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**The Royal Australasian College of  
Physicians' submission to Health  
Committee on the Healthy Futures  
(Pae Ora) Amendment Bill**

**Hereturikōkā | August 2025**

## Introduction

The Royal Australasian College of Physicians (RACP) appreciates the opportunity to submit feedback to the Health Committee on the [Healthy Futures \(Pae Ora\) Amendment Bill](#). We also welcome the opportunity of engaging further with the committee on these issues.

The RACP works across more than 40 medical specialties to educate, innovate and advocate for excellence in health and medical care. Working with our senior members, the RACP trains the next generation of specialists, while playing a lead role in developing world best practice models of care. We also draw on the skills of our members to develop policies that promote a healthier society. By working together, our members advance the interest of our profession, our patients and the broader community.

## RACP position on the Healthy Futures (Pae Ora) Amendment Bill

There are certain aspects of the Bill that the RACP supports, such as including a new purpose of ensuring patients get timely access to quality health services, a focus on infrastructure provision and planning

While the RACP supports the inclusion of an increased focus on infrastructure and long term planning, we call for an increased focus on long term workforce planning to support health care delivery. The RACP also cautions against legislating health targets given the potential for adverse impacts on areas such as overall health outcomes and resource allocation.

The RACP is very concerned that the Bill represents a fundamental reset of the Government's agenda away from concerns about health equity for Māori, a commitment to te Tiriti o Waitangi and a focus on the principles of public health.

The RACP expresses deep concern regarding the proposed changes to the Act that would significantly diminish the statutory role of Iwi-Māori Partnership Boards (IMPBs). The amendment bill seeks to reduce IMPBs to an advisory status, removing their ability to commission services, set priorities, and monitor performance—functions that are essential to achieving equitable health outcomes for Māori. The RACP supports the collective stance taken at the recent national hui of IMPBs, which rejected the proposed constraints. These boards are not mere consultation panels—they are iwi-led system partners with the mandate, capacity, and accountability to shape investment, commission kaupapa Māori services, and hold the health system to account. Their role is critical to improving Māori health outcomes and addressing long-standing structural inequities. Their role should not be diminished, but rather reinforced and strengthened to the benefit of Māori and the whole Aotearoa New Zealand community.

This Bill is also, in parts, contrary to its aim to “improve the effectiveness of health services delivery to patients” by further disrupting the health workforce it depends on to deliver these services. The health workforce is already experiencing rapid reform, restructure and changing leadership while operating under an environment of increased workforce pressures and fiscal constraint.

The RACP also opposes a number of specific proposals, including:

- removal of the health sector principles and Te Mauri o Rongo – New Zealand Health Charter.
- requiring all Health New Zealand | Te Whatu Ora staff to adhere to the public service principle of political neutrality.
- removal of the requirement to ensure Health New Zealand | Te Whatu Ora maintains systems and processes to ensure that the organisation and its staff have the capacity to understand te Tiriti, kaupapa Māori services, cultural safety and responsiveness of services, mātauranga Māori, and Māori perspectives of services.
- removal of the requirement for the Expert Advisory Committee on Public Health to have expertise in population health, health equity, te Tiriti, epidemiology, health intelligence, health surveillance, health promotion, health protection and preventative health.

## Background

The Pae Ora (Healthy Futures) Act 2022 came into force on 1 July 2022. The purpose of the Act is to:

- protect, promote and improve the health of all New Zealanders
- achieve equity by reducing health disparities among New Zealand's population groups, in particular for Māori
- build towards pae ora (healthy futures) for all New Zealanders.

The RACP was largely supportive of the Pae Ora (Healthy Futures) Bill and made recommendations for where it needed to be strengthened in its [2021 submission](#)<sup>1</sup>, before the Pae Ora Act was implemented on July 1 2022.

The Healthy Futures (Pae Ora) Amendment Bill (the Bill) seeks to “improve the effectiveness of health services delivery to patients” by:

- Amending the purpose, objectives, and functions of Health New Zealand | Te Whatu Ora to add the delivery of effective and timely services.
- Repealing the health sector principles and Te Mauri o Rongo | the New Zealand Health Charter.
- Requiring Health New Zealand | Te Whatu Ora staff to adhere to the public service principle of political neutrality under the Public Service Act 2020.
- Increasing Health New Zealand's focus on infrastructure.
- Changing the roles and responsibilities of iwi Māori in relation to the delivery of health services. It would reduce the role of iwi-Māori partnership boards (IMPBs) and is changing requirements to engage with whanau Māori communities about health needs in their area, and to provide advice to HMAc.

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<sup>1</sup> Royal Australasian College of Physicians (RACP). Submission to the Pae Ora Committee on Pae Ora (Healthy Futures Bill). Wellington: RACP, November 2021. Available from: [racp-submission-on-the-pae-ora-healthy-futures-bill.pdf](#) Downloaded on 13 August 2025.

- Changing the requirements for board members' knowledge and experience in terms of public health expertise.

## Key points

### 1. Removal of Health Sector Principles: clause 9

- 1.1 Clause 9 would repeal the health sector principles from the Pae Ora (Healthy Futures) Act. The Act established a set of health system principles to provide common expectations across the health system. The principles require the health system to:
  - be equitable
  - engage with Māori, population groups, and others to reflect their needs and aspirations
  - provide opportunities for Māori to exercise decision-making authority
  - provide choice of quality services to Māori and other population groups
  - protect and promote people's health and wellbeing.
- 1.2 **The RACP strongly opposes removal of these principles which enable the vision of Pae Ora in the Pae Ora Act to include equitable outcomes, partnership with Māori and consideration of mental and physical health and wellbeing equitably and across the community.** This will further marginalise working in partnership with Māori, displace whānau and equity from their rightful centre of health sector activity and impede critical work in preventive and public health.
- 1.3 The RACP was strongly supportive of the Pae Ora Act's implementation of the recommendations from the Wai 2575 Waitangi Tribunal Report which found successive Governments had failed to bridge the equity gap between Māori and non-Māori health outcomes. The RACP also supported the establishment of Te Aka Whai Ora to work in tandem with Health New Zealand | Te Whatu Ora, allowing opportunities for co-governance and giving effect to Te Tiriti o Waitangi<sup>2</sup>. This Bill further undermines Māori health following the passing of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Bill under urgency in March 2024<sup>3</sup>, and the subsequent disestablishment of Te Aka Whai Ora in June 2024.
- 1.4 Systemic barriers have led to poorer health outcomes for Māori, including the significant life expectancy gap. These barriers risk being amplified by current policy changes that prioritise "equality for all New Zealanders" over equity. While equality may seem fair on the surface, it overlooks unique cultural, societal, political, and economic contexts. Equality-based policies perpetuate systemic inequalities and hinder Māori, whānau, and communities from thriving<sup>4</sup>. Improving Māori health is not just about achieving equitable health outcomes: it is about enabling Tino Rangatira and Mana Motuhake for whānau,

<sup>2</sup> Royal Australasian College of Physicians (RACP). General Position Election Statement 2023. RACP, 2023. Available from: [general-position-election-statement-2023.pdf](#)

<sup>3</sup> Te Kawanatanga o Aotearoa | New Zealand Government. Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 No 5, Public Act. Te Kawanatanga o Aotearoa | New Zealand Government, 2024. Available from: <https://www.legislation.govt.nz/act/public/2024/0005/latest/whole.html#LMS939836>.

<sup>4</sup> Bourke, J, Owen, H, Derrett, S. *et al.* Disrupted mana and systemic abdication: Māori qualitative experiences accessing healthcare in the 12 years post-injury. [Internet]. BMC Health Serv Res 23: 130. Available from: <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-023-09124-0>



hapū and iwi. Centring on the Crown's obligations under Te Tiriti o Waitangi is critical to fulfilling this goal.

- 1.5 Internationally, Aotearoa New Zealand's reputation as a signatory to the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)<sup>5</sup> was advanced by the establishment of Pae Ora (Health Futures) 2022 as one of the most significant advancements in Māori health governance in recent history. The RACP expresses significant concerns regarding the Bill's disregard for Te Tiriti o Waitangi, He Whakaputanga o te Rangatiratanga o Niu Tirenī<sup>6</sup>, and the UNDRIP<sup>2</sup>, all of which are absent from the proposal. The RACP is committed to respecting and promoting the principles as enshrined in the [Te Tiriti o Waitangi](#) and the [United Nations Declaration on the Rights of Indigenous Peoples](#)<sup>7</sup>.
- 1.6 In terms of public health, 80% of the drivers of healthcare lie outside of the healthcare system, the social determinants of health. The RACP has supported preventive and public health initiatives directed at healthier housing, reduced consumption of tobacco, alcohol and unhealthy foods through warning labels, among many other initiatives. These measures can result in broader social, equity and cost benefits. Whilst responsibility for measures like this may be shared across sectors, the health sector has a crucial role to play in them. Removal of principles involving the health sector protecting and promoting people's health and wellbeing are particularly concerning to the RACP and its members.

## 2. Removal of Te Mauri o Rongo – New Zealand Health Charter: clause 10

- 2.1 Clause 10 of the Bill would repeal the [Te Mauri o Rongo-NZ Health Charter](#) which sets out shared values and principles to shape behaviours for Health NZ | Te Whatu Ora to support and promote a safe working culture across health.
- 2.2 In 2021, RACP welcomed the initiative of a New Zealand Health Charter as a galvanising set of principles for how all health care workers should be treated at work and called for this to embody the principles of Te Tiriti o Waitangi<sup>8</sup>.
- 2.3 **The RACP opposes removal of the Charter as it undermines the commitment to a safe and supportive environment** for health care workers, including one that is Te Tiriti compliant and culturally safe. This would also undermine the wellbeing of the health workforce, particularly given concerns about staffing shortages and the impact of recent restructuring.

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<sup>5</sup> United Nations. United Nations Declaration on the Rights of Indigenous Peoples. United Nations, 13 September 2007. Available from: [https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP\\_E\\_web.pdf](https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf)

<sup>6</sup> He Whakaputanga – Declaration of Independence, 1835. Available from: <https://nzhistory.govt.nz/media/interactive/the-declaration-of-independence>

<sup>7</sup> Link to constitution

<sup>8</sup> Royal Australasian College of Physicians (RACP). RACP Submission on Pae Ora (Healthy Futures) Bill. [Internet]. Wellington: RACP, November 2021. Available from: [racp-submission-on-the-pae-ora-healthy-futures-bill.pdf](#) Downloaded on 11 August 2025.

### 3. Political neutrality: clause 11, new Section 11A

- 3.1 Clause 11 of the Bill proposes including a new section 11 A - Obligations as a Crown agent in relation to political neutrality. This would require Health New Zealand | Te Whatu Ora staff to adhere to the public service principle of political neutrality under the Public Service Act 2020.
- 3.2 **The RACP opposes this proposal - standards of political neutrality for public sector workers close to the centre of government decision-making must be different to those public sector workers at the local level or front line of public service delivery**, like Te Whatu Ora | Health NZ members and doctors, nurses and other health professionals practising in hospitals. The extent to which this proposal could apply to them, depending on their employment or contractual arrangements, is unclear.
- 3.3 Medical professionals have an ethical and professional obligation to raise concerns about the health system. The concept of what is 'political neutrality' can be broadly interpreted. It could potentially lead to limits being placed on expressions of opinion about how healthcare is best delivered and potential reform options, rather than on purely partisan political views. Consequently, this proposal risks patient safety, clinical safety and runs contrary to the well-established professional and ethical standards of the medical profession to advocate for their patients and the health care system.
- 3.4 Engaging in health care advocacy does not mean doctors cannot still be held to high standards and remain professional and ethical. To the contrary, advocacy for better health outcomes *is expected* of doctors, notably public health physicians<sup>9</sup>. We draw your attention to the Medical Council of New Zealand's expectation for doctors that "*if you are concerned that patient safety may be at risk from inadequate premises, equipment or other resources, policies or systems, put the matter right if possible. In all other cases you should record your concerns and tell the appropriate body*<sup>10</sup>."

### 4. Providing and planning for infrastructure to deliver services: clauses 13 & 14

- 4.1 Clause 13 of the Bill commits Health New Zealand | Te Whatu Ora to provide and plan for quality, cost-effective, and financially sustainable infrastructure. Clause 14 amends section 14 requires Health New Zealand | Te Whatu Ora to provide and plan for infrastructure to deliver services.

<sup>9</sup> Royal Australasian College of Physicians (RACP). Public Health Physicians: Protecting, Promoting and Improving Health for the Whole Community. [Internet]. RACP, November 2020. Available from: [public-health-physicians-protecting-promoting-and-improving-health-for-the-whole-community.pdf](#) Downloaded on 11 August 2025.

<sup>10</sup> Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand (MCNZ). Good Medical Practice. [Internet]. Wellington: MCNZ, November 2021. Available from: [Good Medical Practice 3-11-21.pdf](#) Downloaded on 11 August 2025

- 4.2 **The RACP welcomes a focus on providing and planning for infrastructure. However, to staff this infrastructure a well-planned, trained and supported workforce is also needed to provide health care on the ground.**
- 4.3 Workforce planning and adequate digital infrastructure to support this planning are absent in this Bill. The RACP has previously called on Government to ensure detailed forecasts on future workforce supply and demand to become a legislative obligation. This planning is urgently needed to ensure that the health workforce can keep up with the evolving health requirements of our growing population and its increasingly complex health care needs<sup>8</sup>.
- 4.4 Systematic under-investment in workforce planning and digital infrastructure has led to a failure to grow, recruit and retain people in the numbers needed and with the right skills, diversity and professional qualifications. We call on the Government to take on a co-ordinating leadership role to ensure comprehensive workforce data is collected and used for strategic planning and modelling purposes. This must include robust data on the Māori and Pasifika workforce<sup>11</sup>.
- 4.5 The RACP also calls on the government to consider the co-benefits of *environmentally* sustainable infrastructure in health care. By implementing sustainable practices, hospitals can reduce costs associated with energy, water, waste, and procurement, leading to significant long-term savings and improved financial performance<sup>12</sup>.

## 5. Duties of the board of Health New Zealand | Te Whatu Ora: clause 16

- 5.1 Clause 16 amends section 16, which sets out additional collective duties of the board of Health New Zealand | Te Whatu Ora. The amendment removes the requirement to ensure Health New Zealand maintains systems and processes to ensure that it has the capacity to understand te Tiriti, kaupapa Māori services, cultural safety and responsiveness of services, mātauranga Māori, and Māori perspectives of services.
- 5.2 The RACP strongly opposes this proposal. Cultural safety recognises that understanding and confronting power imbalances and racism, both within health services and among the individuals who work in them, shifts responsibility back on to institutions and health workers to address the poor performance of services in meeting the health rights of Māori under Te Tiriti<sup>13</sup>.

<sup>11</sup> Royal Australasian College of Physicians (RACP). Heal Healthcare – RACP 2023 Heal healthcare Workforce Election Statement. [Internet]. Wellington: RACP, 2023. Available from: [2023-heal-healthcare-workforce-statement.pdf](#) Downloaded on 11 August 2025.

<sup>12</sup> Royal Australasian College of Physicians (RACP). Environmentally Sustainable Healthcare Position Statement, November 2016. [Internet]. RACP, 2016. Available from: [Climate Change and Health](#) Downloaded on 11 August 2025.

<sup>13</sup> Health Quality & Safety Commission (HQSC). A window on the quality of Aotearoa New Zealand's health care 2019. He matapihi ki te kounga o ngā manaakitanga ā-hauora o Aotearoa 2019. Wellington: HQSC, May 2019. Available from: [https://www.hqsc.govt.nz/assets/Our-data/Publications-resources/Window\\_2019\\_web\\_final-v2.pdf](https://www.hqsc.govt.nz/assets/Our-data/Publications-resources/Window_2019_web_final-v2.pdf) Downloaded on 11 August 2025.

- 5.3 The RACP is committed to upholding Te Tiriti principles by embedding cultural safety in training, examination and recertification, advocating for a future medical workforce which represents the communities being served and advocating for equitable access to care for Māori<sup>14</sup>.
- 5.4 Cultural safety is not a 'distraction' or a 'barrier' to ensuring patients receive quality care from quality professionals. **Cultural safety is clinical safety. The government has an obligation to protect the health of Māori as part of 'good governance'.** Kāwanatanga is translated as governance, meaning the authority to create laws for the country's good order while safeguarding Māori interests. Governance intended to protect the mana of the Māori people, to ensure that Māori have the right to be Māori in their own lands and retain their mana, without undermining the Crown's authority to govern and maintain 'good order'.<sup>15</sup> This Bill directly threatens these efforts and undermines progress towards health equity in Aotearoa New Zealand.

## 6. Diminishing the role of Iwi-Māori Partnership Boards (IMPBs) – clauses 14, 15 new section 29

- 6.1 The Bill significantly changes the roles and responsibilities of iwi Māori in relation to the delivery of health services. Key changes include:
- Clause 14 amends section 14, to require Health New Zealand to engage with the Hauora Māori Advisory Committee rather than iwi-Māori partnership boards
  - Clause 15 amends section 15 removing the requirement for Health New Zealand to engage with iwi-Māori partnership boards when determining priorities for kaupapa Māori investment.
  - Section 29 is replaced by new section 29, which states that the purpose of iwi-Māori partnership boards is to represent local perspectives of Māori communities on health outcomes based on their needs and aspirations.
- 6.2 This legislative reframe shifts IMPBs from being strategic partners with signing authority to becoming community engagement advisors, undermining the intent of Te Tiriti o Waitangi and the principles of equity and accountability embedded in the original legislation. This signals a serious recalibration and diminishing of Māori influence within the health sector. The Bill takes away current board functions relating to business planning, service design and service monitoring, and replaces them with the task of representing the "whanau voice" on healthcare needs and aspirations. The proposed changes would see IMPBs reporting solely to the Hauora Māori Advisory Committee which will inform the board of Health New Zealand | Te Whatu Ora.
- 6.3 **RACP strongly opposes proposed changes to the role of IMPBs – they undermine both the spirit of the Pae Ora reforms and commitments to achieving equitable health outcomes for Māori under Te Tiriti o Waitangi.** The establishment of Pae Ora was not just a structural reform — it was a transformational enabler to ensure that via Te

<sup>14</sup> Royal Australasian College of Physicians (RACP). Indigenous Strategic Framework 2018-2028. Available from: [Indigenous Strategic Framework 2018-2028](#) Downloaded on 13 August 2025.

<sup>15</sup> Gray-Sharp K, Tawhai V (eds). 'Always speaking' – The Treaty of Waitangi and public policy. Wellington: Huia Publishers; 2012.



Aka Whai Ora and Iwi Māori Partnership Boards (IMPB) addressing Hauora Māori was Māori-led, Māori-designed, and Māori-delivered health services was apparent in the legislation.

- 6.4 We emphasise that this is not solely a Māori issue—it is a national issue. When the health system fails Māori, it fails all New Zealanders. Structural inequities are both unjust and inefficient. A system that sidelines local expertise and leadership wastes resources, reduces responsiveness, and entrenches poor outcomes. IMPBs provide a direct and effective mechanism for ensuring that investment decisions are grounded in the lived realities of Māori communities.
- 6.5 **The RACP reaffirms its commitment to Te Tiriti o Waitangi and supports the call for authentic partnership.** Te Tiriti establishes mutual responsibilities between the Crown and Māori. Diminishing the role of IMPBs undermines the very essence of the partnership promised under Pae Ora. Reform must not be used as a vehicle that leads to structural disempowerment.
- 6.6 Iwi Māori Partnership Boards are grounded in Te Tiriti o Waitangi, specifically in:
- Article Two: Affirming Māori over taonga, including health.
  - Article Three: Guaranteeing Māori the same rights and outcomes as citizens.
- 6.7 IMPBs were created to uphold these Tiriti obligations and correct decades of systemic neglect and underinvestment in Māori health. They were established to ensure the health needs and priorities of Māori communities are met. Boards can commission services, set priorities, and monitor performance
- 6.8 IMPBs are also grounded in Kaupapa Māori, a framework that centres Māori values, tikanga, and worldviews in service design and delivery. Kaupapa Māori approaches are holistic, relational, and whānau-centred — they recognize that health is not just physical, but spiritual, emotional, and collective. The success of Kaupapa Māori is well-documented across other sectors:
- In language revitalisation, Te Reo Māori has flourished through Māori-led initiatives like kōhanga reo and kura kaupapa.
  - In education, Māori-designed models have empowered generations through culturally affirming pedagogy and leadership.
  - In the public sector with the establishment of Te Puni Kokiri and Te Taura Whiri i te reo Māori.
  - In Mātauranga Māori, traditional knowledge systems have been restored and integrated into environmental, corrections, and social policy.
- 6.9 IMPBs extend this proven model into the health system, allowing Māori to reclaim agency over their own wellbeing through its existing governance structure.
- 6.10 **The RACP is of the view that removal of the active partnership model risks only deepening inequities.** The Bill undermines tino rangatiratanga by making IMPBs whanau voice only; Māori should have an active decision-making role alongside the Crown for Māori health.

- 6.11 The future of hauora Māori must be shaped in partnership with iwi and hapū, at the flaxroots, and accountable to whānau. **The RACP stands alongside IMPBs in their pursuit of kotahitanga—unity of purpose—and affirms that Māori health equity must remain a central priority in the design and delivery of Aotearoa New Zealand’s health system.**
- 6.12 We therefore urge the Government to:
- a. **Restore and strengthen** the statutory functions of IMPBs under sections 29 and 30 of the Pae Ora Act.
  - b. **Activate section 90** to enable IMPBs to nominate Māori members to the Hauora Māori Advisory Committee.
  - c. **Provide adequate resourcing** to IMPBs to lead commissioning, planning, and monitoring with integrity.
  - d. **Require Te Whatu Ora** to engage in genuine co-design with IMPBs, rather than retrospective consultation.

## 7. Targets for the public health sector: clauses 21 and 22, new Section 36A

- 7.1 Clause 21 of the Bill expands the purpose of the Government Policy Statement (GPS) on Health to include setting targets for the public health sector. Clause 22 sets out the required targets and monitoring and reporting requirements against these. New section 36A sets out that the targets must relate to:
- cancer management care:
  - the immunisation of children:
  - the admission to, and discharge and transfer of patients from, emergency departments:
  - specialist assessments:
  - elective treatment:
  - access to primary care.
- 7.2 The RACP is pleased to note that the targets now include primary health care as a long-term driver of rising demand for future health services, including specialist services.
- 7.3 The College cautions that legislating targets has potential negative implications, including for the health of the population. The emphasis on delivering the rights services to the right people at the right time downplays the complexities of the health sector. **A focus on targets takes away from a long-term focus on achieving equity/overall health outcomes.**
- 7.4 Another pitfall of targets is that only what gets measured gets done - **targets lead to resources being diverted from other services where they might do have more impact.** Consideration should be given to what gets done and does not get done because of targets.

## 8. Changes to composition of expert advisory committee on public health – clause 33

- 8.1 Clause 33 amends section 93, which provides for an expert advisory committee on public health. The amendment removes the requirement for the Minister to be satisfied that the committee collectively has knowledge of, and experience and expertise in relation to, population health, health equity, te Tiriti o Waitangi, epidemiology, health surveillance, health promotion, health protection, and preventative health.
- 8.2 **The RACP is very concerned that the advisory committee could be made up of people without public health expertise.** As medical specialists, we know from managing the COVID-19 pandemic that strong evidence-based independent advice is crucial in responding to complex health issues. In a 2021 submission on the Pae Ora Bill, the RACP called for public health medicine specialist expertise on the Committee<sup>8</sup> and has viewed the existing expertise as at least a step in the right direction.

## Consultation process

As identified in the Health Assurance Unit's Regulatory Impact Statement<sup>16</sup> there has only been limited consultation undertaken due to the speed of the work and the need to hold information closely. This means there has been minimal discussions between agencies, including with the Ministry of Health and Health New Zealand, and no testing of proposals with the public.

The RACP believes that proposals designed to improve the effectiveness of health service delivery to patients should have been consulted on with both agencies, peak bodies like the RACP and consumers as a lack of consultation and consumer views can lead to poor decision making.

The Bill does not meet the Crown's responsibilities under Te Tiriti and UNDRIP to engage with Māori on matters affecting their rights. Engagement with Māori stakeholders has been limited to the Hauora Māori Advisory Committee.

## Conclusion

The RACP thanks the Health Committee for the opportunity to provide feedback on this consultation.

To discuss this submission further, please contact Tanya Allen, Senior Policy & Advocacy Officer, of the Aotearoa NZ Policy and Advocacy Unit at [policy@racp.org.nz](mailto:policy@racp.org.nz).

<sup>16</sup> Manatū Hauora | Ministry of Health. Regulatory Impact Statement: Amendments to the Pae Ora (Healthy Futures Act 2022). [Internet]. Available from: [RIS - Healthy Futures \(Pae Ora\) Amendment Bill](#) Downloaded on 12 August 2025

Nā māua noa, nā



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