

# Briefing for decision

## Draft Cabinet paper: Consultation on options for changes to health workforce regulation

**Date due to MO:** 12 December 2024      **Action required by:** 18 December 2024

**Security level:** IN CONFIDENCE      **Reference:** H2024057658

**To:** Hon Dr Shane Reti, Minister of Health

**Consulted:** Health New Zealand:

**Proactive release:** This **title** is proposed by the Ministry of Health for proactive release:

### Contact for telephone discussion

Name	Position	Telephone
Maree Roberts	Deputy Director-General, Strategy Policy and Legislation	s 9(2)(a)
Allison Bennett	Group Manager, Health System Settings, Strategy Policy and Legislation	

### Minister's office to complete:

- |   |                                    |  |
|---|------------------------------------|--|
| <input type="checkbox"/> Approved             | <input type="checkbox"/> Decline   | <input type="checkbox"/> Overtaken by events |
| <input type="checkbox"/> Needs change         | <input type="checkbox"/> Seen      |  |
| <input type="checkbox"/> See Minister's Notes | <input type="checkbox"/> Withdrawn |  |

Comment:

# Briefing for decision

## Draft Cabinet paper: Consultation options for changes to health workforce regulation

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**Security level:** IN CONFIDENCE      **Date:** 12 December 2024

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**To:** Hon Dr Shane Reti, Minister of Health

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### Background

1. On 3 December, we provided you with proposed detailed options for consultation on changes to health workforce regulation [H2024056015].
2. Following your feedback on these options, we have prepared a draft discussion document, and Cabinet paper that seeks approval to release the discussion document on s 9(2)(f)(iv) [REDACTED]

### Discussion document

#### *Content*

3. As the discussion document will be released publicly, it includes background information on the nature of workforce regulation, the issues with the current system and how they can contribute to workforce challenges. It also summarises the outcomes we aim to achieve through the proposed changes:
  - a. regulation that supports the Government's overall aims for the health system
  - b. proportionate regulation, that minimises the risk of harm to the public without unnecessarily restricting practitioners' scopes of practice or consumers' access to services
  - c. sustainable regulation, that performs efficiently and effectively, and that can respond to rapidly evolving technologies and models of care.
4. The options for consultation set out in the document reflect the spectrum of options available. We do not intend to articulate a preferred option in consultation to ensure we get a broad range of views, rather than reactions to our proposals.
5. The documents sets out detailed options to give effect to your previous decisions on:
  - a. an expanded purpose of regulation, to ensure consideration of wider system priorities
  - b. underlying design principles
  - c. an improved Governance framework, including directive powers.
6. We have also included options to increase public involvement, allow proportionate regulatory mechanisms, and ensure sustainability.

7. s 9(2)(g)(i)

#### *Changes following your feedback on options*

8. You have indicated that you are comfortable proceeding the options above. In addition, you have asked us to include:
- Consideration of "licencing" s 9(2)(g)(i). This concept is included in the proportionate regulation options in the discussion document.
  - Address the ACT – National Coalition agreement item to consider an occupational tribunal. We have included a question on this option.
  - Options for changes to appointment processes that would enable a more typical level of ministerial oversight of appointments.
9. You also asked used to ensure that the discussion document is clear about the need for change and the outcomes we are seeking. We have emphasised this in the draft forward to the document.

#### *Release of discussion document*

10. Pending Cabinet approval of the discussion document, we intend to release the discussion document on s 9(2)(f)(iv). Feedback on the proposal will be primarily captured through written submissions on the Ministry's online consultation platform, Citizen Space.

### **Approach for targeted engagement**

11. In the lead up to, and following, the release of the discussion document, we will continue to engage with RAs and other key stakeholders, on improvements to health workforce regulation.
12. We intend to use these engagements to further understand improvements that can be made to workforce regulation. For example, we recently received submissions from RAs, the Health and Disability Commissioner, and the Health Practitioners Disciplinary Tribunal on potential improvements to disciplinary processes for health practitioners.
13. As these engagements are focused on operational matters, they are not appropriate for including in the public discussion document. We will provide a summary of the outcomes of these engagements in our advice on final policy decisions in March 2025.

### **Next steps**

14. Following your feedback on the draft Cabinet paper and discussion document, we will update and provide to your office to begin ministerial consultation.

15. Beginning ministerial consultation this year will allow the discussion document to be considered by Cabinet on s 9(2)(f)(iv) [REDACTED]. We will work with your office to confirm timeframes.
16. We will provide further details on targeted engagement, communications planning and the process to release the discussion document in early 2025.
17. Before the end of 2024, we will inform RAs of our intention to consult publicly on changes to health workforce regulation.

## Recommendations

We recommend you:

- a) **Note** you have agreed to publicly consult on changes to health workforce regulation s 9(2)(f)(iv) [REDACTED] **Noted**
- b) **Note** we have provided you with a draft discussion document outlining changes to health workforce regulation **Noted**
- c) **Note** we have provided you with a draft Cabinet paper seeking approval to release the discussion document on s 9(2)(f)(iv) [REDACTED] **Noted**
- d) **Note** that ministerial consultation will need to conclude s 9(2)(f)(iv) [REDACTED] so that the Cabinet paper can be considered s 9(2)(f)(iv) [REDACTED] **Noted**
- e) **Provide** feedback on the draft discussion document and Cabinet paper by [REDACTED] s 9(2)(f)(iv) [REDACTED] **Yes / No**



Maree Roberts  
Deputy Director-General  
**Strategy Policy and Legislation**  
Date: 12/12/2024

Hon Dr Shane Reti  
Minister of Health  
Date:

ENDS.