

Putting Patients First: Modernising health workforce regulation



Te Kāwanatanga o Aotearoa
New Zealand Government



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Foreword



The Government's priority is ensuring New Zealanders have access to timely, quality healthcare. To achieve this, the Government is focused on enabling frontline workers to get on with their jobs, with less red tape and more focus on putting patients first.

Right now, too many New Zealanders are struggling to get the care they need, when they need it, particularly in primary and community care. Our health system, like many around the world, faces workforce shortages, which means patients can struggle to get appointments.

The way New Zealand regulates the health workforce is overly bureaucratic. This affects how quickly you can see a health professional, and how much it costs.

This is why the Government is reviewing the regulation of our health workforce. We want to ensure it delivers for you – the patient – while enabling the workforce to practise efficiently and safely. By reducing red tape, we can drive efficiencies in the

health sector. Right-sizing regulation will help us to unleash innovation and productivity within the health sector to keep Kiwis healthy.

We have an opportunity to modernise and streamline the system, improve efficiency, and put patients at the centre. A patient-centred system will support healthcare professionals who work together to provide for the wide range of health needs New Zealanders have. Over time, a better supply and variety of health professionals will increase choice for Kiwis.

Over the past year, the Ministry of Health has been talking to health sector groups about possible changes. Now I want to hear what New Zealanders – particularly patients – think. I encourage you to have your say and let me know what you think about the proposals in this document.

Hon Simeon Brown
Minister of Health

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What's this about?

The Government is looking at ways to improve the regulation of the health workforce as part of its plan to ensure timely, quality access to healthcare for all New Zealanders. The way in which we regulate affects the timeliness and quality of healthcare.

Regulation can sometimes feel distant from everyday healthcare, but it has real impacts on the system's ability to deliver for all New Zealanders. If regulatory settings are too rigid or complex, they can make it harder for the workforce to provide New Zealanders with safe, high-quality services, when and where they need them.

Scenario



This document includes scenarios to help explain how regulation can affect people accessing health services.

You can find them in the blue boxes like this one.

We want to hear from:



Patients



The public



The health workforce



The organisations that are part of regulating the health workforce



Advocates and representative bodies



We want to know what you think about the issues and options we've identified. At this stage, we are not making firm proposals – our priority is hearing from New Zealanders first. By listening to patients, the healthcare workforce, and the public, we can ensure that any changes put their needs at the heart of the health system.

While submissions are open, you can provide feedback through the Ministry of Health's website: consult.health.govt.nz



Executive summary

The Government's focus is delivering timely, quality healthcare for all New Zealanders. We are looking at ways to streamline access so that patients can receive the care they need.

We regulate the health workforce for good reason, so the public can be assured that the professionals they see are qualified and providing safe care.

New Zealand has significant and longstanding health workforce problems. There are shortages of practitioners, meaning Kiwis are waiting longer to see their GP, there are delays in accessing elective surgery, and wait times have increased in our emergency departments. Shortages place increased pressure on the existing workforce.

Improved regulation that reduces bureaucracy and puts patients first will help fix these challenges.

This document asks about your views on:

- Making sure regulation puts **patients first**
- More **streamlined** and efficient regulation
- Providing for **right-sized** forms of regulation
- Ensuring regulation is **future-proofed**.

Patient-centred regulation means shorter wait times, better outcomes, and a system that truly puts patients first. To achieve this, 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.

Streamlined regulation means using resources and administering the rules in the most cost-effective way possible, ensuring value for money for taxpayers and better outcomes for patients. We're considering what more we could do to help authorities work together and share services, so the system delivers more for patients.

Right-sized regulation means that 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. We think that new models of regulation are worth exploring. An occupations tribunal or an ability for the Government to review decisions made by the regulators may also help.

Future-proofed regulation means modernised and adaptive regulation that ensures patients receive the care they need while supporting the workforce to respond to the needs of all New Zealanders. Part of this is enabling new models of care; for example, utilising professional groups like physician associates and nurse practitioners. We are considering how to make sure regulation doesn't get in the way of innovation.

Context



Why is regulation of the health workforce important?

Many of the health professionals New Zealanders see (for example, doctors, nurses, and pharmacists) are regulated under the Health Practitioners Competence Assurance Act 2003 (the HPCA Act).

Not all health professions are regulated under the HPCA Act; only those that provide services considered to pose a certain amount of risk to the public are regulated in this way.

Right-sized regulation is important to assure the public that the registered health practitioners they see are well qualified and will provide safe services.



Role of our health system

The core purpose of the health system is to deliver access to timely, quality healthcare that protects, promotes, and improves the health and wellbeing of all New Zealanders.

In the near-term, we need to improve accessibility, timeliness, quality, and choice of health services, to better meet people's immediate health needs.

The health workforce will be critical in meeting our goals for the health system. However, New Zealand has significant and long-standing health workforce challenges. We have shortages of practitioners, meaning increased pressure on the existing workforce, long wait times or unavailable services.



Workforce views on regulation

The Ministry of Health has been undertaking a review of health workforce regulation. The **Government Policy Statement on Health 2024–2027** outlines the terms of this review.

So far, we have engaged with key stakeholders including the 18 regulatory authorities, professional associations, Māori professional associations, the Hauora Taiwhenua Rural Health Network, self-regulating professions, the Council of Medical Colleges, and unions.

Key themes we heard from this engagement included:

- Any changes to the regulatory system must not compromise clinical safety.
- Regulators can work together more to improve outcomes for patients.
- Patients benefit when professional identity and profession-specific expertise is retained in the regulatory system.
- Regulatory decisions should align with health system priorities and direction to make the system work more smoothly for patients.

What are the regulatory authorities?

Under the HPCA Act, **18 regulators** have been established to regulate certain health professions “to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practise their professions.”

These regulators perform their role by registering practitioners, issuing annual practising certificates, and taking disciplinary action when appropriate.

The 18 regulatory authorities regulate 26 different professions. They are:

- the Chinese Medicine Council of New Zealand
- the Chiropractic Board
- the Dental Council
- the Dietitians Board
- the Medical Sciences Council of New Zealand
- the Medical Radiation Technologists Board
- the Medical Council of New Zealand
- the Midwifery Council
- the Nursing Council of New Zealand
- the Occupational Therapy Board
- the Optometrists and Dispensing Opticians Board
- the Osteopathic Council
- the Paramedic Council
- the Pharmacy Council
- the Physiotherapy Board
- the Podiatrists Board
- the Psychologists Board
- the Psychotherapists Board

Opportunities for improvement

The Government is looking at several ways to improve the regulation of the health workforce, with a focus on putting patients first. We are seeking input from New Zealanders on:

- Incorporating **patient views** and needs in regulation
- Making regulation more **streamlined**
- Providing for **right-sized** regulation
- Ensuring regulation is **future-proofed**.

1 Patient-centred regulation

‘I keep hearing that this regulation is for my benefit, but no one has ever asked me what I want.’

The Government wants to make sure that you have the opportunity to have a say.

What does this mean?

The health system exists for the benefit of patients: patients need to come first.

Currently, regulatory decisions are largely made without public involvement. The regulators themselves are dominated by the professions, with limited involvement from patients.

Public views on regulation, for example on scopes of practice (what a particular health profession is allowed to do), should inform decisions. Without public input we can't be sure that regulation reflects the public's needs, views, and preferences.

Scenario A



I don't understand why my podiatrist can't prescribe me the medicines I need to treat my foot infection. I recently found out that the Government is considering whether podiatrists should be allowed to prescribe certain medicines. As someone who would directly benefit from this, I wish there was an opportunity for me to share my experience.

There are also currently 18 different regulators, which can make it hard to know where to go for information about certain professions or to raise a concern.

Scenario B



I've had some problems with my back recently, and my friend recommended a physiotherapist he's been visiting. I want to make sure they're registered, but I don't know how or where to check.

How we could achieve patient-centred regulation

Public consultation

Currently, if regulators want to make changes to scopes of practice and qualification standards they only have to ask affected professions about it. We could require regulators to consult the public about regulatory decisions that set general rules. Public consultation would allow the views of consumers, employers, and wider professional groups to inform decisions.

Membership of regulators

Generally, the Minister of Health appoints the members of authorities after seeking nominations publicly. Currently, the law requires that most of the members of a health regulatory authority be health practitioners.

The people making regulatory decisions need to understand the realities of a profession, but there are ways of gaining that understanding outside of working as a practitioner. 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.

Focus of regulation

Regulators today often encourage or require health practitioners to consider factors beyond clinical safety. In some cases, this involves requiring certain professions to favour cultural requirements in hiring decisions, such as mandating an understanding of tikanga Māori. Patient-centred regulation is about ensuring patients receive access to timely, quality healthcare from the most qualified professionals for the job, while recognising that New Zealand is a multicultural country and that healthcare workers should be enabled to meet the unique needs of their patients. This places a strong emphasis on ensuring clinical safety.

Enabling patient choice

Overly restrictive regulation can make it harder for qualified professionals to enter or move within the health workforce. This can limit patient choice and drive up costs. Regulators should be required to consider the impact of their decisions on competition and patient access. A more flexible and transparent regulatory environment would ensure patients benefit from a wider range of qualified providers while maintaining high standards of care.

Questions



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



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



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?



Do you think regulators should be required to consider the needs of patients and the workforce when making decisions? What are some ways regulators could better focus on patient needs?



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



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?



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

2 Streamlined regulation

‘I don’t understand why we have 18 regulators, which is more than the UK or Australia? Is this an unnecessary cost and inefficient?’

The Government is ruthlessly focused on driving efficiency in the health system to deliver timely, quality healthcare to all New Zealanders. The less time and money spent on red tape, the more time and money can be spent on patients.

What does this mean?

This is about regulating in the most streamlined and cost-effective way possible.

One way to improve efficiency would be for the regulators to work more closely together. Right now, there are a lot of things done more than once that could be done jointly, which wastes time and money. For example, regulators use different IT systems, duplicating cost and effort.

By streamlining these processes, we can control costs while also improving collaboration between regulators.

This means that health professionals can work together more seamlessly, ensuring you have access to timely, quality healthcare.

The smaller regulators can also struggle to make ends meet. Because each regulator is funded by fees from the profession it regulates, it’s unrealistic to expect them to offer the same level of service separately. Working together would not only save money and reduce red tape, but it would also improve the quality and coordination of healthcare for you.

Scenario A



Pharmac started as a joint venture between health regulators, to save them time and money, and stop them having to do the same thing four times. I’m not sure why the health workforce regulators can’t try something similar?

How we could achieve streamlined regulation

We don’t need a law change for the regulators to work together – they can just do it if it makes sense. But we haven’t seen as much of this as we’d expect.

The powers of direction we asked about in the previous section could help to get regulators to work together and streamline their operations.

We could also think about combining regulators to reduce bureaucracy. The law already includes a power for the Government to combine regulators. This could be a way of driving efficiency and making sure the regulators focus on getting the best results for patients.

Questions



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? Why?



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

3 Right-sized regulation

'I keep hearing about doctors from overseas who want to work here but can't. I know we need more doctors, why is it so hard?'

There are lots of things that go into whether an overseas health practitioner can work here, but at the moment it's no one's job to make sure we are doing this as quickly as we can.

The Government is looking at how to make sure that qualified practitioners can work here.

What does this mean?

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

All regulation has costs; it should be done in the way that addresses the risks presented by a health service at the lowest cost.

This matters because over-regulation means unnecessary costs and other negative impacts on patients. But also, under-regulation potentially puts people at risk of harm.

Currently, the only option to regulate health professions is the most bureaucratic and expensive way. While regulation is necessary for high-risk areas, the current one-size-fits-all approach creates too much red tape where the risk is lower, slowing down the system and resulting in worse outcomes for patients. It's time to rethink how we regulate to make sure patients have access to timely, quality healthcare.

Scenario A



I expect that a surgeon would be subject to very high standards and oversight because of the risks from their practice. However, I would not expect the same level of regulation for a lower risk profession.

We think there should be a greater range of options to regulate professions in a way that is proportionate to the risk. In each case this would help us to streamline the system and remove unnecessary restrictions and cost.

We are interested in people's views on how we can make sure regulatory decisions are made in a way that is right-sized. We are also interested to understand how regulation, or lack of regulation, affects people's decisions to choose a health practitioner.

Scenario B



I have had many different caregivers look after my mother in her home. It's hard to find out what specific qualifications or training caregivers have, so I don't know who is best suited for her needs. It would be helpful to know what services they are trained to provide.

A related challenge is how New Zealand regulates overseas-trained health practitioners. Currently, regulatory authorities will recognise some overseas qualifications, particularly from Australia, if they are similar enough to New Zealand qualifications. Some overseas-trained professionals find it difficult to have their qualification recognised. For Australian-registered practitioners (except doctors), the Trans-Tasman Mutual Recognition Agreement means they can register here without having to go through a long bureaucratic process.

However, for many overseas-trained professionals, getting their qualifications recognised can be a lengthy and complicated process. Reducing this red tape would help streamline the recognition process, making it easier for skilled professionals to contribute to the New Zealand workforce and help deliver access to timely, quality healthcare for all New Zealanders.

Scenario C



I live in a rural area, and our hospital needs more specialists. I've heard that an experienced specialist from overseas has been hired, but before they can start working here, they have to spend a while under supervision in another town. That means our area will be without the specialist we need for even longer. I understand the need for supervision, but this doctor has years of experience in a similar healthcare system. Are there other supervision methods that could be considered?

New Zealand is facing a critical shortage of healthcare professionals, yet we're turning away skilled and experienced migrants who are eager to contribute. Instead of welcoming these qualified workers, we've created complicated bureaucratic barriers that discourage even the most motivated individuals from staying. To address the workforce crisis, New Zealand needs to simplify the process and make it easier for qualified professionals to work here. We can and must do better.

The National-ACT Coalition Agreement commits to better recognising overseas qualifications, including considering an occupations tribunal. An occupations tribunal would consider appeals about decisions relating to overseas qualifications.

Scenario D



My friend, who trained as a specialist in New Zealand and has been practising overseas, is returning to work in New Zealand. However, they have been told they need to complete a course on cultural requirements. I don't understand why this is necessary. This emphasis on cultural requirements seems like a distraction from the real issues facing our health system, where the focus should be on ensuring patients receive timely, quality care from the most qualified professionals.

How we could achieve right-sized regulation

Alternative regulation

At the moment, regulation of health practitioners is all or nothing – either a practitioner has to go through an expensive and time-consuming process to be registered with a regulatory authority, or there isn't any health-specific regulation for that profession.

Some health professions have formed their own membership organisations to set ethical and professional standards (often referred to as “self-regulated”). These organisations can perform a similar role to a regulatory authority, but without government oversight and health workers are not required to join.

We think there are alternative models of regulation that are worth exploring that can ensure clinical safety without unnecessary red tape. These options would reduce the bureaucratic burden while putting patients first:

- **Accreditation:** The Government could accredit a currently ‘self-regulated’ professional body to carry out regulatory functions, with government oversight. This might be suitable for speech and language therapists, for example, whose association currently operates similarly to the health workforce authorities.
- **Credentialling:** This would mean health and disability service providers verify and assess the qualifications, experience, and competence of health practitioners to ensure they meet defined standards for specific clinical responsibilities. This helps maintain clinical safety and ensures that patients receive quality healthcare. Micro-credentialling could also be used, allowing clinicians to be formally assessed and approved to perform specific tasks or roles within their workplace.
- **Certification:** A person could only practise a profession or activity after achieving the appropriate qualification, or standard of performance for on-the-job learning. This could be a mechanism for increasing the number of vaccinators, for example.

In some cases, regulatory requirements differ significantly between jurisdictions. For example, Bachelor of Nursing students in New Zealand must complete a minimum of 1,000 hours of clinical experience, compared to just 800 hours in Australia. Differences in requirements can impact the workforce pipeline by affecting entry timelines and training costs, which may contribute to workforce shortages and limit patient access to healthcare.

Additionally, ensuring that competency assessments are right-sized is crucial to maintaining a strong healthcare workforce in New Zealand without limiting access to timely, quality healthcare. As seen with the Competence Assessment Programme (CAP) for nurses, practitioners who have been out of practice for a certain period are required to demonstrate their competency before re-entering the workforce. While these assessments are vital for ensuring public safety, they should be proportionate to the level of competency required. Streamlining the process of competency assessments can help reduce barriers for experienced professionals, enabling them to re-enter the workforce quickly and efficiently, thus strengthening the healthcare system and improving patient care without compromising safety or quality.

Establishing more proportionate models of regulation can help reduce barriers for emerging health professions, while ensuring the focus remains on delivering timely, quality healthcare.

Review of registration decisions

Currently, if someone disagrees with a decision made by a regulator, their only option is to go to court, which is expensive and time-consuming. We are interested in your views on other review mechanisms that might be useful; for example, the following:

Ministerial review: Regulators hold a significant amount of power in shaping the size of the health workforce, which can sometimes lead to worse outcomes for patients.

In some regulatory schemes, Ministers have the authority to challenge a regulator's decision if they believe the regulator's processes, practices or criteria go beyond what is necessary to protect patient health and safety. Sometimes this power is to refer decisions to an independent body for review.

Occupations tribunal: When forming the Government, the National and ACT Parties agreed to consider an occupations tribunal as part of their coalition agreement. This would be a tribunal that can assess the registration of overseas countries with similar or higher standards than New Zealand. It would be able to overturn decisions by regulators not to register a particular practitioner. This would allow qualified migrants to start work immediately, attract skilled professionals to New Zealand, and recognise the experience of workers from countries like the UK. It would also create a pathway for New Zealanders abroad to return with valuable skills and experience.

Questions



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

- accreditation
- credentialling
- certification
- any other options



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?



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?



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?



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? If so, what changes should be made?



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

4 Future-proofed regulation

‘I have been hearing about new professions, like physician associates, but I have never been able to see one. I don’t understand why it has taken so long to get them working here?’

The regulators are set up to regulate the professions that already exist. There is no incentive for them to identify new ones. The Government wants to make sure that bureaucracy doesn’t get in the way of new and innovative ways of meeting patient needs.

What does this mean?

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

Responsive professional regulation can unleash innovation and productivity within the health system.

We need new professional groups, such as physician associates and nurse practitioners, to be able to do everything they are qualified to do. We need newly qualified practitioners to be able to get on with the job, and not face months of unnecessary delays while all the bureaucratic boxes are ticked.

Scenario A



I’ve found it good to have the option of being seen by a nurse for specialist diabetes checks. I find it easier to get an appointment, and I have more time to talk about how to manage my condition in aspects of my daily life.

Unclear or delayed regulation limits the ability of health services to meet people’s needs quickly and effectively.

Currently, decisions about education and training can also be made without any requirement to consider workforce planning, employment and patient needs, and service delivery requirements.

Scenario B



I am on a waitlist for a specialist mental health service because I’ve been really unwell. I’m waiting for a mental health assessment which must be completed by a psychologist until I can get the help I need. I’ve heard that in the UK there are assistant psychologists who are trained to complete specific mental health tests, and this means people don’t have to wait as long for assessment and intervention for mental health conditions. I wish there was something similar here.



How we could achieve future-proofed regulation

At the moment, the Government has little influence over regulators, and it is important that the Government avoids improperly influencing decisions about individuals. However, patients need to come first, not a bloated system of bureaucratic red tape.

By giving the Government more general direction or the ability to set expectations of regulators, we could ensure that regulation works for patients and the health sector, rather than against them.

For example, regulators could be directed to consider regulation for new professions as soon as feasible, to allow these new professions to get on with keeping you healthy, rather than jumping through bureaucratic hoops.

We could also legislate to make sure regulators think about how their decisions affect the health sector's ability to deliver timely, quality healthcare for all New Zealanders. For example, this could include a requirement to consider how their decisions support safe innovation, and availability of services.

Questions



Do you think regulators should consider how their decisions impact the availability of services and the wider healthcare system, ensuring patient needs are met?



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.



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?



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?

Use of information

Publishing information

We will publish a summary of the feedback we receive through this consultation.

The Ministry of Health will consider that, by making the submission, you have consented to publication of material contained within your submission, unless you clearly specify otherwise in the submission. If your submission contains any information that is confidential or you do not want it published for another reason, please indicate this at the top of the submission and mark any confidential information clearly within the text.

While we collect submitters' names and contact information, please note that personal contact details and names will **not** be shared or published through the summary of submissions.

Submissions remain subject to requests under the Official Information Act 1982. If you have concerns about your response and name being released, please note this in your submission, along with the reason why your name or parts of the submission should be withheld from any future request under the Official Information Act 1982. The Ministry of Health will take such objections into account and will consult with submitters who have raised objections to the full release of their submission under the Official Information Act 1982. Note that the Official Information Act recognises the privacy of natural persons as a reason for withholding information, such as their contact details.

To improve how we review submissions, the Ministry of Health may use artificial intelligence (AI) tools to help identify important themes and trends. AI will assist with analysis, but privacy and confidentiality will still be protected under the Privacy Act 2020 and the Official Information Act 1982.

Private information

The Privacy Act 2020 establishes certain principles about how various agencies can collect, use and disclose information about individuals. Any personal information you supply to the Ministry of Health in making a submission will be used only for the purpose of informing decisions on health workforce regulation.