



# **Insights pack**

## Registration and workforce initiatives and insights

Supporting informed reporting on medical registration, international medical graduates, and Aotearoa New Zealand's medical workforce.

## Our role in a changing health environment

Te Kaunihera Rata o Aotearoa | The Medical Council of New Zealand (Council) regulates doctors in Aotearoa New Zealand. Our role is to protect the health and safety of the public by ensuring doctors are competent and fit to practise.

We operate in a complex environment shaped by global workforce shortages, evolving health reforms, and a growing focus on how regulation of health professionals can support the workforce, while still carrying out the important public safety role. We work closely with other sector agencies including Te Whatu Ora, the Health and Disability Commissioner, the Health Quality & Safety Commission, primary care leaders, the Ministry of Health and rural health providers. This ensures alignment between requirements set for international medical graduates (IMGs) to gain registration, workforce planning, and patient safety outcomes across all parts of the health system.

Aotearoa New Zealand was one of the first jurisdictions to allow IMGs to register without passing an exam — provided they meet our standards in other ways. Other countries are now adopting similar approaches, which has increased global competition to recruit international doctors. This makes it even more important that our pathways are fair, transparent, and supportive.

Cultural safety and health equity are central to our mahi, and public and patient input is essential. Council regularly engages lay members and representatives of the public, including our dedicated Consumer Advisory Group, Whakawaha, whose insights help to guide and ensure our work reflects the patient voice, lived experience and community expectations.

#### High standards, smoother pathways

IMGs are a vital part of Aotearoa New Zealand's medical workforce, often helping fill roles in hard-tostaff communities. The Council is committed to maintaining a safe, sustainable, and culturally competent workforce.

We uphold high standards of medical care while streamlining registration. Our pathways are internationally recognised as flexible and fit for purpose. As a responsive, evidence-based regulator, we work alongside others in the health system to improve the registration experience and support better retention.

We'll continue to adapt our standards and processes to meet future workforce needs — while maintaining public trust in the profession.



## **Medical registration in Aotearoa New Zealand**

There are three main scopes of practice:

- General
- Vocational (specialist)
- Special purpose (temporary)

To gain registration in one of these scopes of practice, there are 16 registration pathways available, depending on the doctor's qualifications, training and experience. For IMGs, our pathways are designed to be both robust to ensure public safety and enabling and flexible, to facilitate registration. We continue to refine these pathways to meet changing needs while protecting the public.

## **Examples of pathways to registration for IMGs**

- Comparable Health System 29 countries recognised (including recent additions: Chile, Luxembourg, Croatia, Japan, South Korea, and Hong Kong).
- **Competent Authority** for UK and Irish graduates with approved degrees and internships.
- Examinations New Zealand Registration Exam (NZREX) Clinical the Council's clinical exam for IMGs; 3 sittings per year (total of 180 places in 2025), as the vast majority of IMGs gain registration without the need to sit an exam.
  - o The Professional and Linguistic Assessments Board (PLAB) exam the General Medical Council's (UK) exam for overseas doctors- Accepted since February 2023 as an alternative to the NZREX Clinical, alongside the Australian Medical Council (AMC) exam that was already
- Fast-track specialist registration for approved postgraduate qualifications from the UK, Ireland, and Australia.
- Fast-track GP registration introduced in July 2025 for GPs from the USA, Canada, and Singapore.
- **Temporary routes** Locum tenens, and other special purpose scopes of practice.

## **Processing times**

- General and special purpose 20 working days
- Fast-track specialist applications 20 working days
- Other specialist applications 3 months

## Visual guide

View the visual guide outlining the registration pathways available to IMGs, including both permanent and temporary options Phere

#### **New initiatives**

#### **Fast-track registration pathways**

- Fast-track registration for overseas specialists for IMGs with an approved qualification and recent clinical experience; decisions on applications are made within 20 working days.
- Fast-track registration for GPs for doctors from the USA, Canada, and Singapore; developed in partnership with the Royal New Zealand College of General Practitioners. Decisions are made within 6 - 8 weeks.



## New countries added to the Comparable Health System registration pathway

- 2025 additions Chile, Luxembourg, Croatia, Japan, and South Korea.
- Brings the total to 29 recognised countries .
- Doctors from these countries can apply for provisional general registration, with decisions made within 20 working days.

## **NZREX Clinical examination expansion**

- 3 sittings in 2025 March, June, and September.
- 60 places per sitting ( tripled from previous capacity).

## Supervision and peer support

Council is committed to ensuring that IMGs receive the support they need to integrate into New Zealand practice safely. That's why we're currently developing a new collegial peer support and supervision framework, informed by feedback from our recent occupation.

## Supporting workforce sustainability

- Aotearoa New Zealand has a high reliance on IMGs.
- 43.3% of our current medical workforce gained their primary qualification overseas. This is one of the highest proportions in the OECD.
- Our goal is to ensure the workforce remains safe, sustainable, and culturally competent.
- Cultural safety is a core competency and part of good medical care in Aotearoa New Zealand. Cultural safety ensures that doctors listen, respect patients' backgrounds, and adjust care to suit. It's not red tape — the evidence shows that cultural safety builds trust and leads to better outcomes. Learning how to work safely and respectfully here is something Council supports IMGs with. It's part of their orientation and supervision — not a separate test or extra hurdle.
- The bigger challenge for many international doctors isn't registration it's what happens after they arrive. Finding a job, sorting visas, or settling into life here can be tough. That's not something the Council controls, but we're working with others to improve the support available.

#### **Retention challenges**

- Just over 60% of IMGs remain after 1 year of registration.
- 40% remain after 2 years, and 30% remain after 5 years.
- By contrast, 99% percent of New Zealand-trained doctors are still practising here after 1 year of registration.
- 94% remain after 2 years and 85% remain after 5 years.
- This high turnover of IMGs contributes to system strain, particularly for senior medical officers, who carry the ongoing responsibility of orienting and supporting new IMGs entering the workforce.

Retention is influenced by factors outside Council's control – immigration settings, employment conditions, and personal circumstances. However, when doctors apply for a Certificate of Professional Status and indicate they are leaving Aotearoa New Zealand, we are collecting information about the reasons why they are leaving. We are also working with employers to better understand and address these challenges. And in August this year, the Council is launching a national Medical Training Survey - Torohia.



#### **Torohia**

Torohia is Aotearoa New Zealand's first annual national Medical Training Survey led by the Council. It gives doctors in training a chance to share their experiences and perspectives on workplace culture, clinical learning, supervision, wellbeing, training opportunities, and career intentions. In 2025, all doctors in accredited prevocational and vocational training programmes will be invited to take part — around 5,000 in total. From 2026, non-training registrars will also be included.

The survey builds a clearer picture of medical training across Aotearoa, helping identify what's working well and where improvements are needed. This supports meaningful change across the sector — for the benefit of doctors in training and the patients they care for.

Results will be released in two stages: a summary in December 2025 and more detailed reporting in early 2026. These insights will inform improvements in medical education and training environments.

## **Growing the medical workforce in Aotearoa New Zealand**

#### The numbers that matter

At a glance: 1 July 2024 - 30 June 2025

- 1,266 IMGs were registered a 3.7% decrease from 2023–24 (down from 1,315), largely due to fewer doctors entering via the Competent Authority pathway.
- 558 New Zealand-trained graduates were registered a 4.3% increase from the previous year (up from 535).
- IMGs made up approximately 69.4% of all new doctor registrations underscoring their essential contribution to the medical workforce.
- Doctors registered from 156 countries, with the largest groups coming from the UK and Ireland, followed by North America (USA and Canada), and Australia.
- 43.3% of the total practising workforce is now internationally trained the highest proportion in the OCED. The OECD average is around 17%.
- The total number of practising doctors reached 20,530 by 30 June 2025 a 2.6% increase from the previous year.
- Special purpose registrations continued to rise, reflecting increasing use of targeted registration pathways to support system flexibility.
- Council's processing times remained efficient, with most applications from comparable health systems completed in under 20 working days.
- The proportion of female doctors increased slightly to 49.6%, with women now comprising 10,177 of the 20,530 registered doctors.
- Māori doctor representation increased to 5.5% (up from 5.1%), while Pacific Peoples doctors remained at 2.4%.

## What this year's data tells us

- There is continued reliance on IMGs to meet service demand across the health system.
- IMG registrations remain high with Council's pathways continuing to deliver a globally diverse and clinically competent intake.
- Registration of New Zealand-trained doctors increased slightly.
- Council's registration systems are performing well, enabling doctors to enter practice efficiently and safely — supported by fast-tracked assessments and modernised supervision. Less than 1% of registrations are declined annually.
- The gender and ethnic makeup of the workforce is slowly becoming more representative, with small but steady gains in Māori representation and near-parity in gender.
- The system is agile and responsive, with policy and operational settings supporting both longterm sustainability and near-term workforce pressures.



## What the five-year trend tells us — and why this year matters

- Over the past five years, the number of practising doctors in Aotearoa New Zealand has grown from 18,247 in 2021 to 20,530 in 2025 — a 12.5% increase.
- The increase of 2.6% in 2025 aligns with this slow growth trend.
- IMGs continue to play a vital role. Across all scopes, IMGs accounted for 69.4% of new registrations, demonstrating the ongoing importance of international recruitment in maintaining workforce capacity.
- Council's focus over the past 5 years has been on building streamlined, flexible registration pathways, expanding assessment capacity, and modernising supervision and induction. These efforts have contributed to faster registration processing, and a more agile response to workforce needs.
- While recruitment challenges exist across the health system, registration processes are functioning efficiently. Council's role is to ensure doctors can enter the workforce safely and without unnecessary delay — and this year's data suggests that is occurring.

#### **Data and insights**

As a regulator, we hold significant longitudinal data on <u>or registration</u>, <u>or retention</u>, and the medical workforce. Other available resources:

- Interactive medical workforce dashboard (launched 2023; updated regularly).
- Factsheet (at a glance to April 2025)
- Annual workforce survey reports.
- Torohia Aotearoa New Zealand's medical training survey (first run August 2025, results available Dec 2025).

## Glossary of terms for information contained in this factsheet

Term	Definition
Scope of practice	The category under which a doctor is registered, including any
	approved area of specialty – general, vocational (with defined
	specialty), or special purpose scope of practice.
NZREX Clinical	Council's clinical exam for overseas doctors – required only in a
	small number of cases. 60 doctors get registered down NZREX
	pathway but 1300 down all other pathways - to put it in
	perspective.
AMC exam	Australian Medical Council exam – An exam recognised in
	Aotearoa New Zealand as an alternative to the NZREX Clinical.
	Passing it confirms that a doctor meets the standard to begin a
	two-year prevocational training programme.
PLAB	Professional and Linguistic Assessments Board exam – the
	General Medical Council's (UK) exam for overseas doctors.
Comparable health system	A country recognised by the Medical Council as meeting our
	comparability criteria, for the purposes of registration of
	international medical graduates.
Provisional general / provisional	Scope of practice an IMG is initially registered in when they are
vocational registration	new to practice in New Zealand, requiring an approved
	supervisor and approved place of work.



Fast-track pathway	Streamlined registration process for eligible IMGs, allowing specialist registration to be processed quickly and doctors to
	start work quicker.
Supervision framework	Structure outlining the oversight and support for IMGs new to
	practice in New Zealand.

## **Contact and further information**

We welcome enquiries to assist with data-driven stories or sector commentary.

## Contact:

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