

## Putting Patients First: Modernising health workforce regulation

On Friday 28 March 2025 the Minister of Health announced a public consultation on health workforce regulation, with the aim of using the feedback received through the consultation to inform the Ministry's advice to the Government on possible changes to health workforce regulation.

The Pharmacy Council submitted a response, and you can read a high-level summary below or view the full submission by [clicking here](#).

### Overview

The Pharmacy Council welcomes the opportunity to improve the Health Practitioners Competence Assurance Act 2003 (the Act). We agree with the stated aims in the consultation document of ensuring regulators are delivering patient centred, streamlined, right-sized, and future-proofed regulation.

Improvements could be quickly achieved under the current Act, such as developing a strong, well resourced, regulatory stewardship function or specifying what further collaboration is needed between Responsible Authorities (RAs).

We are conscious that at this stage the consultation document is seeking ideas rather than definitive proposals, and that many of the desired outcomes can only be achieved through coordinated system-wide changes across health, immigration, and education, rather than solely through health regulation reform.

We would also note that some of the suggestions in the consultation document could have unintended consequences, including increased risk to public safety, and may not achieve the desired outcomes of increased health workforce numbers and reduced costs without other sector-wide changes.

### Patient-centred regulation

*"We're considering requiring regulators to consult with the public on decisions that affect them. We are also looking at requirements for regulators' board membership"*

- Patient safety is at the heart of health practitioner regulation, and we include public consultation in the development of all regulatory tools and lay-person representation in our Council.
- Acknowledging the complexity of the health system, we back developing pathways for patients' voice to be effectively represented, for example via Regional Consumer Councils, and the Health and Disability Commissioner, and Health Quality & Safety Commission's Consumer Advisory Groups. We welcome opportunities to engage with such groups to further the understanding of the role of health practitioner regulators.

### Streamlined regulation

*"We're considering what more we could do to help authorities work together and share services"*

- RAs already collaborate closely, for example through extensive back office sharing arrangements, and this could be enhanced by further specification of what collaboration is

needed. We are open to further options for efficiency gains with other health practitioner regulators, including shared services, functions, and staff, and adopting common standards and policies.

- The potential risk of harm that pharmacists deal with daily requires a different consideration to those health practitioners dealing with less potential risk of harm. The current legislation already includes provisions for amalgamation of some or all health practitioner regulators, if any risk to public safety could be suitably managed.
- We would note that any efficiency gains under the current funding model of RAs would not be enjoyed by the public, as RAs are funded through fees paid by each profession.
- To streamline regulation within the pharmacy sector, we continue to suggest that consideration be given to pharmacists and pharmacies coming under one regulator.

### Right-sized regulation

*“The level of regulation should depend on the level of risk to public safety involved. We need to enable frontline workers to get on with their jobs and focus on patients by ensuring there aren’t too many hoops for them to jump through.”*

- Health practitioner regulators should be agile to respond to a case for change, but it has been proven that change is more successful when regulators support rather than drive innovation in the profession. Currently, patients desire a particular service, the profession identifies the need and what is required, and the regulator responds to and supports this change.
- There should be streamlined mechanisms to challenge unnecessary regulation, but wider health sector involvement in early discussions about the development of regulation would limit the need for late intervention.

### Future-proofed regulation

*“We are considering how to make sure regulation doesn’t get in the way of innovation”*

- We agree that patient-centric innovation should prevail. As a regulator, public safety is key to all regulatory decisions, and we encourage and support the profession to determine what innovations are needed. This is available in the current legislation.
- Further enhanced services, supported by regulation, can be achieved by RAs working closely with commissioners early in the commissioning processes.