

# Putting Patients First

## April 2025



New Zealand Council Of  
Christian Social Services

### Tirohanga Whānui | Overview

The New Zealand Council of Christian Social Services (NZCCSS) welcomes the opportunity to provide feedback on Putting Patients First: Modernising health workforce regulation. While we support the kaupapa to create a more efficient and effective health care sector, we strongly oppose the direction of this work, specifically the suggestion to remove cultural competency training. We believe that safety in healthcare is multifaceted, and that workforce competence, as overseen by regulatory bodies, and cultural safety are key components of this.

### Taunakitanga | Recommendations

Our main points are:

#### **Item One – Cultural safety is not optional**

We strongly oppose the idea that mandated cultural competency is a barrier to care or to the efficiency of the healthcare system. Practitioners must be able to engage safely with their patients in order to provide them with care. This includes cultural safety. In a proudly multicultural nation such as Aotearoa New Zealand, this element of professional competency is key to ensuring that healthcare is safe to engage with for all people. Quality and competency in our healthcare professionals includes their competency in matters of cultural safety.

**Recommendation 1:** We suggest retaining current levels of cultural competency training.

#### **Item Two – Regulation ensures confidence in the safety of a service**

Patients rely on the oversight from the expertise of regulatory bodies to know that the healthcare practitioners that they need are competent. The regulatory bodies in place oversee their own specific cohort of practitioners and the professional competencies they are expected to have. While those who are not medical professionals may have ideas about what the scope of each profession should contain, they lack the insight and expertise to make these decisions on behalf of professional bodies. This area in the consultation document once again refers to cultural competency expectations that oversight boards have of their members, which we are strongly in favour of.

**Recommendation 2:** We suggest retaining professional expertise of each healthcare profession on any amalgamated oversight bodies if the current bodies are not retained, and strongly support the retention of cultural competency requirements for registration with these oversight bodies.

#### **Item Three – We support putting patients first.**

This consultation document mentions 'streamline' fourteen times, 'cost' fourteen times, and 'efficiency' thirteen times. It mentions 'well-being' once. 'Holistic' care is not mentioned once, nor is 'hauora'. The focus on reducing regulations and oversight, as well as eliminating cultural safety, does not feel like it puts the patient at the centre of the changes, but instead aims to employ strict business practice in a system that cannot and should not be run like a business.

**Recommendation 3:** We suggest ensuring that reforms to the healthcare sector focus on the best health and wellbeing outcomes for patients.

## **Ko wai tātou | Who we are**

NZCCSS has six foundation members; the Anglican Care Network, Baptist Churches of New Zealand, Catholic Social Services, Presbyterian Support and the Methodist and Salvation Army Churches.

Through this membership, NZCCSS represents over 100 organisations providing a range of social support services across Aotearoa. Our mission is to call forth a just and compassionate society for Aotearoa, through our commitment to our faith and Te Tiriti o Waitangi.

Further details on NZCCSS can be found on our website - [www.nzccss.org.nz](http://www.nzccss.org.nz).

## **Ingoa whakapā | Contact Name**

**Alicia Sudden**                      [ceo@nzccss.org.nz](mailto:ceo@nzccss.org.nz)  
Rachel Mackay