Briefing for decision

Health Practitioners Competence Assurance Amendment Bill 2026: Approval for Introduction

Date due to MO:	26 February 2026	**Action required by:**	2 March 2026
Security level:	IN CONFIDENCE	**Reference:**	H2026078230
To:	Hon Simeon Brown, 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
Allison Bennett	Group Manager, Health System Settings, Strategy & Policy	9(2)(a)
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Minister's office to complete:

☐ Approved ☐ Decline ☐ Overtaken by events

☐ Needs change ☐ Seen

☐ See Minister's Notes ☐ Withdrawn

Comment:

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Purpose of report

1. This briefing accompanies the draft Cabinet paper that seeks approval for the introduction of the Health Practitioners Competence Assurance Amendment Bill 2026 (the Bill).

Background

2. The Health Practitioners Competence Assurance Act 2003 (HPCA Act) provides the framework for regulating health practitioners to protect public safety. While it has supported high professional standards, reviews have identified limitations in accountability, consistency, and workforce responsiveness under current settings.

3. On 20 August 2025, Cabinet agreed to amend the HPCA Act to better align health workforce regulation with patient needs, health system policy, and Government priorities, and to address long-standing issues with the operation of responsible authorities [SOU-25-MIN-0116].

Key proposals in the Bill

Responsible authorities to be accountable to the Minister of Health

4. The Bill provides that responsible authorities will be subject to key accountability and directive requirements similar to those of Crown Agents under the Crown Entities Act 2004. In practice, this will mean:

   a. The Minister of Health will be able to direct authorities to give effect to government policy that relates to their functions or objectives. These directions could relate to relevant policies, administrative process, procedure and organisational form. There are reasonable limitations for the directive power, this includes:

      i. The Minister must have considered the potential impact on quality and safety of health care.

      ii. A direction cannot be about a person or a particular qualification. This prevents a direction being given about an authority's decision to register an individual or to recognise a particular qualification.

   b. Responsible authorities will be required to prepare, under consultation with the Minister of Health, statements of intent and statements of performance expectations.

Greater oversight and scrutiny of registration decisions

5. The Bill establishes a new ministerial committee that will be empowered to review and overturn regulator decisions when those decisions refuse or limit a practitioner's registration or ability to practice.

6. This committee is proposed to have a permanent chairperson and deputy chairperson, who must be a barrister or solicitor, and a panel of qualified experts and laypeople to be drawn from to review particular cases. The Minister will be able to appoint any person to the panel who has the required knowledge and experience of matters likely to come before the committee. The committee would be funded by the regulatory authorities, with a proportion of costs assigned to each regulatory authority based on the number of complaints expected to be heard.

Operational and technical improvements to the regulatory framework

7. The Bill includes a package of minor amendments to improve the functioning of the HPCA Act. This includes clarifying regulator functions, improvements to administrative and reporting settings, and empowering courts to prohibit non-registered practitioners from providing unsafe services. Further detail is available in **Annex 1** of the Cabinet paper, which summarises all the proposed changes.

We have identified additional changes that require Cabinet confirmation

8. Through the drafting process we have identified some changes that will require Cabinet confirmation before introduction. Because these are minor changes, and are in line with the policy intent, the Parliamentary Counsel Office (PCO) have incorporated them into the current draft of the Bill, pending confirmation by Cabinet.

9. We recommend the following additions be included in the Bill:

   a. Changing the official name of the "Medical Radiation Technologists Board" to the "Medical Imaging and Radiation Therapy Board of New Zealand". This has been requested by the regulatory authority to better reflect the work of the profession it regulates. The Board initially requested a name change in 2018, following consultation with their profession, education providers and other authorities. This is a simple change which would normally require an Order in Council but can also be done through this amendment.

   b. Requiring responsible authorities to consult with and consider the views of patients when changing scopes of practice or prescribing qualification requirements. This will improve regulators' responsiveness to the public and support clearer, more consistent regulatory decision making.

   c. Allow for a panel member of the Health Practitioner Disciplinary Tribunal (HPDT) to continue on past the expiry of their term until an appropriate replacement has been appointed. For a variety of reasons, it can be difficult to identify suitable health practitioners for appointment to the Tribunal. This change will minimise disruption while a replacement is appointed.

10. We recommend that the following proposals, previously approved by Cabinet, no longer be progressed:

a. Increasing the range of penalties, including maximum fines, that can be issued for offences under the HPCA Act. After further discussion with the Ministry of Justice and review of the historical use of penalties, we consider that the existing penalties are sufficient

b. Clarification of general requirements for setting scopes of practice and to require consultation between authorities and the Health and Disability Commissioner. After further discussion it was determined they were unnecessary as these matters can be dealt without legislative change.

Next steps

11. Following your approval of the minor changes, the draft Cabinet paper and bill can be sent out for ministerial consultation. Following your feedback, we intend to lodge the paper on 19 March.

12. The table below provides an indicative timeframe for introducing the Bill in the House of Representatives. Prioritisation of the Bill and allocation of House time will be required to facilitate this.

Indicative timeline

Process step	*Date*
Ministerial and departmental consultation	27 February – 13 March
Lodges LEG paper PCO lodges the Bill	19 March
Cabinet Legislation Committee consideration	26 March
Cabinet consideration and confirmation	30 March
Introduction of Bill	From 31 March

Recommendations

We recommend you:

a) **Note** the attached draft Cabinet paper seeks approval to introduce the Health Practitioners Competence Assurance Amendment Bill 2026 **Noted**

b) **Note** that we will continue to work with PCO on drafting the Bill and will confirm any substantive changes with you prior to lodgement **Noted**

c) **Agree** to the following minor additions that we have identified through the drafting process:

i) Changing the official name of the "Medical Radiation Technologists Board" to the "Medical Imaging and Radiation Therapy Board of New Zealand" **Yes / No**

ii) Require responsible authorities to consult with and consider the views of patients when changing scopes of practice or qualification requirements — **Yes / No**

iii) Allow a member of the Health Practitioner Disciplinary Tribunal to continue past the expiry of their term until a replacement has been appointed. — **Yes / No**

d) **Agree** to not progress changes to increase penalties under the Act, clarify requirements for scopes of practice and require consultation between authorities and the Health and Disability Commissioner — **Yes / No**

e) **Agree** to lodge the paper with the Cabinet Office by 10am 19 March, with any changes following ministerial consultation. — **Yes / No**

Allison Bennett
Group Manager, Health System Settings
Strategy & Policy
Date: 24/02/26

Hon Simeon Brown
Minister of Health
Date: