

How do the parties line up on allied health?

Ahead of the election, AHANZ asked political parties how they would make better use of New Zealand’s allied health workforce. We asked about four areas central to AHANZ’s advocacy: community-based multidisciplinary care, prevention and early intervention, building a sustainable allied health workforce, and long-term health system reform. The matrix below is an at-a-glance summary of how directly each party’s response addresses these priorities. It is intended as a comparison, not an endorsement or ranking of parties. Members are encouraged to read the parties’ full responses [\(here\)](#) alongside the summary when considering their respective health policies.

How party responses align with AHANZ advocacy priorities

ACT	EXPLICITLY ADDRESSED Full scope of practice, fewer barriers and more community care.	PARTLY ADDRESSED Supports measurable outcomes and reduced hospital demand, but little detail on allied-health-led prevention.	EXPLICITLY ADDRESSED Proposes a 10-year workforce plan that includes allied health.	PARTLY ADDRESSED Supports integration and flexible delivery, but limited detail on funding allied health as a core Tier 1 workforce.
Green Party	EXPLICITLY ADDRESSED Multidisciplinary, community and kaupapa Māori services.	EXPLICITLY ADDRESSED Prevention, early intervention and wellbeing.	EXPLICITLY ADDRESSED Training, placements, recruitment, retention and expanded scopes.	EXPLICITLY ADDRESSED Shift from hospital-focused care towards integrated community-based care.
Labour	EXPLICITLY ADDRESSED Primary care alliancing and collaboration across disciplines.	PARTLY ADDRESSED Prevention-first approach, but concrete policy is mainly focused on GP access.	PARTLY ADDRESSED Long-term workforce planning, but specific commitments focus more on nurses and the general health workforce.	PARTLY ADDRESSED Supports multidisciplinary care, but reforms are centred mainly on primary care and GP funding.
Te Pāti Māori	EXPLICITLY ADDRESSED Community-based care, including marae-based and mobile services.	EXPLICITLY ADDRESSED Prevention, early intervention and rehabilitation.	EXPLICITLY ADDRESSED \$1 billion annual health workforce investment, including allied health.	EXPLICITLY ADDRESSED Community-based, multidisciplinary care alongside a re-established Māori health authority.
New Zealand First	EXPLICITLY ADDRESSED Allied health integrated into primary and community care, including mobile services.	EXPLICITLY ADDRESSED Prevention, screening, rehabilitation and lifestyle programmes.	EXPLICITLY ADDRESSED Immigration, domestic training, debt relief, rural incentives and pay parity.	PARTLY ADDRESSED Integration and funding reform are covered, but its approach to Māori-specific health structures differs from AHANZ.
Opportunity Party	EXPLICITLY ADDRESSED Community allied health included within first-level care.	PARTLY ADDRESSED Strong prevention focus, but much is population health rather than specifically allied-health-led.	PARTLY ADDRESSED Strong long-term workforce planning, but limited allied-health-specific detail.	EXPLICITLY ADDRESSED 10-year planning and a substantial shift of funding towards first-level community care.
National	EXPLICITLY ADDRESSED Supports multidisciplinary primary and community care and more services delivered closer to home.	EXPLICITLY ADDRESSED Supports prevention and early intervention, including screening, immunisation outreach and earlier management of long-term conditions.	PARTLY ADDRESSED Invests in wider health workforce growth, but gives little detail on allied-health-specific workforce development.	PARTLY ADDRESSED Supports regional decision-making and shifting care into the community, but gives limited detail on allied health funding and integration.

Key: Explicitly addressed = directly deals with the AHANZ priority. Partly addressed = addresses the general issue, but not all specific allied health elements AHANZ is seeking.

The gap: No party fully addresses our call for better allied health workforce and service data, digital integration, measurement of outcomes and greater visibility in health-system planning. Opportunity comes closest - it proposes published workforce projections, but does not make this specific to allied health.