

Analysing the political party's positions on the use of allied health

As the election nears, AHANZ asked political parties to explain how their health policies would recognise and make better use of New Zealand's allied health workforce.

Our questions were based on AHANZ's four key advocacy priorities and asked parties about greater use of allied health in community-based care, prevention and early intervention, building a sustainable allied health workforce, and longer-term health system reform.

We reviewed each response to provide members with an at-a-glance picture of how closely each party's approach aligns with AHANZ's advocacy priorities:

- Strong alignment - the party clearly supports or proposes something AHANZ is seeking.
- Different or partial approach - the party addresses the issue, but takes a different route or does not go as far as AHANZ.
- Not addressed - the response does not meaningfully address an AHANZ priority.

ACT Party

Strong alignment: ACT clearly supports allied health professionals working to their full scope, removing funding and regulatory barriers, and providing more care in primary, community and multidisciplinary settings. Its proposed 10-year workforce plan, explicitly including allied health, also lines up well with AHANZ's workforce concerns.

Different or partial approach: ACT focuses heavily on measurable outcomes, cost-effectiveness and flexibility between public, private and community providers. That is compatible with parts of AHANZ's position, but ACT is less specific about how allied health would actually be funded and embedded as a core part of Tier 1 care.

Not addressed: There is little or nothing on allied-health-led prevention, better allied health data and visibility, Te Tiriti, or specific measures to improve access for Māori, Pacific, rural and underserved communities.

Green Party

Strong alignment: The Greens cover much of the territory AHANZ is advocating for. They explicitly support prevention and early intervention, community-based multidisciplinary care, expanded scopes of practice, workforce development, and greater investment in community and kaupapa Māori services. They also specifically link allied health with healthier ageing, rural and underserved communities, reducing hospital demand, and improving equity.

Different or partial approach: Some of the specific examples focus on pharmacists, maternity services and the wider health workforce rather than allied health itself. The overall policy

direction aligns with AHANZ, but not every proposal translates into a specific commitment to allied health funding or services.

Not addressed: The major AHANZ gap is data and visibility. There is no clear response to AHANZ's call for better national allied health workforce and service data, interoperable information systems or better measurement of allied health outcomes.

Labour Party

Strong alignment: Labour supports multidisciplinary community care, prevention and long-term workforce planning. Its proposal to use primary care alliancing and strengthen clinical networks is broadly consistent with AHANZ's call for more joined-up care closer to home. Labour also explicitly agrees with AHANZ's prevention-first direction.

Different or partial approach: Labour's main solution is centred on GP access and primary care funding. Free GP visits, general practice capitation reform and nursing investment may improve access to the wider system, but this is different from AHANZ's call for greater direct access to allied health and allied health being funded as a frontline Tier 1 workforce. Its workforce answer similarly talks about health workers generally, with specific commitments to nurses rather than allied health.

Not addressed: Labour provides little detail on specific allied health workforce investment, direct access, allied-health-led prevention programmes, allied health data and visibility, or targeted allied health access for Māori, Pacific, rural and underserved communities. Several questions therefore receive a broader health-system answer rather than a specific response to what AHANZ asked.

Te Pāti Māori

Strong alignment: Te Pāti Māori's response lines up closely with several AHANZ priorities. It explicitly supports community-based care, prevention, early intervention and multidisciplinary care, and says allied health would be used in planned marae-based and mobile health services. This is particularly relevant to AHANZ's call for mobile, outreach and community-led services that improve access for Māori and underserved communities. Its commitment to \$1 billion annually for health workforce development, including allied health, is also a specific response to AHANZ's workforce concerns.

Different or partial approach: Te Pāti Māori proposes working with allied health professionals, alongside a re-established Māori health authority, to develop a more community-based system. This is broadly consistent with AHANZ's emphasis on partnership, Te Tiriti and locally designed services. However, the response gives limited detail about how allied health would be integrated and funded across the wider Tier 1 system, or how the proposed workforce investment would specifically support allied health professions.

Not addressed: As with the other parties assessed so far, allied health data and visibility is the clearest gap. There is no specific response to AHANZ's call for better workforce and service data, interoperable health information or measurement of allied health outcomes. Direct access to allied health and changes to referral or funding pathways are also not addressed.

New Zealand First

Strong alignment: New Zealand First lines up closely with several AHANZ priorities. It supports integrating allied health into multidisciplinary primary and community care, mobile services for rural and regional communities, and a stronger shift towards prevention and early intervention. Its examples include optometry, paramedicine, counselling, rehabilitation and community programmes. Its workforce proposals also address domestic training, immigration, student-debt incentives, rural recruitment and pay parity. These positions overlap substantially with AHANZ's calls for community-based care, prevention and better access to allied health.

Different or partial approach: NZ First proposes changing primary-care funding to reflect patient complexity and encouraging better integration between hospitals, general practice and allied health. That is broadly compatible with AHANZ, although it does not clearly commit to AHANZ's more specific proposals for direct access to allied health, funding multidisciplinary teams rather than isolated services, or a dedicated allied-health-led prevention fund. Its approach to equity also differs from AHANZ's. NZ First proposes a single system based on clinical need and says it would disestablish separate race-based delivery structures, whereas AHANZ explicitly advocates Te Tiriti partnership, iwi-led and community-governed models, and equity-focused commissioning.

Not addressed: Once again, the clearest gap is allied health information and visibility. NZ First does not address AHANZ's call for better national allied health workforce and service data, interoperable digital health records or better measurement of allied health outcomes.

Opportunity Party

Strong alignment: The Opportunity Party's policy aligns with several important AHANZ priorities. It explicitly includes community allied health as part of first-level care, proposes almost doubling first-level care's share of Health NZ spending over ten years, and argues for earlier intervention and moving resources towards the community where care is less costly. Its 10-year Health Plan would include published projections for workforce, demand, infrastructure and cost, providing a longer-term framework for workforce planning and investment.

Different or partial approach: Opportunity strongly supports prevention and earlier intervention, but much of its prevention policy focuses on population health measures such as tobacco, nutrition and early detection rather than specifically on the role allied health could play in prevention and rehabilitation. Its expanded first-level care model refers to wider practice teams, but gives relatively little detail about which allied health professions would be included, how they would be integrated into teams, or how direct access to allied health would work.

Not addressed: The policy does not specifically address AHANZ's calls for better allied health service and outcomes data, greater visibility of the allied health workforce, direct access and referral pathways, or allied-health-led prevention programmes. While its 10-year planning model would require better workforce information generally, it does not make a specific commitment to improving allied health data.

National Party

Strong alignment: National supports strengthening multidisciplinary primary and community healthcare, delivering more services closer to home, and greater emphasis on prevention and early intervention. It explicitly recognises allied health roles across prevention, rehabilitation, disability support, mental health, aged care and long-term condition management. Its examples of community cancer infusions, in-home rehabilitation and coordinated community support are consistent with AHANZ's call for more care to be delivered outside hospitals.

Different or partial approach: National outlines investment in the wider health workforce, including nurse practitioner, nursing and GP training, but provides little detail on allied-health-specific workforce development, recruitment or retention. Its wider reforms delegate workforce, budget and service-delivery decisions to Health New Zealand regions and districts and support moving care into the community, but the response does not set out how allied health would be specifically funded, embedded in Tier 1 multidisciplinary teams or made directly accessible to patients.

Not addressed: National does not specifically address AHANZ's call for better allied health workforce and service data, interoperable health information, measurement of allied health outcomes or greater visibility of allied health in system planning. It also does not propose specific changes to allied health referral or funding pathways.

What this format reveals

Across the seven responses, there is broad agreement that more care should happen in community and primary settings, with greater emphasis on prevention and reducing avoidable pressure on hospitals. Where the parties differ is in how they plan to achieve this and how specifically allied health features in their plans.

- ACT focuses on enabling allied health professionals to work to their full scope and removing regulatory and funding barriers.
- The Greens address allied health across a broad range of AHANZ priorities, including prevention, workforce development, community care and equity.
- Labour supports multidisciplinary and prevention-focused care, but its specific commitments are more centred on GP access and primary-care funding.
- Te Pāti Māori emphasises community-based prevention and early intervention, including allied health in marae-based and mobile services, alongside substantial health workforce investment.
- New Zealand First proposes greater integration of allied health into primary care, mobile and preventive services, together with workforce incentives, but takes a different approach from AHANZ on Māori-specific health structures.
- The Opportunity Party places particular emphasis on long-term planning and funding, including substantially increasing the share of health spending going to first-level community care, which it explicitly defines as including community allied health.
- National emphasises strengthening primary and community care, prevention and services closer to home, and explicitly recognises allied health across rehabilitation, disability, mental health, aged care and long-term condition management, although its

response contains less detail on allied-health-specific workforce investment and funding pathways.

Consistent pattern: One pattern remains consistent across all seven responses: none fully addresses AHA NZ's better information and visibility agenda for allied health. Opportunity comes somewhat closer through its proposed published workforce projections and long-term planning framework, but does not specifically address allied health data. This remains a clear area for continued AHA NZ advocacy, irrespective of which parties form the next Government.