernising health workforce regulation
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Your details and privacy

1 What is your name?

Name:
William Bisset

2 This submission is being made by:

Not Answered

Name of group/organisation, if applicable:

3 Please indicate which group(s) your submission represents:

Member of the public or patient

Other:

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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

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:

Yes. The public should be specifically consulted on:

Whether holistic, natural, and complementary health practitioners should be regulated under the same framework as medical practitioners. This is a fundamentally different model of care, and forcing a one-size-fits-all approach may harm both providers and the public.

The protection of health freedom and patient choice.

Any regulatory reform must include public consultation on the right of individuals to choose non-conventional therapies, and the continued availability of these services.

The role of indigenous, spiritual, and culturally rooted healing systems.

This includes rongoā Māori and other culturally based health approaches. These practices must be protected from erasure, overregulation, or forced assimilation into Western frameworks.

Impact assessments on small business and sole practitioners.

The proposed changes will disproportionately affect thousands of self-employed wellness professionals. The public should be consulted on how to support, not undermine, this vital sector.

Transparent oversight of ministerial powers.

Proposals to give Ministers unilateral authority over registrations and board mergers should be subject to open public discussion and democratic checks.

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:

No. In fact, many currently unregulated health practitioners — including holistic, natural, and complementary therapists — already operate safely and effectively without state-imposed regulation.

There is no widespread evidence of harm from these providers that would justify bringing them under a centralized regulatory regime. On the contrary, they often fill gaps in care, provide personalised support, and help reduce pressure on the public health system.

Mandatory regulation would:

Create unnecessary barriers to entry for safe, low-risk practitioners.

Reduce access to affordable and diverse care options.

Risk eliminating entire professions through overregulation or forced compliance with medical norms that are incompatible with holistic philosophies.

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

No

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

Ways regulatory authorities could better focus on patient needs:

Regulators can better serve patient needs by honouring choice, cultural values, and diversity in healthcare — rather than trying to standardize all care under one model.

Key ways to improve patient-centered regulation:

Respect and protect patient autonomy. Patients must have the freedom to choose natural, holistic, or cultural therapies without interference or restriction from regulatory bodies.

Include holistic, indigenous, and complementary care perspectives in all regulatory discussions. This includes consultation with rongoā Māori practitioners, naturopaths, energy therapists, and other non-medical professionals.

Ensure regulation is proportionate to actual risk. Over-regulating low-risk practices limits access and choice, especially for those seeking preventative or non-invasive approaches.

Avoid medical monopolies. A single regulatory body should not define what is or isn't valid healthcare. True patient-centered care means multiple paradigms can coexist and complement each other.

Make consultation ongoing, inclusive, and transparent. Patients should be active stakeholders — not afterthoughts — in how their care options are governed.

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:

To ensure patients are truly represented, regulators must reflect the full diversity of New Zealand's health needs and worldviews — not just those of conventional medicine. This includes:

Practitioners from holistic, complementary, and natural health fields (e.g. naturopaths, energy healers, herbalists, rongoā Māori practitioners). These professionals understand the philosophies, needs, and values of patients who seek non-mainstream care.

Cultural and spiritual health leaders, especially Māori and Pasifika voices. Representation must go beyond tokenism and include lived knowledge of wairua-based healing and culturally grounded models of wellness.

Patients with lived experience of both mainstream and alternative care, including those who rely on holistic approaches for chronic or unresolved conditions.

Advocates for health freedom and bodily autonomy, who can safeguard patient choice and prevent regulatory overreach.

Small business owners and independent practitioners who understand the real-world impact of policy decisions on access, affordability, and innovation in healthcare.

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?

Yes

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?:

It is very important that health professions are regulated separately to preserve the integrity, philosophy, and operational needs of each discipline.

Centralizing all professions under one regulator may seem efficient on paper, but in reality, it risks:

Diluting or erasing the unique values and principles of holistic, natural, and cultural health systems

Forcing all providers into a one-size-fits-all medical model, which does not align with the diversity of healing practices in Aotearoa

Creating decision-making bodies that lack representation from smaller, non-mainstream professions

Leading to top-down control and ideological bias, rather than collaboration and genuine safety oversight

Separate regulators ensure that each profession is governed by those who understand the nuances and needs of that field — not by a centralized authority disconnected from the realities of practice.

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

No

Comments:

Combining regulators may reduce administrative costs in theory, but in practice, it leads to the loss of professional identity, autonomy, and relevance for many disciplines — especially holistic and natural health modalities.

Each profession has its own:

Philosophical foundation

Training pathways

Risk profile

Cultural and historical context

Combining regulators risks flattening these differences, applying unsuitable standards, and opening the door to political or ideological control over who is “allowed” to practise.

Efficiency should never come at the cost of diversity, independence, or health freedom. Maintaining separate regulators is vital for preserving patient choice, cultural integrity, and the future of integrative health in New Zealand.

Right-sized regulation

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

Yes

Yes

Yes

Any other options:

Self-regulation and voluntary registration should also remain available, particularly for holistic, natural, and indigenous health modalities that operate safely and effectively outside of the mainstream biomedical framework.

A pluralistic regulatory ecosystem — where different models of accountability can coexist — is far better suited to protect both public safety and patient choice than a single, mandatory system.

This would allow low-risk practitioners to operate under professional codes and standards without being absorbed into a centralized bureaucracy that does not reflect their values or approach to healing.

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

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

Comments:

No. Allowing the Government to override regulatory decisions opens the door to political interference in professional standards and undermines the independence and integrity of the regulatory process.

This would set a dangerous precedent where:

Ministers could pressure regulators to lower standards for short-term workforce targets

Political agendas could override the expertise of the profession

Professions that challenge mainstream models — such as holistic and natural health — could be targeted or sidelined

Regulators must remain independent, profession-led, and guided by public interest, not government convenience.

If the system is straining, the solution is to invest in training, support diverse care models, and reduce red tape — not to centralize power or weaken standards by force.

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

Comments:

Yes, provided the tribunal is inclusive, fair, and profession-specific, not just focused on conventional medical pathways.

Overseas-trained practitioners can bring valuable expertise, diversity, and innovation to the NZ health system — especially in areas like integrative medicine, functional nutrition, and natural therapies.

However, the tribunal must:

Recognize comparable qualifications and real-world experience, including in complementary and traditional healing systems

Avoid becoming another layer of bureaucracy or a tool for enforcing narrow biomedical norms

Ensure cultural sensitivity and flexibility in evaluating non-Western models of training and care

Done properly, this could strengthen both mainstream and complementary sectors, improving access and outcomes across the board.

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

If so, what changes should be made?:

The process should absolutely be streamlined, with changes such as:

Recognition of prior experience and overseas practice, especially for professionals with extensive clinical backgrounds. A one-size-fits-all retraining approach creates unnecessary delays and discourages skilled practitioners from re-entering the system.

Flexible, modular re-entry pathways based on actual risk and role requirements. Not all returning professionals need the same level of re-education — particularly if their skillset has been maintained in adjacent roles or non-traditional settings.

Use of supervised practice placements instead of full competency re-certification, when appropriate. This allows professionals to safely reintegrate while contributing to patient care.

Recognition of complementary and integrative care experience, where applicable. Many practitioners who've worked in holistic or allied settings bring valuable insights that should not be dismissed.

Streamlining re-entry pathways supports workforce resilience while maintaining patient safety — especially during times of high demand and staff shortages.

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

Yes

Comments:

Yes. New Zealand needs additional, flexible pathways to welcome skilled health professionals — including those in holistic, complementary, and culturally rooted health systems.

Suggested improvements include:

Recognition of non-traditional qualifications and experience, especially in natural medicine, functional medicine, traditional healing, and integrative health. These professionals often operate safely and effectively outside of conventional frameworks.

Fast-tracked, risk-based assessment models for low-risk practitioners, so they can start contributing without unnecessary regulatory delay or cost.

Support for cultural and community health workers, such as rongoā Māori practitioners, Pasifika healers, or spiritual health providers — acknowledging their vital role in meeting local health needs.

Bridging and mentorship programmes that allow qualified overseas professionals to adapt to the NZ context without redundant retraining.

If done well, new pathways can help diversify our workforce, ease system pressures, and expand patient choice — all while upholding safety and quality.

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

Comments:

Yes. Regulators must consider the real-world impact of their decisions on service availability and the wider healthcare system. Overly restrictive or centralized regulations risk:

Reducing the number of available practitioners, especially in holistic, natural, and community-based healthcare

Increasing wait times and bottlenecks in the conventional system by sidelining low-risk, effective alternatives

Limiting patient access to care options that align with their values, especially in rural, underserved, or culturally specific communities

Good regulation should not just focus on compliance — it should support a vibrant, diverse, and sustainable health ecosystem that actually meets the needs of New Zealanders.

Ignoring this risks creating a rigid, top-down system that serves bureaucracy more than it serves patients.

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

No

Comments:

No. Allowing the Government to give regulators general directions undermines the independence and neutrality of the regulatory process.

This opens the door to:

Political influence over who is allowed to practise, which could be used to favour certain professions or ideologies while excluding others (especially holistic and natural health practitioners).

Suppression of emerging or alternative modalities that don't align with dominant biomedical or pharmaceutical interests.

Marginalisation of overseas-trained or culturally specific healers, especially if qualifications don't conform to Western models.

Regulation must be profession-led, transparent, and grounded in evidence and risk-based logic — not driven by shifting political agendas.

If guidance is needed, it should come through broad public consultation and multi-sector collaboration, not top-down ministerial direction.

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:

No. While operational efficiency is important, allowing the Government to direct how regulators manage their operations — such as forcing shared registers — is a step toward centralized control and loss of professional autonomy.

Key concerns include:

Loss of identity and independence for smaller or culturally distinct professions, who may be absorbed into a system that doesn't reflect their values or practices.

Risk of misuse or politicization of practitioner data, especially if shared registers are used to filter, control, or eliminate “non-mainstream” professionals.

Increased bureaucracy, where the focus shifts from serving patients to meeting government-mandated operational metrics.

Efficiency should be achieved collaboratively, not coercively — and always with respect for professional diversity, patient choice, and data sovereignty. A one-size-fits-all register is not the solution for a truly patient-focused system.

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:

No. Government-appointed board members risk turning regulatory bodies into politicized tools rather than independent guardians of public safety and professional standards.

Concerns include:

Loss of impartiality and professional integrity if regulators are influenced by political agendas rather than practitioner knowledge and patient realities

Silencing of diverse or alternative voices, especially from holistic, natural, indigenous, or non-conventional health professions

Undemocratic interference, where power is centralized in a small group with no lived experience of the professions they regulate

True patient advocacy comes from including lived experience, cultural diversity, and frontline knowledge — not from top-down political appointments.

Regulatory boards must remain profession-led, representative, and accountable to the public — not handpicked by government.