Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand

MENU

Pūrongo ā-Tau
Annual Report

2024–2025

Pūrongo ā-Tau

Annual Report

Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand is pleased to submit this report, for the year ended 30 June 2025, to the Minister of Health.

The report is presented in accordance with section 134 of the Health Practitioners Competence Assurance Act 2003.

He rārangi upoko

Contents

He tirohanga whānui o te tau

Our year at a glance

Highlights year ended 30 June 2025

This snapshot illustrates a year of careful balance. Supporting the entry of qualified international medical graduates while ensuring every doctor meets the high standards of competence and professionalism expected in Aotearoa New Zealand.

7

High-demand specialist areas with fast-track registration implemented (anaesthesia, dermatology, emergency medicine, general practice, internal medicine, anatomical pathology and psychiatry).

20,530

Doctors practising – increase of 12.5 percent over past 5 years.

43.5%

Percentage of the workforce are International Medical Graduates.

99%

International Medical Graduate general and special purpose registration applications processed within 20 working days.

150

New Zealand entrance examination places. An increase of 60 – improving capacity and access to registration.

1269

International medical graduates gained registration – this is 70 percent of all new registrations this year.

823

Doctors were registered in a vocational scope of practice, increasing our specialist workforce.

314

Notifications received about a doctor's competence or conduct.

29

Countries recognised for the Comparable Health System registration pathway – supporting workforce growth. An increase of three.

Mai i te Tumuaki

From the Chair

E ngā rau rangatira mā, e ngā tāngata o te motu, tēnā koutou katoa.

Navigating change

Council continues to navigate a changing regulatory environment. Ongoing discussions about the future of health workforce regulation remind us that the system must stay principled, responsive, and always centred on public safety and the patient voice.

Our commitment to right-touch regulation guides this approach, ensuring our actions are proportionate, consistent, targeted, transparent, accountable and agile.

We recognise that more than 70 percent of new registrations each year are overseas-trained doctors. We've taken practical steps to streamline registration pathways – introducing fast-track options, expanding NZREX clinical examination capacity, and broadening the Comparable Health System pathway. These measures support workforce sustainability while maintaining the standards and trust that underpin good medical practice.

Our regulatory context is unique, yet many challenges are shared globally. Virtual care, advances in artificial intelligence (AI), and workforce pressures are reshaping health systems everywhere. Council continues to learn from other regulators nationally and internationally, contributing to solutions that balance public safety, flexibility, and adaptability.

Dr Rachelle Love
Tumuaki | Chairperson

Royal Commission of Inquiry into Abuse in State Care

The release of the Royal Commission's final report, *Whanaketia – Through pain and trauma, from darkness to light*, in July 2024 was a pivotal moment for Council. We established a temporary committee to consider our response and issued a public apology to survivors, acknowledging harm and committing to learn from their experiences.

Some survivors asked to meet in person, and I was privileged to sit with them, hear their experiences, and make a personal apology.

We also commissioned an independent review of our notification processes to ensure they better protect patients and respond to survivor concerns. The review drew on feedback from Whakawaha, our consumer advisory group, which brought the patient voice directly into the findings. This work continues and must remain centred on survivors and their whānau.

Council is committed to making amends, learning from past failings, and strengthening safeguards within the profession.

Modernising regulation

Council contributed significantly to the Ministry of Health's consultation *Putting Patients First – modernising health workforce regulation,* highlighting the need for reform that is safe, proportionate, and effective. We advocated strongly for standards that protect patients and reflect cultural competence. We also emphasised the extensive work already under way to support overseas-trained doctors registering in Aotearoa New Zealand.

Alongside this, the Minister of Health decided to regulate physician associates (PAs) as a new profession under the HPCAA. Council is working with the Ministry and stakeholders to plan for this change, ensuring regulation adapts to evolving models of care while maintaining public safety and patient trust.

Regulation of physician associates

In May 2025, the Minister announced funding for Council to establish the regulatory framework for PAs. This is a significant development for the health workforce, reflecting the need for flexible, team-based care. Council has begun work with the Ministry and sector stakeholders to design the regulatory approach, focusing on safely integrating PAs into the workforce while maintaining public trust and patient safety.

Emerging issues

We engaged with stakeholders in Aotearoa New Zealand and overseas on patient-initiated care and other emerging issues, such as cannabis clinics, cosmetic procedures, the safe use of AI in health care, and experimental treatments.

While Council does not regulate clinics, our role is to ensure doctors practising in these settings meet expected standards, particularly in prescribing, consent, and protecting vulnerable patients.

We are also considering whether new or updated standards are needed so that regulation keeps pace with these developments.

Leadership and service

This year we welcomed two new medical practitioner members to Council, Professor Marie Bismark and Dr Alexandra Muthu, appointed for three-year terms from 1 July 2024. We also welcomed the reappointments of Dr Stephen Child and Dr Ainsley Goodman for further three-year terms. In November 2024, Miss Ming-Chun Wu joined as a lay member.

We gratefully acknowledge the service of Kim Ngārimu, who concluded her term as a lay member in 2024. Kim made a significant contribution, including as a valued member of the Audit and Risk Committee and the Education Committee, where her insights helped guide Council's strategic direction. She now continues to serve as Chair of the temporary committee leading the Council's response to the Abuse in Care Inquiry.

We are deeply appreciative of Kim's leadership, wisdom, and commitment throughout her time with Council and her continued involvement.

I thank my fellow Council members for their wisdom and commitment, our staff for their high-quality work and insight, and our partners across the sector for their collaboration. Together, we remain focused on protecting the health and safety of the public by ensuring doctors in Aotearoa New Zealand are competent and fit to practise.

Nō reira, kia haere haumaru tonu koutou i ō koutou mahi, i ō koutou kāinga. Kia manawanui.

Ngā manaakitanga,

Dr Rachelle Love
Tumuaki | Chairperson

Mai i te Manukura

From the CEO

Tēnā koutou katoa

This year the Council adapted to new expectations within Aotearoa New Zealand's health system. We've focused on practical improvements, strengthening fast-track registration pathways, creating clearer standards, building strong partnerships, and improving how we use data and systems. Above all, public safety has remained our priority, guided by the patient voice and our commitment to respectful, patient-centred care.

Working in partnership with patients and the public

Over the year we strengthened how patients and the public contribute to our work and decision-making – a vital part of effective regulation and public trust.

Our consumer advisory group, Whakawaha, continued to guide our strategy and policy mahi. Its importance was clear when it brought the patient voice into the independent review of our notification processes.

'We are grateful to the Medical Council for seeking our voice at the beginning of this mahi, rather than at the end. A big thank you to you all.' **Tui Taurua, Co-Chair – Whakawaha**

Lay members (non-health professionals) provided further consumer input across our functions, including accreditation panels, performance and professional conduct committees, Te Kāhui Whakamana Tiriti (our Māori advisory group), and other expert working groups.

Joan Simeon
Manukura | Chief Executive Officer

This helps ensure patient and public perspectives are reflected in our decisions and demonstrates our value of Whakamārama – we lead by listening.

Collaboration and engagement with key stakeholders

We worked closely with the Minister and Ministry of Health, Health New Zealand, medical colleges, and others on shared priorities, building the medical workforce, supporting high-quality training, and ensuring safe care for our communities.

We also joined the six other responsible authorities that regulate prescribers to develop and publish *Principles for quality and safe prescribing practice.*

They set a shared foundation for safe, consistent prescribing that protects patients and supports sound clinical decisions. These standards draw on international competence frameworks, the Council's statement on *Good prescribing practice,* and feedback from consultation.

Our membership of the International Association of Medical Regulatory Authorities (IAMRA), keeps us connected to global innovation and developments and informs our strategic direction.

IAMRA brings together health workforce regulators worldwide to share innovation and good practice. In November 2023 I was appointed Chair of the IAMRA Board of Directors and have since worked with leaders and policy-makers from many countries on health workforce regulation.

During the year we continued to support our Pasifika colleagues through our role on the advisory group for the WHO Collaborating Centre for the Western Pacific Regional Network of Health.

Workforce Regulators

We also strengthened our Trans-Tasman relationship with the Australian Health Practitioner Regulation Agency (AHPRA), focusing on emerging issues such as patient-led care, cannabis clinics, and experimental treatments. We continue to work closely with the Australian Medical Council to raise standards for specialist college and medical school accreditation.

Strengthening the medical workforce

We continued to review and streamline pathways to registration so international medical graduates can start work sooner and without unnecessary delay. We also reviewed supervision requirements to simplify and modernise them and to ensure appropriate collegial support is in place for international graduates.

We are strengthening how we listen to doctors through surveys and other engagement, to support safe, satisfying careers and retain good doctors for longer.

In August 2025 we will launch Torohia, a new national medical training survey that gathers insights from doctors in training about supervision, learning, wellbeing and intent to stay.

The results will help training providers and employers ensure doctors receive high-quality training.

Workforce data and retention

We expanded our workforce data dashboard to support planning. Updated quarterly, it provides up-to-date information so employers, educators and policy-makers can see trends and plan ahead.

As at 30 June 2025 there were 20,530 practising doctors in Aotearoa New Zealand (up 2.6 percent year on year), and 43.3 percent of the workforce was internationally trained. Over 5 years the practising workforce has grown by 12.5 percent.

A major focus for next year is understanding why doctors leave Aotearoa New Zealand. From 2026 onward, when doctors request a Certificate of Professional Status, we'll ask if they are leaving and why.

We are also working with Health New Zealand and employers to help them collect similar information. This is important because workforce retention, especially of international medical graduates, remains a challenge.

Business transformation

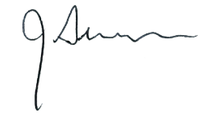
We're reviewing our technology to keep our systems strong, secure and ready for future needs. Recommendations on next steps will be considered by to Council early in the next financial year.

Leadership

The Council Pouroki (Registrar) is a key role in maintaining high professional standards and safe care for the public. In October 2024 we welcomed our new Pouroki, Christine Anderson, who brings wide experience from the Pharmacy Council and in regulatory law. We also acknowledge David Dunbar, our outgoing Registrar, who continues in a new role as Kaitohutohu Tuatahi (Chief Adviser). Together their expertise strengthens our leadership team and ensures continuity as we navigate current challenges and future opportunities.

I thank Council members and staff for their steady, thoughtful work and their continued commitment to keeping the public safe. Together we'll keep making practical improvements, listening to the people we serve, and upholding the standards that keep patients safe.

Ngā mihi nui,



Joan Simeon
Manukura | Chief Executive Officer

Mō mātou

About us

The Medical Council's primary purpose is to protect the public health and safety of Aotearoa New Zealand by ensuring doctors are competent and fit to practise. Whether it's assessing a doctor's performance or promoting good medical practice that reflects the expectations of Aotearoa New Zealand communities. All our decisions are based on the principles of right-touch regulation. This is an internationally tried and tested decision-making model for regulators.

Ngā haepapa ā-ture
Our functions

- Registering doctors, maintaining the register of doctors and issuing practising certificates.
- Setting standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct for doctors.
- Ensuring doctors are competent and have the skills to practise.
- Promoting education and training in the medical profession.
- Setting programmes of continuous learning for doctors so they maintain their skills and competence.
- Prescribing qualifications for registration and accrediting and monitoring medical education and training programmes for doctors. Acting on notifications relating to concerns about a doctor's practice, conduct, competence, or health.
- Promoting and facilitating inter-disciplinary collaboration and cooperation in the delivery of health services.
- Liaising with other health profession regulatory authorities in Aotearoa New Zealand about matters of common interest.

Whakahaere pono
Right-touch regulation

Proportionate

- We will identify risk. Decisions will be proportionate to the risk posed.

Consistent

- Our policies, standards and decisions will be based on the principles of fairness and consistency.

Targeted

- We will focus on the problem and minimise the side effects.

Transparent

- We will be open and transparent and keep our regulations simple and user-friendly.

Accountable

- We make sure our decisions and actions are robust and stand up to scrutiny.

Agile

- We will be forward thinking and adapt to and anticipate change.

Ngā tumu o te Kaunihera
Council members

Dr Rachelle Love
MB ChB 2002 Auckland, FRACS 2017
Tumuaki | Chairperson

Dr Hinamaha Lutui
MB ChB 2010 Auckland, FRNZCGP 2017

Dr Alexandra Muthu
MBChB Auckland 2000, FAFOEM (RACP) 2013, CMInstD

Professor Marie Bismark
MBChB MPH MPsych MD FRANZCP FAFPHM (RACP)

Dr Stephen Child
MD 1986 Ottawa, FRCP(C) 1991, FRACP 1995

Dr Kenneth (Ken) Clark
MB ChB 1981 Otago, FRANZCOG 1989, FRACMA 2012

Professor Ron Paterson
LLB (Hons) 1979 Auckland, BCL 1981 Oxford, FRACP (Hon) 2014

Mr Simon Watt
LL.B (Hons), B.A. (VUW), LL.M (London)

Miss Ming-chun Wu
CMInstD, MBA (1st Hons), BSc, BBus, BEd, BA

Dr Ainsley Goodman
MB ChB 1994 Otago, FRNZCUC 2006, FRNZCGP 2017

Dr Charles Hornabrook
MBChB Otago 1985, FRANZCP 1999

Dr David Ivory
PhD, MEd (Leadership), MEd, LLB, BA (Hons)

Ms Joan Simeon
Our Manukura | Chief Executive

Ms Christine Anderson
LL.B, B.A. (VUW)
Our Pouroki | Registrar

Te Mahere Rautaki
Strategic Plan 2022–27

Te moemoeā
Vision

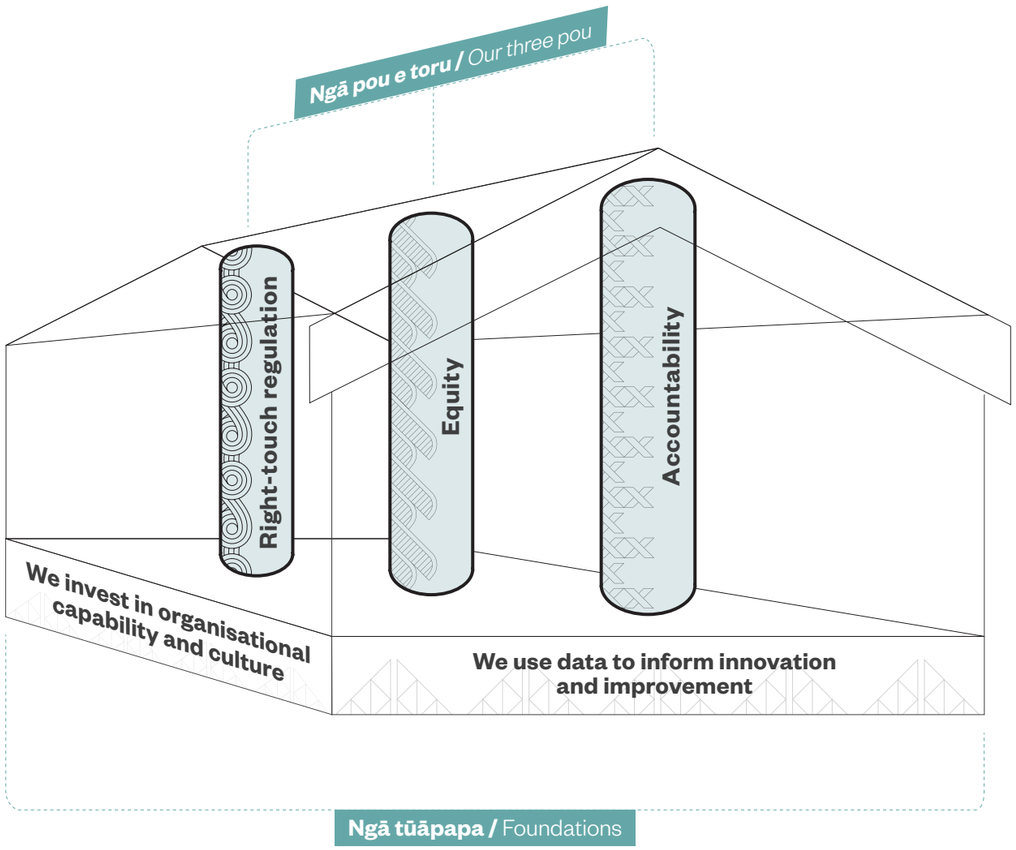
Kia whakawhirinakitia ngā rata katoa i Aotearoa.

A medical profession all New Zealanders can trust.

Tō mātou kaupapa
Our purpose

Kia tūhauora, kia haumaru ai te iwi, mā te whakatū, whakatuarā ngā paerewa mo ngā rata i Aotearoa.

We serve Aotearoa New Zealand by protecting public health and safety through setting and promoting standards for the medical profession.



Ā mātou uara
Our values

Whakapono
We act with integrity

Whakamārama
We lead by listening

Kotahitanga
We are a team

Manaakitanga
We support each other

Kaitiakitanga
We protect the public

"Mā ēnei whakaarotau rautaki, me whakatutuki te moemoeā, me whakamahia te kaupapa, me whakamana te Tiriti o Waitangi, a, kia toitū te rōpū."

"We will achieve our vision, deliver on our purpose, uphold the mana of Te Tiriti o Waitangi, and be a sustainable organisation through our strategic priorities."

Te Tiriti o Waitangi
Our obligations

Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand (Council) is committed to giving effect to Te Tiriti o Waitangi (Te Tiriti) in its being, strategy, and operations. The Council's commitment is reflected in the way it embeds Te Tiriti principles across its work and decision-making.

He paetae matua
Key achievements

The Annual Report broadly focuses on operational and financial performance, whereas the Statement of Service Performance in the following pages is focused on the delivery of the outcomes of Te Mahere Rautaki, our Strategic Plan for 2022–27. Our strategic priorities, informing our strategic plan, comprise three pou: accountability, equity, and right-touch regulation. The Statement of Service Performance reflects activities undertaken year ended June 2025 and demonstrates our progress against the short-term outputs that, over time, will help us reach our medium-term intentions and long-term outcomes. This reflects the reporting on the Statement of Service report on pages 38–48.

Te pou tuatahi

Demonstrate accountability to the public, profession and stakeholders

We have increased flexibility and access for IMGs seeking NZ registration by developing a fast-track pathway for specialist registration, increasing NZREX Clinical exam capacity, recognising UK and Australian IMG entrance exams, and expanding the Comparable Health System registration pathway to more countries.

Throughout the year Whakawaha, our consumer advisory group, continued to provide us with valuable guidance and insights. As well as providing feedback on draft standards and other aspects of Council's work, Whakawaha members took on a greater leadership role, driving the meeting agendas, and leading discussion on issues important to them.

We are also grateful to Whakawaha's valued input into a new short video for patients, explaining informed consent and why it is important. The video helps people understand what they should expect from their doctor when making decisions about their care.

We have begun developing a regulatory framework for physician associates, in response to a request from the Minister of Health to support this work. We established a decision-making framework including a steering group, stakeholder advisory group, and workstreams, and external engagement commenced. We secured funding for the initial set-up of physician associate regulation to ensure there would be no cross-subsidisation by doctors.

Te pou tuarua

Promote equity of health outcomes

We strengthened the cultural competence, cultural safety, and hauora Māori content of our accreditation standards for medical training providers. We will seek feedback and wider input on these draft standards in the coming year.

Building on our current *Cultural Safety statement*, we developed two draft statements outlining standards for doctors on cultural competence and cultural safety, and hauora Māori. These draft statements will be discussed more widely, including undertaking formal consultation, in 2025–26.

Te pou tuatoru

Demonstrate proactive right-touch regulation in all we do

The independent review of Council processes and actions in relation to sensitive notifications was completed in January 2025. This review was commissioned in response to *Whanaketia*, the Royal Commission's final report on its inquiry into Abuse in State Care. A temporary Council committee was also established in response to the report to consider what action we needed to take. We are now implementing the recommendations of Whanaketia, the temporary committee, the independent review, and those of survivors.

Pūnaha kaimahi me te whakaurunga

Workforce and registration

As at 30 June 2025, 20,529 doctors held a practising certificate in Aotearoa New Zealand. This is a net increase of 519 doctors (2.6 percent) from the previous year, when 20,010 were practising. This growth supports the health system to meet increasing patient needs, including the pressures of an ageing population and ongoing health system reform.

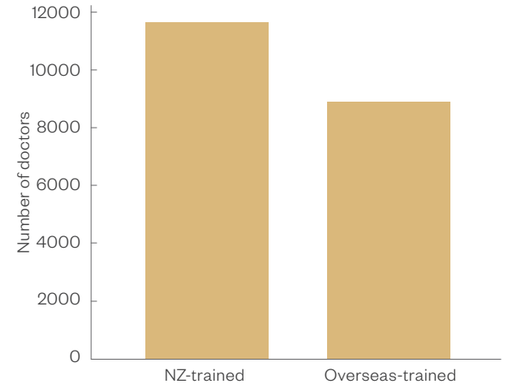
Workforce trends

Over the past 5 years the workforce has grown steadily, from 18,246 practising doctors in 2021 to 20,529 in 2025 – an overall increase of 12.5 percent. This sustained growth reflects both a consistent pipeline of locally-trained graduates and a continued reliance on international medical graduates.

20,529

As at 30 June 2025, doctor's who held practising certificates

Graph 1: Workforce composition for the year ended June 2025 – NZ vs overseas



Workforce composition

International medical graduates remain essential to workforce capacity. In 2025, 8,921 doctors (43.5 percent) gained their primary qualification overseas, while 11,608 (56.5 percent) trained in Aotearoa New Zealand. This balance emphasises the importance of accessible and efficient pathways for international medical graduates, alongside the steady contribution of locally-trained graduates.

43.5%

of the workforce trained overseas

Registration pathways

To support recruitment and retention, we have refined pathways during the year while maintaining robust standards to protect patient safety.

- **Comparable health system pathway** | We reviewed approved countries to ensure they continue to satisfy requirements to remain on the comparable list. We also expanded the list by adding three new countries, taking the total number of comparable health system countries to 29.
- **Fast-track pathway** | New fast-track pathway for specialist registration in seven high-demand areas: anaesthesia, dermatology, emergency medicine, general practice, internal medicine, anatomical pathology, and psychiatry. This means faster decision-making, allowing doctors to start working more quickly.
- **Vocational applications can now be made online improving efficiency** | These went live in the year ended 30 June 2025, improving efficiency for applicants and Council, and building on the online systems introduced in prior years.

Where international medical graduates with approved registration trained

Registrations granted in 2025 highlight continued reliance on overseas-trained doctors. The largest source countries were England (386), USA (142), Australia (135), Scotland (80) and Ireland (62).

Registration of new NZ trained doctors increased by 4.3 percent this year, however, registrations of new international medical graduates was down 3.7 percent.

70%

of new registrants in the year ended 30 June 2025 were overseas-trained doctors

Vocational distribution

As at 30 June 2025, doctors were registered across more than 30 vocational scopes. General Practice remains the largest scope, with 4,081 doctors, followed by Internal Medicine (1,515), Anaesthesia (1,033), Psychiatry (735), and Diagnostic & Interventional Radiology (800). Over the past 5 years, strong growth has been seen in Diagnostic & Interventional Radiology (+40.4 percent), Urgent Care (+34.5 percent), and Clinical genetics and Musculoskeletal Medicine (both +25.0 percent). Some smaller scopes, including Family Planning and Medical Administration, saw declines. Overall, the vocational workforce grew by 11.8 percent between 2021 and 2025.

NZREX clinical examination

Sitting and passing the NZREX clinical examination remains an important option for doctors seeking registration in Aotearoa New Zealand. It provides an entry route for a small number of candidates who do not meet pre-requisites for any other registration pathway.

In the year ended 30 June 2025, 103 candidates sat the NZREX clinical examination, with 77 passing (74.8 percent pass rate). Of these, 45 international medical graduates gained registration, with an average of 145 days to register.

We increased NZREX clinical examination capacity during this calendar year, from 60 to 150 places, ensuring more candidates could access this pathway.

Processing service standards

Council aims to process 95 percent of general registration applications within 20 working days of receipt of receiving a complete application. 90 percent of applications for assessment of eligibility for provisional vocational registration (international medical graduates) to be completed in six months.

For the year ended 30 June 2025:

- 99 percent of general registration applications were completed within 20 days (99 percent was also achieved for the year ended 30 June 2024).
- 94 percent of applications for assessment of provisional vocational registration for international medical graduates were processed within six months (compared to 89 percent for the year ended 30 June 2024). The five percent improvement, compared with last year, is a result of working closely with colleges to support improvements in their timeliness.

Risks and Council's response

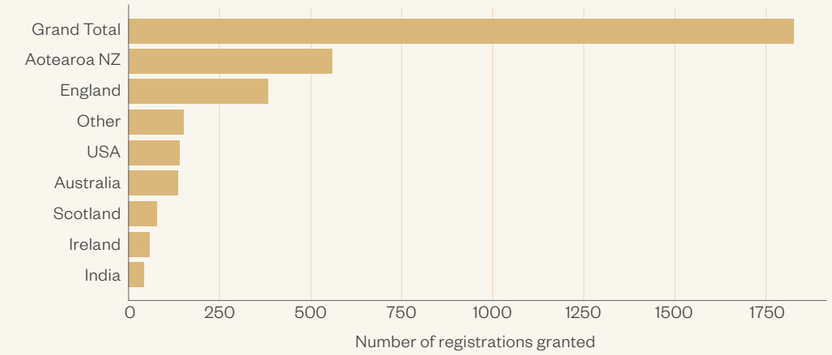
We recognise that high reliance on international medical graduates presents a workforce risk, particularly as global competition for doctors intensifies.

Our response has included:

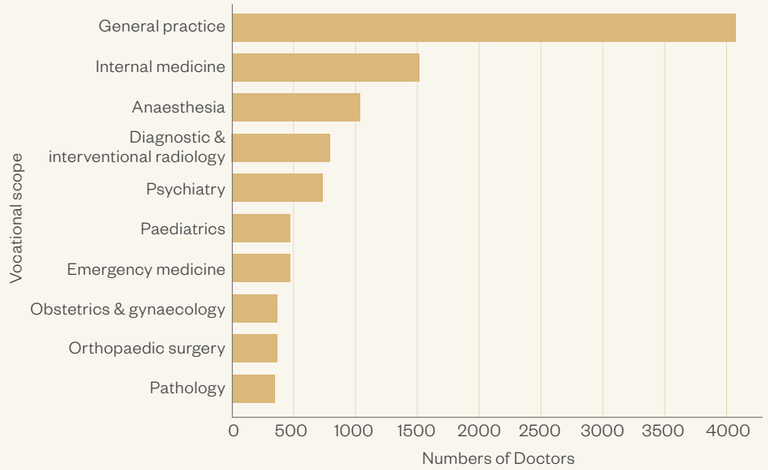
- Making data available to inform workforce planning.
- Working with medical colleges to ensure training sites were accredited appropriately.
- Working to better understand and address retention challenges, particularly for international medical graduates, to support a sustainable workforce.
- Working with the Ministry of Health to ensure pathways remain attractive and sustainable.
- Ongoing review of comparable health systems and fast-track pathways to improve efficiency; and
- Strengthening online services to reduce barriers for applicants.

This approach recognises the valuable contribution of international medical graduates while ensuring public safety through consistent assessment of competence and fitness to practise.

Graph 2: Registrations granted by country of qualification for the year ended June 2025



Graph 3: Top 10 vocational scopes by doctors registered for the year ended June 2025



NZREX clinical examination

In the year ended 30 June 2025, 103 candidates sat NZREX Clinical.

	2021	2022	2023	2024	2025
Candidates sat	88	28	53	59	103
Candidates passed	58	21	37	35	77
Pass rate (%)	65.9	75.0	69.8	59.3	74.8
Gaining registration	54	19	36	32	45
Registration rate (%)	93.1	90.5	97.3	91.4	58.4
Avg days to register	492	158	183	186	145

Te mātauranga

Education

Te Rōpū Mātauranga
Education Committee

Dr Kenneth (Ken) Clark
MB ChB 1981 Otago, FRANZCOG 1989, FRACMA 2012

Te Rōpū Mātauranga | Education Committee is one of the three standing committees of the Council. Its key role is to oversee the accreditation and monitoring of medical education and training programmes across the medical training continuum, including primary medical qualifications at medical school, prevocational training programmes for interns, and vocational training and recertification/continuing professional development programmes. Our role is to ensure that medical education and training in Aotearoa New Zealand remains of a high quality and aligned with the Council's primary purpose of protecting the public by ensuring doctors are competent and fit to practise.

Key achievements for year ended 30 June 2025

In liaison with the Australian Medical Council, significant work has been completed to improve the standards and processes for vocational training site accreditation. The focus of this work is to ensure that the medical colleges have processes that are fair, consistent and transparent and are designed for assurance of quality training. A key component is to ensure that sound communication protocols are in place for early communication with a training provider and with the Council and AMC when any issues are identified. This work will continue over the next year.

The Committee provided oversight to accreditation visits to the four prevocational training providers in the South Island: Nelson Marlborough, Southern, South Canterbury and Canterbury. These visits assessed providers against the Council's accreditation standards. The providers were given commendations for innovation, strong support for intern wellbeing, and high-quality training environments. Some areas requiring attention were also identified and are being addressed by the training providers.

The Committee reviewed the prevocational medical training accreditation framework and provided recommendations to the Council, to reflect the restructured health service under Health New Zealand | Te Whatu Ora. The review was informed by input from key stakeholders across the sector and aligns with the Council's strategic goal to support a responsive, high-quality training system that meets national health workforce needs. Consultation on the revised framework will take place late in 2025 and implementation will commence in the year beginning 1 July 2026.

The policy on advanced cardiac life support (ACLS) certification for PGY1 interns was updated following sector consultation. The new policy provides training providers with more flexibility while ensuring all interns are appropriately certified.

Strengthening monitoring and feedback

To improve its monitoring processes, the Committee approved two new initiatives for accreditation of prevocational medical training providers:

- Intern representatives will provide input as one component of annual reports made by accredited prevocational medical training providers.
- A survey of clinical supervisors will inform accreditation assessments, providing additional structured feedback.

The intern submission as part of annual reporting was piloted across seven providers for the 2024–25 annual reporting cycle. Feedback to-date has been largely positive and it is anticipated that both initiatives will be implemented in the year commencing 1 July 2025, which will strengthen the quality and completeness of feedback loops across the accreditation system.

Looking ahead

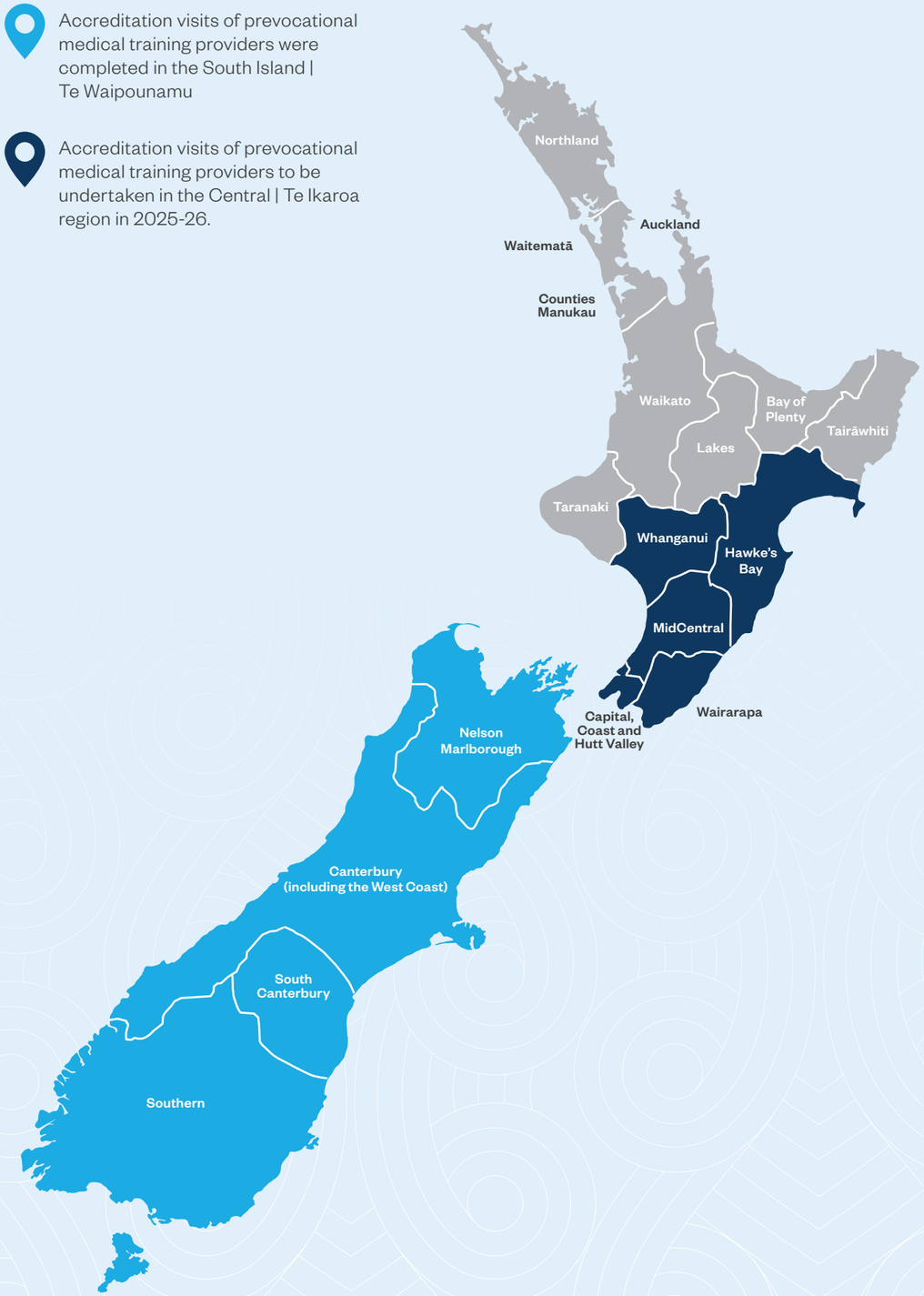
Over the coming year, the Committee will carry out accreditation visits to prevocational medical training providers in the Central region: Whanganui, Mid Central, Hawke's Bay, Wairarapa, and Capital, Coast and Hutt Valley. Accreditation assessments for vocational training will also be conducted for the New Zealand College of Musculoskeletal Medicine and the Royal New Zealand College of Urgent Care.

I would like to thank and acknowledge the significant contribution of all those involved in medical education across the motu. I would also like to thank the members of the Education Committee for their ongoing commitment, that supports the future of a safe, competent, and culturally responsive medical workforce.

Dr Kenneth (Ken) Clark
Chair, Education Committee

Accreditation visits of prevocational medical training providers were completed in the South Island | Te Waipounamu

Accreditation visits of prevocational medical training providers to be undertaken in the Central | Te Ikaroa region in 2025-26.



Te hauora

Health

Te Rōpū Hauora
Health Committee

Dr Ainsley Goodman
MB ChB 1994 Otago, FRNZCUC 2006, FRNZCGP 2017

The protection of patients and provision of support for doctors in relation to their health are at the heart of the Health Committee's work.

In the year ended 30 June 2025, our commitment is reflected in the strength of our holistic approach to doctors' health. We are proud to be seen as leading practice both nationally and internationally.

The Committee receives notifications and disclosures of health conditions which may have the ability to affect fitness to practise from a variety of sources.

In the past year we received 59 new notifications. 39 were from the doctors themselves - the rest were from other health practitioners, employers, and Council.

Doctors made 251 disclosures on their applications for registration and practising certificates. Most required no or limited action from the Committee as the health conditions were stable, not thought to affect fitness to practise and, where applicable, the doctors were receiving ongoing care from appropriate treatment providers.

These disclosures reflect not only responsible engagement by doctors but also a high level of trust in the Council's processes and that raising concerns will be met with fairness, compassion and support.

Concerns about doctors' mental health remain the most common reason for notifications to Council. Encouragingly, the number of disclosures from new graduates and registrants show that doctors are willing to seek support early in their careers, when it can have the greatest impact. This openness and awareness strengthen safer practice and contribute to healthier working lives.

Our approach ensures that doctors who need additional safeguards or ongoing monitoring are supported in ways that allow them to continue practising safely. Where intervention has been required, our decisions, while guided by compassion, always have patient safety at the core.

Outlook

The data confirms that the current system is working well. Doctors are engaging responsibly, most health conditions are managed effectively, and risks to patient safety are identified as early as possible and addressed. The Committee will continue to focus on reducing stigma around disclosure, supporting early-career doctors, and ensuring its monitoring processes are fit for purpose, utilising new technology as it becomes available.

With ongoing collaboration and a compassionate, holistic approach, the Committee is confident it can continue contributing to a healthier, safer, and more sustainable medical workforce.

Dr Ainsley Goodman
Chair, Health Committee

Ngā tatauranga me ngā ia matua
Key statistics and trends

Notifications and disclosures remained stable with most being low-level or well-managed and only a small number requiring intervention.

Notifications of health conditions

There were 59 health notifications, down slightly from 66 last year and within the 5 year range (39–68). Most related to psychiatric or physical health conditions, reflecting responsible reporting by doctors and employers.

Disclosures in registration and practising certificate processes

From 21,441 applications, there were 251 disclosures (1.2%). Almost four in five required no further action, showing most doctors manage their health effectively while practising safely.

Breakdown by application type

- New graduates (PGY1): 33 disclosures (5.9%), mainly mental health, with several referred by Deans, highlighting the importance of strong support at transition to practice.
- New registrants: 75 disclosures (4.1%), sometimes requiring retrospective review or safeguards.
- Renewals: 143 disclosures (0.8%), consistent with previous years.

Trends

Across 5 years, both notifications and disclosure rates have remained steady. Doctors are disclosing early and proactively, allowing Health Committee to provide support and safeguards where needed while protecting patient safety.

Stable pattern of health notifications over time

Year	Psychiatric	Drugs	Alcohol	Physical	67A[1]	**Total[2]**
2024–2025	20	5	9	22	4	**59**
2023–2024	33	4	5	24	1	**66**
2022–2023	25	3	5	12	2	**50**
2021–2022	22	2	2	10	3	**39**
2020–2021	40	4	4	14	6	**68**

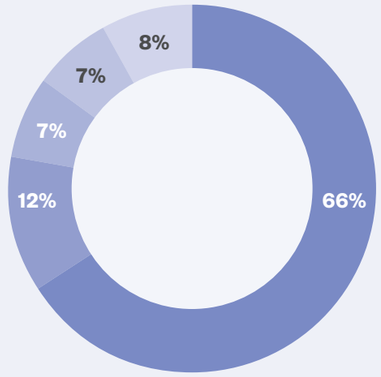
Notifications remain steady over 5 years, with most concerns identified early and addressed appropriately.

1 S67A is where convictions are referred to Council. This is most commonly convictions for drink driving.

2 Total will be less than the combined value of categories as some doctors may disclose >1 type of health condition.

Notifications for the year ended 30 June 2025

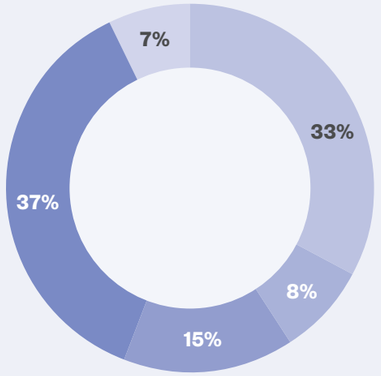
Notifications come from multiple sources



- Doctor (self-notification)
- Employer
- Treating doctor
- Court (s67A)
- Other

Doctors make most notifications, but employers and treatment providers also raise concerns.

Health notifications reflect responsible reporting



- Physical
- Alcohol
- Drugs
- Psychiatric
- Request for a preliminary competence inquiry

Most notifications this year involved psychiatric or physical conditions, reflecting timely reporting that supports safe practice.

Disclosure rates remain steady

Year	New graduates (PGY1)		Practising certificate renewals		Registration applications	
	Disclosures	Applications	Disclosures	Applications	Disclosures	Applications
2024–2025	33	556	143	19,051	75	1,834
2023–2024	35	540	196	18,695	102	1,662
2022–2023	36	569	143	18,653	57	1,547
2021–2022	52	597	118	18,098	45	1,360
2020–2021	56	543	121	17,564	44	1,420

Across 5 years, disclosure rates have remained stable, reflecting consistent openness among doctors about health conditions.

Ngā tukanga aheinga me te whanonga

Competence and conduct processes

Concerns raised about the conduct and competence of doctors

Council receives notifications about doctors' conduct or competence from various sources.

Doctors must also self-notify if they are subject to any formal investigations or convictions.

For the year ended June 2025, we received 314 notifications, a 16 percent increase from the previous year. 30.6 percent came from the Health and Disability Commissioner (HDC), 18.7 percent received from patients.

The rise in notifications in the year ended June 2025 reflects broader trends across the health sector, including an increase in complaints received by the HDC.

Notifications received by source and year

	2021	2022	2023	2024	2025
Source					
HDC	100	84	94	91	96
Patient	2	4	33	28	59
Member of public	20	52	21	16	39
Other health professional	50	33	45	57	30
Self-notification	6	4	14	7	15
ACC	44	9	9	20	13
Internal	10	1	7	7	13
Other	5	1	11	7	12
Employer	23	7	14	14	8
Police	2	2	1	2	7
Pharmacist	10	7	14	7	7
Other organisation	6	34	6	12	6
Courts/Ministry of Justice	–	–	–	–	4
Media/public information	2	3	2	–	3
Conduct/competence committees	–	3	3	–	2
Director of Proceedings/Coroner	–	–	–	2	–
Total	**280**	**244**	**274**	**270**	**314**

Types of concerns [3]

	2021	2022	2023	2024	2025
Concern					
Clinical skills/knowledge	120	69	108	81	101
Communication	62	54	78	79	99
Prescribing	38	25	53	45	53
Conduct (other) [4]	48	80	54	42	35
Record keeping	24	11	13	24	32
Surgical skills/knowledge	26	14	19	14	29
Informed consent	9	35	16	20	24
Sexual boundaries	12	11	18	17	21
Conviction/charges	9	6	11	6	15
Breach of conditions on scope of practice	–	–	–	4	8
Professional boundaries	5	3	7	5	7
Alcohol drugs/substance related issue	3	2	5	8	7
Assisted dying	–	1	1	3	1

In 2025, Council received a range of notifications concerning doctors' conduct and competence. Concerns most often related to clinical skills or knowledge followed by communication and prescribing.

Over the past 5 years, notifications involving communication have steadily increased from 22 percent in 2021 to 32 percent in 2025. This emphasises the importance of effective communication being central to maintaining professional competence and maintaining public trust.

Initial outcome of notifications received by Council

	2025
Initial outcome	
No further action	71
Educational letter	37
Refer notification to the HDC	30
Await HDC outcome	29
Referral to a Professional Conduct Committee for investigation	14
Request for a preliminary competence inquiry	14
Refer for assessment of competence	13
Referral to Council's Health team	6
Recertification programme	4
Issue a risk of harm notice	2
Interim suspension of practising certificate	2
Impose interim conditions	2
Referral to other agency	1

3 Concern type reflects the concerns raised by the notifier and does not necessarily mean that the concern was established during Council's assessment and/or investigation.

4 'Conduct (other)' includes concerns about a doctor's advertising; allegations of forgery or fraud; concerns about the doctor providing care to themselves and others etc.

Council's decisions about notifications received by Council

Over the past year, 32 percent of notifications resulted in no further action, while 16 percent were resolved through educational outcomes, such as reminders of the expectations set out in Council's statements. These letters encourage doctors to reflect on their practice and make improvements where needed.

This proportionate approach reflects the principles of right-touch regulation, ensuring Council's response is fair, balanced, and appropriate to the level of risk while maintaining public trust and confidence in the medical profession.

Statutory and educational processes

	2021	2022	2023	2024	2025
Outcome					
Refer to Professional Conduct Committee for investigation	41	34	37	35	14
Refer for competence assessment	25	9	18	24	13
Undertake a preliminary competence Inquiry	16	10	18	11	14

A small proportion of notifications (around 12 percent) led to statutory processes under the Health Practitioners Competence Assurance Act 2003. These involved referrals to assess a doctor's competence, or to a Professional Conduct Committee to investigate concerns about a doctor's conduct that may warrant disciplinary action.

Competence assessment processes

Outcomes from competence assessments

	2021	2022	2023	2024	2025
Initial outcome					
No further action or educational letter	5	3	4	5	10
Competence programme	7	8	8	6	7
Recertification programme	–	–	–	–	2
Impose conditions	–	–	–	2	2
Sit an examination or assessment	–	–	–	–	1
Counselling	–	–	–	1	–
PACs that did not proceed	–	1	–	2	8

Over half of competence assessments in the year ending 2025 resulted in either no further action or an educational letter to the doctor. In 39 percent of cases, a competence programme was ordered to address improvement in the doctor's practice.

Timeframes for completion of competence assessment processes

	2021	2022	2023	2024	2025
Initial outcome					
<4 months	1	–	1	2	–
4-6 months	3	2	2	4	1
6-8 months	1	4	2	2	7
8-10 months	4	2	1	1	1
10-12 months	–	1	2	3	4
12+ months	4	1	4	–	5
Total PACs completed	**13**	**10**	**12**	**12**	**18**

Some competence assessment processes took longer than average to complete during the reporting period. The reasons for these delays varied but were largely due to factors outside Council's control such as the doctor not being in current practice or relocating overseas and therefore the assessment could not proceed.

Conduct investigations and prosecutions

Outcomes from Professional Conduct Committee investigations
(1 July to 30 June of each year)

	2022	2023	2024	2025
Outcome Types				
Review of fitness to practice	2	3	1	3
Review of competence	–	4	–	1
No further action	1	3	2	4
Counselling (e.g., education)	13	27	20	13
Lay a disciplinary charge in the Health Practitioners Disciplinary Tribunal	8	5	11	6

Professional Conduct Committee investigation timeframes
(1 July to 30 June of the year)

Timeframes for Professional Conduct Committee investigations are impacted by the level of complexity, alongside a number of other factors.

	2025
Investigation completed within	
0 – 9 months	9
9 – 12 months	3
12 – 18 months	7
18 months+	2

Outcomes from Health Practitioner Disciplinary Tribunal (HPDT) Prosecutions **(1 July to 30 June of each year)**

	2022	2023	2024	2025
Outcome Types				
HPDT hearings held	9	12	7	8
HPDT charges proven	9	10	6*	2
Awaiting decision on charge	–	2	1	6
Withdrawn	2	–	–	–

*Reduced from seven as reported in the 2024 Annual Report, as a 2024 Tribunal decision upholding a charge was overturned on appeal in the 2025 financial year. This matter is now subject to a further appeal.

HPDT Prosecution Penalties **(1 July to 30 June of the year)**

	2022	2023	2024	2025**
Penalty Types				
Censure	9	10	5	3
Fine	3	3	3	–
Conditions	8	10	5	3
Suspension	1	3	2	1
Cancellation	3	3	2	–
Awaiting decision on penalty	–	–	1	–

**Includes the penalty for one matter where the liability decision was received in the 2024 financial year but the penalty decision was received in the 2025 financial year.

Te Tauākī Whakatutukitanga ā-Ratonga me ngā Tauākī Pūtea

Statement of Service Performance and Financial Statements

Te Rōpū Arotake Pūtea me te Tūraru Audit and Risk Committee

Mr Simon Watt
LLB (Hons), BA (VUW), LLM (London)

The Audit and Risk Committee is a standing committee of Council and meets regularly throughout the year to support Council to meet its financial accountability and risk management responsibilities. The Committee consists of five members of Council and an external member with audit and accounting experience.

Committee activities and focus areas this financial year included:

Business transformation

The Committee continues to support Council with oversight of the business transformation programme, ensuring technology improvements align with Council's strategic goals and operational needs. Highlights included:

- Approving a Programme Charter outlining objectives, scope, deliverables, and success measures of the business transformation.
- Strengthening IT infrastructure through server migrations, cyber security enhancements, and appointment of a new managed service provider.
- Ensuring technology upgrades are aligned with Council's long-term strategic and operational objectives to enhance efficiency and organisational capability.

Financial governance

The Committee maintained oversight of Council's financial sustainability and accountability by:

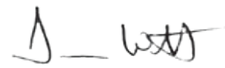
- Reviewing the 2025/26 annual budget and fees to ensure assumptions were robust, fee structures equitable, and services appropriately cost-recovered.
- Engaging with the external auditors on the 2024 audit, which resulted in an unqualified audit opinion being issued.
- Reviewing travel and reserve policies to enhance transparency, accountability, and governance in support of Council's transition to a multi-profession regulator.

Risk management

The Committee continued to monitor key risks, allowing Council, management and staff to anticipate, proactively mitigate and manage issues. Significant contributions during the year include:

- Oversight of the risk management programme.
- Monitoring Council's legislative compliance and privacy programme.
- Actively engaging on health, safety, and wellbeing matters.

I would like to acknowledge the excellent contribution of the Committee and Council staff in progressing and supporting the Committee's work throughout the year.



Mr Simon Watt
Chair, Audit and Risk Committee

Te Tauākī Whakatutukitanga ā-Ratonga

Statement of Service Performance

1 July 2024 to 30 June 2025

Entity information

Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand is established under the Health Practitioners Competence Assurance Act 2003. The Medical Council's primary purpose is to protect the public health and safety of Aotearoa New Zealanders by ensuring doctors are competent and fit to practise. Whether it's assessing a doctor's performance or promoting good medical practice that reflects the expectations of Aotearoa New Zealand communities, all our decisions are based on the principles of right-touch regulation – an internationally tried and tested decision-making model for regulators. For more on our functions and how we make decisions see page 9.

Disclosure of judgements

The performance measures used in this report are based on the Medical Council's strategic priorities as shown in Te Mahere Rautaki 2022–2027, the Strategic Plan of the Council for 2022–2027. Judgement is required to ensure the performance measures reflect a mix of qualitative and quantitative indicators which are relevant to assessing progress towards the achievement of Council's strategic outcomes.

Comparative information

This is the third year the Statement of Service Performance has been prepared. Comparative information from the previous year has been included where available for specific performance measures. Some long-term outcomes, medium-term intentions, and short-term outputs were updated for the current year. Where the underlying issue and approach remain substantially the same as the previous year, comparative information has been provided, even if the description has been refined.

He anga putanga | Performance framework

Our Ngā Whakaarotau Rautaki | Strategic Priorities comprise three pou:

- Demonstrate accountability to the public, the profession, and stakeholders.
- Promote equity of health outcomes.
- Demonstrate proactive, right-touch regulation in all we do.

The pou are supported by a foundation of:

- Investing in organisational capability and culture.
- Using data to inform innovation and improvement.

The performance framework is structured as follows:

Ngā hua | Outcomes are long term (enduring)

Our purpose is to protect the health and safety of the public by providing mechanisms to ensure doctors are competent and fit to practise.

Our outcomes describe, at a high level, our desired future for Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand (Council) and the medical profession in Aotearoa New Zealand.

Ngā aronga | Intentions are medium term (3–5 years)

Our intentions identify where we will concentrate our efforts over the next 3 to 5 years, to deliver on our strategic priorities and achieve our outcomes.

Ngā mahi rautaki | Outputs are short term (1–2 years)

Our outputs are the result of short-term initiatives and mahi that help us reach our goals.

1. Te pou tuatahi

Demonstrate accountability to the public, the profession and stakeholders

Long term (enduring)
Ngā hua | Outcomes

The public have trust in the medical profession.

The profession, stakeholders and government have trust in us as the medical regulator.

Medium term (3–5 years)
Ngā aronga | Intentions

- The public's trust in doctors is maintained, relative to other professions and international benchmarks.
- The public's understanding of how to make a notification is increased.
- The profession's knowledge of Council standards is increased.
- The medical workforce in Aotearoa New Zealand is strengthened and supported by our leadership, in order to protect the public.
- Alignment with Te Tiriti o Waitangi is increased across all our functions.

Short term (1–2 years) Ngā mahi rautaki | Outputs		**Commentary**	**Result previous year 2023–24**	**Result this year 2024–25**
1.1	Input from Whakawaha | Consumer Advisory Group leads to a strengthened public and consumer focus to our mahi.	Our consumer focus has strengthened further over this year, demonstrated by: • increased number of Whakawaha meetings over the year. • Whakawaha members driving the agenda, chairing and leading discussion on issues important to them at both the February and March meetings. • Whakawaha providing high-quality input to support and guide Council's policy development, including the: – draft statement on AI in patient care – draft Torohia | Medical Training Survey questions – draft statements on cultural competence, cultural safety, and hauora Māori – draft cultural safety accreditation standards for prevocational medical training, vocational training and recertification – regulatory framework for physician associates – Council's submission on Government's consultation, *'Putting Patients First: Modernising Health Workforce Regulation'* – Council's response to Royal Commission Inquiry into Abuse in State Care.	**Achieved**	**Achieved**

Short term (1–2 years) Ngā mahi rautaki | Outputs	**Commentary**	**Result previous year 2023–24**	**Result this year 2024–25**
1.2 Short video guides and other tools that aim to increase public, doctor and stakeholder understanding of our standards and role are publicly available on our website.	An animated video for consumers on informed consent was published on our website. A second video for consumers on the role of the Council was scripted and is in production. Spot surveys (a few short questions on targeted topics) on the MCNZ website, and LinkedIn posts boosted readership of and access to: • MC News • the informed consent video • NZREX clinical examination information • Council's data dashboard • Council's submission to the Minister of Health (and the associated fact sheet) on *Putting patients first: modernising health workforce regulation* • information about the development of a new collegial peer support and supervision framework for IMGs • the statement on 'Treating yourself and those close to you' • the involvement of Whakawaha in our mahi.	**Partially achieved**	**Achieved**
1.3 We monitor and respond to changes and trends in: • the medical workforce in Aotearoa New Zealand • workforce and regulation internationally.	Council responded to the Government's consultation: *Putting patients first: modernising health workforce regulation:* • Made a submission to the Minister of Health and the Ministry of Health. • Discussed key issues related to the Ministry's consultation and the regulatory reform at multiple stakeholder meetings. • Distributed our submission and factsheet that provided workforce data widely. • Council's Chair and CEO met with Minister and several MPs on the Health Select Committee about medical workforce matters, consultation and regulatory reform. • Supported other RAs to consider pertinent issues in their submissions. In response to medical workforce demands, Council trebled the availability for candidates to sit the NZ clinical registration examination (NZREX) for international medical graduates (IMGs): • 60 places were offered for March 2025 (54 candidates sat). • 60 places were initially offered in June 2025. Due to lower demand, only 29 candidates sat. • Looking forward, 60 places will be available for September 2025, subject to demand.	**Achieved**	**Achieved**
	Regulation of Physician Associates: • Council provided information to the Ministry of Health and Minister of Health to inform decision-making about the potential regulation of physician associates. • The public and profession were kept informed through a media release, MC News and key stakeholder meetings. • We negotiated and secured funding for the initial set-up of physician associate regulation, and a contract is in place with Health New Zealand. • A decision-making framework including a steering group, stakeholder advisory group, and workstreams were put in place to guide the development of a regulatory framework for physician associates, and meetings and external engagement commenced. Council also: • published the Workforce Survey in October. • updated our data dashboard quarterly. • actively worked with Health New Zealand to implement internships in primary care for NZ graduates and NZREX graduates. • increased flexibility and access for IMGs seeking NZ registration (see item 3.5 below). • developed a framework for IMG collegial peer support and supervision based on registration pathway, and opened consultation. • had ongoing engagement with stakeholders regarding medical workforce issues at meetings throughout the year. • actively engaged with international colleagues about regulatory and medical workforce issues through a range of meetings, including through the CEO chairing the Board of Directors of the International Association of Medical Regulatory Authorities (IAMRA), and attendance at the IAMRA symposium and the Council on Licensure, Enforcement and Regulation (CLEAR) conference in Baltimore, US.		

Long term (enduring)
Ngā hua | Outcomes

We demonstrate accountability to Māori under Te Tiriti o Waitangi.

Medium term (3–5 years)
Ngā aronga | Intentions

Alignment with Te Tiriti is increased across all our functions.

Short term (1–2 years) Ngā mahi rautaki | Outputs	**Commentary**	**Result previous year 2023–24**	**Result this year 2024–25**
1.4 A Te Tiriti o Waitangi strategy is developed and embedded in all our work, in partnership with Te Kāhui Whakamana Tiriti.	Te Aka Whakamana Tiriti | Council's Te Tiriti o Waitangi Framework supports Council to give effect to Te Tiriti o Waitangi. See items 2.1–2.3, and 3.8. Partnership with Te Kāhui Whakamana Tiriti (Te Kāhui) provided a Māori and equity lens, and a range of valued feedback, on the following initiatives: • Cultural safety accreditation standards for prevocational medical training, vocational training and recertification. • Development of Torohia | Medical Training Survey. • Development of the draft statements on cultural competence, cultural safety, and hauora Māori. • Review of Good Medical Practice. • Establishing a framework for the regulation of physician associates.	**Achieved**	**Achieved**

Long term (enduring)
Ngā hua | Outcomes

We are efficient and transparent in our registration, professional standards and doctors' health processes.

Medium term (3–5 years)
Ngā aronga | Intentions

We will meet our published service standards for timeliness.

Short term (1–2 years) Ngā mahi rautaki | Outputs	**Commentary**	**Result previous year 2023–24**	**Result this year 2024–25**
1.5 95% of general registration applications will be processed within 20 working days of receipt of completed application.	We processed 99% of general registration applications within 20 working days (99% was also achieved in 2023–24).	**Achieved**	**Achieved**
1.6 90% of applications for assessment of eligibility for provisional vocational registration (international medical graduates) will be completed in 6 months	We processed 94% of applications for assessment of provisional vocational registration for international medical graduates within 6 months (compared to 89% in 2023–24). The 5% improvement, compared to last year, is a result of working closely with colleges to support improvements in their timeliness.	**Not Achieved**	**Achieved**

2. Te pou tuarua
Promote equity of health outcomes

Long term (enduring)
Ngā hua | Outcomes

Māori experience cultural safety when receiving health services from doctors.

Our regulatory and non-regulatory levers support the achievement of health equity for Māori, Pasifika, disabled people and other groups who currently experience inequitable health outcomes.

The medical workforce is diverse, inclusive and reflective of the community it serves.

Medium term (3–5 years)
Ngā aronga | Intentions

- The current experience of cultural safety amongst Māori receiving health services from doctors is improved, as demonstrated in an evaluation against the September 2020 report 'Baseline data capture: Cultural safety, partnership and health equity initiatives'.
- Guidance is provided to the profession to support the achievement of health equity for groups who currently experience poorer health outcomes.

Short term (1–2 years) Ngā mahi rautaki | Outputs	**Commentary**	**Result previous year 2023–24**	**Result this year 2024–25**
2.1 Accreditation standards for training providers across the medical education continuum are strengthened to demonstrate our commitment to Te Tiriti o Waitangi and health equity.	The accreditation standards for medical training providers (strengthening the cultural competence, cultural safety, and hauora Māori requirements across the medical education continuum) were drafted and approved by Council. The next step is to seek feedback and wider input on the draft accreditation standards through consultation with training providers, the profession and stakeholders in 2025–26.	**Partially achieved**	**Achieved**
2.2 Cultural safety is embedded in Council's systems and processes for all regulatory functions	See item 2.1 – the draft accreditation standards for training providers have been strengthened in relation to cultural competence, cultural safety and hauora Māori. We also developed two draft statements, that outline the standards that doctors need to meet on cultural competence and cultural safety, and hauora Māori. These will be circulated for consultation in 2025–26). Council staff participated in cultural competence and cultural safety training to support them to embed cultural safety in all they do, including Council's policies and processes. Training on cultural safety and related matters continued to be included in training for Professional Conduct Committee and Performance Assessment Committee members	**Partially achieved**	**Achieved**

Short term (1–2 years) Ngā mahi rautaki | Outputs	**Commentary**	**Result previous year 2023–24**	**Result this year 2024–25**
2.3 Doctors' responsibilities under Te Tiriti o Waitangi are defined and incorporated in Council's statements.	See item 2.2 – two draft statements on cultural competence and cultural safety, and hauora Māori were drafted and approved by Council. Socialisation of the statement content will commence in early 2025–26, followed by formal consultation with the profession and the wider sector.	**Partially achieved**	**Achieved**
2.4 Engagement with Pasifika stakeholders is strengthened.	A proposal from the chair of the Pasifika Medical Association (PMA) to develop an MOU with Council was received and we look forward to pursuing this. The PMA was invited to provide representatives to join the Good Medical Practice Advisory Group, the Physician Associate Stakeholder Advisory Group, and to attend the Annual Meeting of medical colleges and stakeholders in July 2025.	**N/A new measure**	**Partially achieved**

3. Te pou tuatoru

Demonstrate proactive, right-touch regulation in all we do

Long term (enduring)
Ngā hua | Outcomes

The principles of right-touch regulation are used in all Council's decision-making.

Medium term (3–5 years)
Ngā aronga | Intentions

- The principles of right-touch regulation are embedded in Council's strategic, policy and case-related decisions.
- Notifiers are placed at the centre of Council's processes.
- We consider the option of taking a restorative approach in response to notifications, where appropriate.
- We maintain a strong focus on risk and patient safety while minimising distress to doctors under Council's processes.

Short term (1–2 years) Ngā mahi rautaki | Outputs	**Commentary**	**Result previous year 2023–24**	**Result this year 2024–25**
3.1 Guidance is provided to the medical profession on ethics and accountability for: • emerging issues, such as the use of artificial intelligence (AI) • new trends in models of care, such as cannabis clinics.	An updated statement on *Treating yourself and those close to you* was published, and statements were drafted on: • *Use of AI in patient care* • *Doctors performing cosmetic procedures*, in addition to a draft policy on the regulation of doctors who perform cosmetic procedures to accompany the draft statement. We will consult on these two draft statements and the draft policy in early 2025–26. Council hosted an interagency hui to discuss any potential patient safety matters related to the prescription of medicinal cannabis to support cross-agency liaison and improved understanding.	**N/A new measure**	**Achieved**

Short term (1–2 years) Ngā mahi rautaki | Outputs	**Commentary**	**Result previous year 2023–24**	**Result this year 2024–25**
3.2 Our processes and decision-making in response to sensitive notifications are reviewed and the recommendations for improvement actioned.	An independent, external review on Council's processes and actions related to sensitive notifications was completed in January 2025. Council also received Whanaketia, the Royal Commission's final report on its inquiry into Abuse in State Care (released in July 2024). Recommendations of both reports were considered by the Council's Temporary Committee, established to consider and recommend any actions related to the Royal Commission. Council has developed a work programme drawing on the recommendations of the independent review, Whanaketia, survivors, and the Temporary Committee, and is now working to implement these. Work undertaken so far includes: • Training of the Professional Standards team to support a better understanding of what notifiers need and to improve our communication and interaction with notifiers. • Improvement made to workflow processes for sensitive notifications in our electronic database, MedSys. • Development of an electronic notifications form. • Digitalising *Practice Profile* forms to enable greater data collection on doctors facing notifications.	**N/A new measure**	**Achieved**
3.3 Notifiers report that our communications and engagement with them meet their needs and are carried out in a culturally safe manner.	The development of a notifier feedback mechanism to inform continuous quality improvement is planned for 2025–26.	**N/A new measure**	**Not achieved**

Long term (enduring)
Ngā hua \| Outcomes

Council's registration policies are fit for purpose and responsive to the changing nature of the medical workforce.

Medium term (3–5 years)
Ngā aronga \| Intentions

Our registration pathways for international medical graduates (IMGs) continue to be flexible, innovative and agile.

Short term (1–2 years) Ngā mahi rautaki | Outputs	**Commentary**	**Result previous year 2023–24**	**Result this year 2024–25**
3.4 All Comparable Health System countries will have been assessed against the criteria set in 2022.	We reviewed the final tranche of existing Comparable Health System countries against the 2022 criteria. Council retained all existing countries in the Comparable Health System registration pathway.	**Partially achieved**	**Achieved**
3.5 Registration pathways for IMGs are reviewed to ensure no unnecessary barriers.	Flexibility and access for IMGs seeking registration in Aotearoa New Zealand was increased through: • the inclusion of five additional countries to the Comparable Health System registration pathway: – Chile – Croatia – Luxembourg – Japan – South Korea. There are now 29 countries in the Comparable Health System registration pathway. • Council recognition of the Australian Medical Council (AMC) clinical examination as comparable to NZREX Clinical, to allow IMGs who have passed the AMC exam to apply for registration via our Examinations pathway. • Extension of the provisional vocational assessment period from 18 to 24 months to allow specific cohorts of IMGs (who may not otherwise meet the standard) to gain provisional vocational registration and complete discrete training to address identified gaps/ deficiencies in their training or experience. • Implemented a fast-track pathway to vocational registration for IMGs with approved qualifications from UK, Ireland and Australia in anaesthesia, dermatology, emergency medicine, general practice, internal medicine, pathology (anatomical) and psychiatry. • Expanded NZREX clinical exam places. See item 1.3 above.	**N/A new measure**	**Achieved**

Long term (enduring)
Ngā hua | Outcomes

Medical education and training prepare and enable the medical profession to provide high quality medical care.

Medium term (3–5 years)
Ngā aronga | Intentions

- Accreditation systems and standards drive the provision of high-quality medical education and training across the training continuum.
- We carry out an annual survey of all doctors in training, publish an analysis of the data, and take appropriate action from results obtained.

Short term (1–2 years) Ngā mahi rautaki | Outputs	**Commentary**	**Result previous year 2023–24**	**Result this year 2024–25**
3.6 The accreditation framework is reviewed to ensure that there are clear accountabilities for training providers of prevocational training.	The accreditation framework for prevocational medical training providers was reviewed. The Education Committee endorsed the draft accreditation framework in June 2025. Next steps are consideration by Council, followed by sector consultation in 2025–26.	**Partially achieved**	**Achieved**
3.7 A medical training survey for doctors in training is developed and implemented.	Torohia, the Medical Training Survey for Aotearoa New Zealand, was developed over the year. The Torohia website and survey platform are undergoing final preparations, with launch of the survey set for August 2025.	**N/A new measure**	**Achieved**

Long term (enduring)
Ngā hua | Outcomes

Council collaborates and cooperates with other health professions in the regulation of health professionals and the delivery of health services.

Medium term (3–5 years)
Ngā aronga | Intentions

Joint strategic initiatives with other Responsible Authorities (RAs) are carried out each year.

Short term (1–2 years) Ngā mahi rautaki | Outputs	**Commentary**	**Result previous year 2023–24**	**Result this year 2024–25**
3.8 Collaborative work is undertaken with other RAs on cultural safety, cultural competency and Hauora Māori.	We were part of a small group of RAs that ran a cross-RA wānanga on cultural safety. Subsequently a digital library has been established for the RAs to share their mahi on cultural safety and related matters. Council also hosted a joint RA 'Wall Walk' training day, for Council staff and staff members from other RAs.	**N/A new measure**	**Achieved**

Kia toitū te noho
Sustainability

Te moemoeā oranga tonutanga/ Sustainability vision

'Te Āraihaumaru as a kaitiaki (guardian) requires us to meet the needs of the present without compromising the resources of future generations'.

Council is mindful and deliberate as we evolve to become an organisation that normalises environmental sustainability in public protection.

Te kaupapa oranga tonutanga / Sustainability mission

'Protecting the environment as we carry out our mahi of protecting the public'

We are committed to minimising Council's impact on the environment as we carry out our mahi of public protection and will be guided by our organisational values.

He whakaarotau me ngā paetae / Priorities and progress

During the year Council:

- Supported the ongoing implementation of the Environmental Sustainability Strategy, with a focus on strengthening emissions reporting.
- Identified our key emissions sources and independently verified of our carbon impact for the year ended 30 June 2025.
- Our impact was 564 tonnes of carbon dioxide equivalents (tCO_2e).
- Improved leased-premises emissions reporting by using apportioned shares of gas, electricity, water, and waste data from the lessor, rather than spend-based estimates.

Toitū carbonreduce certification

In our second year as a Toitū carbonreduce certified organisation under ISO 14064-1:2018 and Toitū requirements, Council focused on supporting the implementation of the Environmental Sustainability Strategy and strengthening the accuracy and completeness of emissions reporting.

Reported emissions increased by 83 tCO_2e in 2025. This increase reflects improvements in how emissions are measured and reported, rather than a material change in underlying emissions. In particular, leased-premises emissions are now based on Council's apportioned share of emissions from gas, electricity, water, and waste, as provided by the lessor, instead of spend-based estimates.

Improving data quality will remain a priority to ensure our emissions profile is robust. This stronger foundation positions Council to plan and implement targeted reduction initiatives in the years ahead.

Ngā Tauākī Pūtea

Financial Statements

Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand

Statement of comprehensive revenue and expenses

For the year ended 30 June 2025

	Notes	2025 (000's)	2024 (000's)
Revenue from non-exchange transactions			
Practising certificate (PC) fees and disciplinary levies		17,003	16,629
Disciplinary recoveries		92	667
Total non-exchange revenue		**17,095**	**17,296**
Revenue from exchange transactions			
Fees received		5,969	4,907
Interest income		638	650
Other income		755	687
Total exchange revenue		**7,362**	**6,244**
Total revenue		**24,457**	**23,540**
Expenses per schedules	**5**		
Administration expenses		16,236	14,602
Council and profession expenses		5,210	4,702
Disciplinary expenses		4,127	3,026
Examination expenses		276	137
Total expenses		**25,849**	**22,467**
Total surplus/(deficit) for the year		**(1,392)**	**1,073**
Other comprehensive revenue and expense for the year		–	–
Total comprehensive revenue and expense for the year		**(1,392)**	**1,073**

These financial statements should be read in conjunction with the notes to the financial statements.

Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand

Statement of changes in net assets

For the year ended 30 June 2025

	Notes	General Reserves (000's)	Disciplinary Reserves (000's)	Examination Reserve (000's)	Capital Asset Reserve (000's)	Total Equity (000's)
Opening equity balance 1 July 2024		9,013	5,559	191	–	14,763
Total surplus / (deficit) for the year		274	(1,671)	5	–	(1,392)
Transfer during the year		206	–	–	(206)	–
Transfer to capital assets reserve		(3,757)	–	–	3,757	–
Closing equity balance 30 June 2025	**13**	**5,736**	**3,888**	**196**	**3,551**	**13,371**
Opening equity balance 1 July 2023		9,409	4,115	166	–	13,690
Total surplus / (deficit) for the year		(396)	1,444	25	–	1,073
Closing equity balance 30 June 2024	**13**	**9,013**	**5,559**	**191**	**–**	**14,763**

These financial statements should be read in conjunction with the notes to the financial statements.

Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand

Statement of financial position

As at 30 June 2025

	Notes	2025 (000's)	2024 (000's)
Current assets			
Cash and cash equivalents		2,383	1,568
Short term investments		10,033	11,000
Prepayments		591	547
Receivables from exchange transactions	**7**	301	594
Receivables from non-exchange transactions	**7**	3	244
Total current assets		**13,311**	**13,953**
Non-current assets			
Intangible assets	**8**	1,574	2,180
Work in progress	**9**	555	82
Property, plant and equipment	**10**	1,422	1,308
Total non-current assets		**3,551**	**3,570**
Total assets		**16,862**	**17,523**
Current liabilities			
Payables	**11**	1,747	1,535
Employee entitlements	**12**	776	567
Revenue received in advance	**17**	881	589
Total current liabilities		**3,404**	**2,691**
Non-current liabilities			
Employee entitlements	**12**	87	69
Total non-current liabilities		**87**	**69**
Total liabilities		**3,491**	**2,760**
Net assets		**13,371**	**14,763**
Equity	**13**		
General reserves		5,736	9,013
Disciplinary reserves		3,888	5,559
Examination reserve		196	191
Capital asset reserve		3,551	–
Total Equity		**13,371**	**14,763**

Authorised for issue for and on behalf of the Council on 4 November 2025.

Rachelle Love
Chair

Simon Watt
Deputy Chair

Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand

Statement of cash flows

For the year ended 30 June 2025

	2025 (000's)	2024 (000's)
Cash flows from operating activities		
Receipts		
Receipts from PC fees (non-exchange)	12,468	11,789
Receipts from disciplinary levies (non-exchange)	4,532	4,844
Receipts from other non-exchange transactions	341	400
Receipts from exchange transactions	7,159	5,671
Payments		
Payments to suppliers and employees	(24,163)	(20,510)
GST	53	(61)
Net cash flows from operating activities	**390**	**2,133**
Cash flows from/(to) investing activities		
Receipts		
Interest received	778	536
Redemption of investments	16,000	12,000
Payments		
Purchase of property, plant and equipment	(477)	(305)
Purchase of intangible assets	(843)	(237)
Investments in short term deposits	(15,033)	(14,000)
Net cash flows from/(to) investing activities	**425**	**(2,006)**
Net increase in cash and cash equivalents	**815**	**127**
Cash and cash equivalents at 1 July	1,568	1,441
Cash and cash equivalents at 30 June	**2,383**	**1,568**
Represented by:		
Bank accounts	2,383	1,568
Cash and cash equivalents	**2,383**	**1,568**

These financial statements should be read in conjunction with the notes to the financial statements.

Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand

Notes to the financial statements

For the year ended 30 June 2025

1. Reporting entity

Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand (the Council) is a body corporate constituted under the Health Practitioners Competence Assurance Act 2003 (the Act).

These financial statements and the accompanying notes summarise the financial results of the activities carried out by the Council. To protect the health and safety of the public, the Council provides mechanisms to ensure that medical practitioners are competent and fit to practise in their professions. The Council is a charitable organisation registered under the Charities Act 2005.

These financial statements have been approved and were authorised for issue by the Council on 4 November 2025.

2. Statement of compliance

The financial statements have been prepared on the going concern basis and have been prepared in accordance with generally accepted accounting practice in Aotearoa New Zealand (NZ GAAP). They comply with public benefit entity international public sector accounting standards (PBE IPSAS) and other applicable financial reporting standards as appropriate that have been authorised for use by the New Zealand External Reporting Board for public sector entities. For the purposes of complying with NZ GAAP, the Council is a public sector public benefit entity and is eligible to apply Tier 2 Public Sector PBE IPSAS RDR on the basis that it does not have public accountability and is not defined as large.

The Council has elected to report in accordance with Tier 2 public sector PBE accounting standards and, in doing so, has taken advantage of all applicable reduced disclosure regime (RDR) disclosure concessions.

3. Summary of Accounting Policies

The significant accounting policies used in the preparation of these financial statements, as set out below, have been applied consistently to both years presented in these financial statements.

3.1 Basis of measurement

These financial statements have been prepared on the basis of historical cost.

3.2 Functional, presentational currency and rounding

The financial statements are presented in New Zealand dollars ($), which is the Council's functional currency. All amounts disclosed in the financial statements have been rounded to the nearest thousand dollars unless otherwise stated.

3.3 Revenue

Revenue is recognised to the extent that it is probable that the economic benefit will flow to the Council and revenue can be reliably measured. Revenue is measured at the fair value of the consideration received. The following specific recognition criteria must be met before revenue is recognised.

Revenue from non-exchange transactions

Practicing certificate (PC) fees and disciplinary levies

PC fees are recognised in full upon the commencement of the practising year to which it relates. Revenue from the provision of other services is recognised when the service has been provided. Where provision of services is extended over a period of time the stage of completion is estimated and revenue recognised when the degree of service has been provided.

Disciplinary recoveries

Disciplinary recoveries represent fines and costs awarded to the Council by the Health Practitioners Disciplinary Tribunal (HPDT). The amount awarded represents a percentage or a portion of the Professional Conduct Committees (PCC) and HPDT costs.

Once awarded by the HPDT, disciplinary recoveries are reflected in the accounts at the time those costs were incurred and at the amount determined by the HPDT.

3.3 Revenue (continued)

Revenue from exchange transactions

Fees received

Fees received include application and registration fees for general, vocational and special scopes of practice, examinations, certification and assessment related activities. All fees are recognised when invoiced except for:

- Aotearoa New Zealand registration examination fees which are recognised when the examination is held.
- Vocational registration income is recognised at the time of invoicing, however a portion equivalent to 3 months (2024: 3 months) is assessed and held as payments in advance.

Interest income

Interest income is recognised as it accrues, using the effective interest method.

Other income

All other income from exchange transactions is recognised when earned and is reported in the financial period to which it relates.

3.4 Financial instruments

Financial assets and liabilities are recognised in the statement of financial position when the Council becomes party to the contractual provisions of the financial instrument.

The Council ceases to recognise a financial asset or, where applicable, a part of a financial asset or part of a group of similar financial assets, when the rights to receive cash flows from the asset have expired or are waived, or the Council has transferred its rights to receive cash flows from the asset or has an assumed obligation to pay the received cash flows in full without material delay to a third party; and either:

- the Council has transferred substantially all the risks and rewards of the asset; or
- the Council has neither transferred nor retained substantially all the risks and rewards of the asset but has transferred control of the asset.

Financial assets

Financial assets within the scope of PBE IPSAS 41 *Financial Instruments* are initially recognised at fair value plus transaction costs unless they are measured at fair value through surplus or deficit, in which case the transaction costs are recognised in the surplus or deficit.

The Council classifies financial assets as subsequently measured at amortised cost, fair value through other comprehensive revenue and expense, or fair value through surplus or deficit based on requirements as per PBE IPSAS 41 *Financial Instruments.*

The Councils financial assets include cash and cash equivalents, short-term investments, receivables from non-exchange transactions and receivables from exchange transactions.

Receivables from exchange and non-exchange transactions

Short term receivables from exchange and non-exchange transactions are recorded at the amount due, less an allowance for credit losses. Council applies the simplified expected credit loss model of recognising lifetime expected credit losses for receivables.

In measuring expected credit losses, short-term receivables have been assessed collectively as they share credit risk characteristics. They have been grouped based on the days past due on the following basis:

Age of debt	Rate
1 month or less	0%
2 months	2%
3 months	5%
4 months	10%
5 months	20%
6 months	40%
7 months	60%
8 months	80%
9 months or more	100%

Short-term receivables from the exchange and non-exchange transactions are written off when there is no reasonable expectation of recovery. Indicators that there is no reasonable expectation of recovery included the debtor being in liquidation.

The previous year's allowance for credit losses was based on the incurred credit loss model. An allowance loss was recognised only when there was objective evidence that the amount would not be fully collected.

3.4 Financial instruments (continued)

Receivables from exchange and non-exchange transactions

Impairment of financial assets

During the year $158k was written off against the allowance for doubtful debts. Additionally, certain amounts were recovered from debtors previously considered doubtful. These movements have been appropriately reflected in the overall expected credit losses allowance. There were no other impairments of financial assets for the year.

Financial liabilities

The Council's financial liabilities include trade and other creditors (excluding GST and PAYE) and employee entitlements.

All financial liabilities are initially recognised at fair value (plus transaction costs for financial liabilities not at fair value through surplus and deficit) and are subsequently measured at amortised cost using the effective interest method except for financial liabilities at fair value through surplus or deficit. Such liabilities are subsequently measured at fair value.

3.5 Cash and cash equivalents

Cash and cash equivalents are short term, highly liquid investments that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value. Cash and cash equivalents are held for the purpose of meeting short term cash commitments rather than for investment or other purposes. Cash and cash equivalents are subject to the expected credit loss requirements of PBE IPSAS 41, no loss allowance has been recognised because the estimated credit losses is trivial.

3.6 Short term investments

Short term investments in term deposits are initially measured at the amount invested, as this reflects fair value for these market-based transactions. Interest is subsequently accrued and added to the investment balance. A loss allowance for expected credit losses is recognised if the estimated loss allowance is not trivial.

Short term investments are held with the intention of investing and comprise term deposits that have a maturity within 12 months of reporting date. Long term investments comprise term deposits that have a term of greater than 12 months.

3.7 Property, plant and equipment

Items of property, plant and equipment are measured at cost less accumulated depreciation and impairment losses. Cost includes expenditure that is directly attributable to the acquisition of the asset. Where an asset is acquired through a non-exchange transaction, its cost is measured at its fair value as at the date of acquisition.

Depreciation is charged on a straight-line basis over the useful life of the asset. Depreciation is charged at rates calculated to allocate the cost or valuation of the asset less any estimated residual value over its remaining useful life:

- Equipment, furniture and fittings 0%- 20% p.a.
- Office alterations 10% p.a.
- Computer hardware 33% p.a

Depreciation methods, useful lives and residual values are reviewed at each reporting date and are adjusted if a change occurs in the expected pattern of consumption of the future economic benefits or service potential embodied in the asset.

3.8 Intangible assets

Intangible assets acquired separately are measured on initial recognition at cost. The cost of intangible assets acquired in a non-exchange transaction is their fair value at the date of the exchange.

Following initial recognition, intangible assets are carried at cost less any accumulated amortisation and impairment losses. Internally generated intangibles, excluding capitalised development costs, are not capitalised and the related expenditure is reflected in surplus or deficit in the period which the expenditure is incurred.

The useful lives of intangible assets are assessed as either finite or indefinite.

Intangible assets with finite life are amortised over the useful economic life and assessed for impairment whenever there is an indication that the intangible asset may be impaired.

The amortisation period and the amortisation method for an intangible asset with a finite useful life are reviewed at least at the end of each reporting period. Changes in the expected useful life or the expected pattern of consumption of future economic benefits or service potential embodied in the asset are considered to modify the amortisation period or method, as appropriate, and are treated as changes in accounting estimates.

The amortisation expense on intangible assets with finite lives is recognised in surplus or deficit as the expense category that is consistent with the function of the intangible assets.

The Council does not hold any intangible assets that have an indefinite life. The useful life and associated amortisation rates for the Council's assets are as follows:

	Useful life	*Amortisation rate*	*Remaining useful life (average)*
• Medsys (Practitioner registration database and workflows)	5 to 10 years	10% - 20% p.a.	2.4 years
• MyMCNZ (Practitioner & Council agent portal)	5 to 10 years	10% - 20% p.a.	2.7 years
• Document management system	5 years	20% p.a.	Fully amortised
• Website (MCNZ)	5 years	20% p.a.	Fully amortised
• Purchased software	10 years	10% p.a.	1.8 years

3.9 Leases

Payments on operating lease agreements, where the lessor retains substantially the risk and rewards of ownership of an asset, are recognised as an expense on a straight-line basis over the lease term.

3.10 Work in progress

Work in progress is stated at cost and not depreciated or amortised. Depreciation or amortisation on work in progress starts when assets are ready for their intended use.

3.11 Employee entitlements

Short term employee entitlements

Employee entitlements expected to be settled within 12 months of reporting date are measured at nominal values based on accrued entitlements at current rates of pay.

These include salaries and wages accrued up to reporting date, annual leave earned but not yet taken at reporting date and long service leave entitlements expected to be settled within 12 months.

Long term employee entitlements

Employee entitlements that are due to be settled beyond 12 months after the end of the reporting period in which the employee renders the related service, such as long service leave, are calculated on an actuarial basis where practical. The calculation is based on:

- likely future entitlement accruing to employees, based on years of service, years to entitlement, the likelihood that employees will reach the point of entitlement and contractual entitlements information; and
- the present value of the estimated future cash flows.

Expected future payments are discounted, factoring inflation and the expected long term increase in remuneration for employees.

3.12 Provisions

A provision is recognised for future expenditure of uncertain amount or timing when:

- there is a present obligation (either legal or constructive) as a result of a past event;
- it is probable that an outflow of future economic benefits will be required to settle the obligation; and
- a reliable estimate can be made of the amount of the obligation.

Provisions are measured at the present value of the expenditures expected to be required to settle the obligation using a pre-tax discount rate that reflects current market assessments of the time value of money and the risks specific to the obligation. The increase in the provision due to the passage of time is recognised as an interest expense.

Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand
Notes to the financial statements
For the year ended 30 June 2025

3.13 Income tax

The Council is exempt from Income Tax. The Council was registered as a charitable entity under the Charities Act 2005 on 30 June 2008 to maintain its tax exemption status.

3.14 Goods and services tax (GST)

These financial statements have been prepared on a GST exclusive basis except for receivables and sundry creditors which include GST. The net amount of GST recoverable from, or payable to, the Inland Revenue is included as part of receivables or payables in the Statement of Financial Position.

Cash flows are included in the Statement of Cash Flows on a net basis, and the GST component of cash flows arising from investing and financing activities, which is recoverable from, or payable to, the Inland Revenue is classified as part of operating cash flows.

3.15 Equity

Equity is measured as the difference between total assets and total liabilities. Equity is the accumulation of reserves made up of the following components:

General reserves

General reserves are used to separate all funding and expenditure related to the operational activities for each profession group. General reserves are primarily funded from annual practising certificate fee revenue after each profession's share of Council costs has been provided for.

Disciplinary reserves

Disciplinary reserves are used to separate all funding and expenditure related to disciplinary matters known or anticipated in any one year. Disciplinary reserves are funded from disciplinary levy revenue for each profession group.

Examination reserve

Examination reserves are used to separate all funding and expenditure related to the Aotearoa New Zealand Registration Examination (NZREX Clinical).

Capital asset reserve

The capital asset reserve is represented by the net book value of fixed and intangible assets already purchased and liquid assets set aside for capital expenditure to meet future capital replacement requirements.

4. Significant accounting judgements, estimates and assumptions

The preparation of the Council's financial statements requires management to make judgements, estimates and assumptions that affect the reported amounts of revenues, expenses, assets and liabilities, and the accompanying disclosures, and the disclosure of contingent liabilities. Uncertainty about these assumptions and estimates could result in outcomes that require a material adjustment to the carrying amount of assets and liabilities affected in future periods.

Judgements

In the process of applying the Council's accounting policies, management have not made any significant judgements that would have a material impact on the financial statements.

Estimates and assumptions

The key assumptions concerning the future and other key sources of estimates uncertainty at the reporting date, that have a significant risk of causing a material adjustment to the carrying amounts of the assets and liabilities within the next financial year, are described below.

The Council based its assumptions and estimates on parameters available when the financial statements were prepared. Existing circumstances and assumptions about future developments, however, may change due to market changes or circumstances arising beyond the control of the Council. Such changes are reflected in the assumptions when they occur.

Accrued expenses

Accrued expenses represents outstanding expenses, invoices and obligations for services provided to the Council prior to the end of the financial year. The amounts are recorded at the best estimate of the expenditure required to settle the obligation. This may involve estimating the value of work completed at balance date.

Useful lives and residual values

The useful lives and residual values of assets are assessed using the following indicators to determine potential future use and value from disposal:

- condition of the asset
- nature of the asset, its susceptibility and adaptability to changes in technology and processes
- nature of the processes in which the asset is deployed
- availability of funding to replace the asset
- changes in the market in relation to the asset

The estimated useful lives of the asset classes held by the Council are listed in Notes 3.7 and 3.8. The Council has not made any changes to past assumptions concerning useful lives.

Recoverability of receivables

The recoverability of receivables is a significant estimate. For information on how these are assessed refer to 3.4 above.

Long service leave

The measurement of long service lease was based on a number of assumptions. An assessment of 100 eligible employees employed at 30 June 2025 was undertaken as to which employees would reach the long service criteria. 8 employees had entitlements and this is reflected as the current portion. The non-current portion reflects the assessment of the probability of employees earning long service leave in the future. Due to the number of employees affected and relatively low length of service, discount rates and salary inflation factors were not incorporated into the calculation.

Service performance information

Disclosure judgments related to the service performance information included under statement of service performance section. Refer to page 38.

Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand
Notes to the financial statements
For the year ended 30 June 2025

5. Expenses

2025	Administration (000's)	Council and profession (000's)	Disciplinary (000's)	Examination (000's)	Total (000's)
Administration	479	–	170	–	649
Amortisation	974	–	–	–	974
Communication	157	–	–	–	157
Council	–	935	–	–	935
Depreciation	363	–	–	–	363
Disciplinary and legal	–	165	1,471	–	1,636
Education committee	–	87	–	–	87
Education general	–	1,197	–	–	1,197
Health committee	–	87	–	–	87
Health general	–	200	–	–	200
HPDT disciplinary	–	–	756	–	756
Insurance	60	–	–	–	60
IT & systems	1,566	–	–	–	1,566
NZRex clinical	–	–	–	235	235
Premises	1,546	–	–	–	1,546
Professional standards	–	601	–	–	601
Registration	–	1,650	–	–	1,650
Staff general	780	–	14	–	794
Staff remuneration & contractors	10,311	–	1,716	41	12,068
Strategy	–	288	–	–	288
Total expenses	**16,236**	**5,210**	**4,127**	**276**	**25,849**

Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand

Notes to the financial statements

For the year ended 30 June 2025

2024	Administration (000's)	Council and profession (000's)	Disciplinary (000's)	Examination (000's)	Total (000's)
Administration	407	–	–	–	407
Amortisation	998	–	–	–	998
Communication	112	–	–	–	112
Council	–	769	–	–	769
Depreciation	368	–	–	–	368
Disciplinary and legal	–	307	1,126	–	1,433
Education committee	–	77	–	–	77
Education general	–	1,183	-	–	1,183
Health committee	–	67	–	–	67
Health general	–	219	–	–	219
HPDT disciplinary	–	–	550	–	550
Insurance	56	–	–	–	56
IT & systems	1,557	–	–	–	1,557
NZRex clinical	–	–	–	119	119
Premises	1,411	–	–	–	1,411
Professional standards	–	438	–	–	438
Registration	–	1,433	–	–	1,433
Staff general	753	–	10	–	763
Staff remuneration & contractors	8,940	–	1,340	18	10,298
Strategy	–	209	–	–	209
Total expenses	**14,602**	**4,702**	**3,026**	**137**	**22,467**

Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand

Notes to the financial statements

For the year ended 30 June 2025

6. Auditor's remuneration

Baker Tilly Staples Rodway Audit Limited provide audit services to the Council on behalf of the Auditor-General. The total amount recognised for audit fees is $41k (2024: $34k). No non-audit services have been provided by the auditor.

7. Receivables

	2025 (000's)	2024 (000's)
Interest receivable – exchange	165	305
Receivables from exchange transactions	155	298
Provision for doubtful debts – exchange	(19)	(9)
Receivables from exchange transactions	**301**	**594**
Receivables from non-exchange transactions	116	365
Provision for doubtful debts – non-exchange	(113)	(121)
Receivables from non-exchange transactions	**3**	**244**
Total receivables	**304**	**838**

8. Intangible assets

2025	Cost (000's)	Accumulated amortisation (000's)	Net book value (000's)
Medsys	8,110	(7,769)	341
MyMCNZ	4,994	(3,763)	1,231
Document management system	464	(464)	–
Website (MCNZ)	278	(278)	–
Purchased software	30	(28)	2
Total	**13,876**	**(12,302)**	**1,574**
2024			
Medsys	8,110	(7,486)	624
MyMCNZ	4,626	(3,083)	1,543
Document management system	464	(456)	8
Website (MCNZ)	278	(278)	–
Purchased software	30	(25)	5
Total	**13,508**	**(11,328)**	**2,180**

Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand

Notes to the financial statements

For the year ended 30 June 2025

Reconciliation of the carrying amount at the beginning and end of the year:

2025	Opening balance (000's)	Additions (000's)	Disposals (000's)	Amortisation (000's)	Closing balance (000's)
Medsys	624	–	–	(283)	341
MyMCNZ	1,543	368	–	(680)	1,231
Document management system	8	–	–	(8)	–
Website (MCNZ)	–	–	–	–	–
Purchased software	5	–	–	(3)	2
Total	**2,180**	**368**	**–**	**(974)**	**1,574**

9. Work in progress

	2025 (000's)	2024 (000's)
Developed Software	456	82
Website (Torohia | Medical Training Survey)	99	–
Total work in progress	**555**	**82**

10. Property, plant and equipment

2025	Computer hardware (000's)	Equipment, furniture and fittings (000's)	Office alterations (000's)	Total (000's)
Cost	1,848	1,236	2,547	5,631
Less: Accumulated depreciation and impairment	(1,405)	(959)	(1,845)	(4,209)
Net book value	**443**	**277**	**702**	**1,422**
2024				
Cost	1,434	1,211	2,509	5,154
Less: Accumulated depreciation and impairment	(1,305)	(871)	(1,670)	(3,846)
Net book value	**129**	**340**	**839**	**1,308**

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Notes to the financial statements

For the year ended 30 June 2025

Reconciliation of the carrying amount at the beginning and end of the year:

2025	Computer hardware (000's)	Equipment, furniture and fittings (000's)	Office alterations (000's)	Total (000's)
Opening balance	129	340	839	1,308
Additions	414	25	38	477
Disposals	–	–	–	–
Depreciation	(100)	(88)	(175)	(363)
Impairment	–	–	–	–
Closing balance	**443**	**277**	**702**	**1,422**

11. Payables

	2025 (000's)	2024 (000's)
Creditors	594	474
Accrued expenses	1,085	1,046
GST payable	68	15
	1,747	**1,535**

12. Employee entitlements

	2025 (000's)	2024 (000's)
Current portion		
Accrued salaries and wages	184	118
Annual leave	558	413
Long service leave	34	36
Total current portion	**776**	**567**
Non-current portion		
Long service leave	87	69
Total non-current portion	**87**	**69**
Total employee entitlements	**863**	**636**

Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand

Notes to the financial statements

For the year ended 30 June 2025

13. Movement in equity

2025	Medical (000's)	Physician Associates (000's)	Total (000's)
General reserves - Profession			
Balance 1 July 2024	9,013	–	9,013
Surplus / (deficit) for the year	274	–	274
Transfer to capital assets reserve	(3,757)	–	(3,757)
Transfer during the year	206	–	206
Closing equity	**5,736**	**–**	**5,736**
Disciplinary reserves - Profession			
Balance 1 July 2024	5,559	–	5,559
Surplus / (deficit) for the year	(1,671)	–	(1,671)
Closing equity	**3,888**	**–**	**3,888**
Examination reserve - Profession			
Balance 1 July 2024	191	–	191
Surplus / (deficit) for the year	5	–	5
Closing equity	**196**	**–**	**196**
Capital asset reserve - Council			
Balance 1 July 2024			–
Transfer from general reserve			3,757
Transfer from general reserve during the year			(206)
Closing equity			**3,551**
Total net assets attributable to the owners of the controlling entity			**13,371**

On 30 April 2025, the net book value of the Council's fixed and intangible assets was transferred from the General Reserve to a newly created Capital Asset Reserve.

In May 2025, following an Order in Council made under section 115 of the Act, Physician Associate (PA) services were designated as a health profession and the Council was appointed as the regulating authority. At that time, separate General and Disciplinary Reserves were established for the PA profession. As the PA profession remains in the onboarding phase, income is recognised only to the extent of actual expenses incurred during the period, therefore, no surplus or deficit has been reported for the year.

The Capital Asset Reserve was established during the current financial year, therefore, no comparative figures are presented. Further information on the Council's reserves is provided in Note 3.15.

Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand

Notes to the financial statements

For the year ended 30 June 2025

14. Categories of financial assets and liabilities

The carrying amounts of financial instruments presented in the Statement of Financial Position relate to the following categories of assets and liabilities:

	2025 (000's)	2024 (000's)
Financial assets		
Cash and cash equivalents	2,383	1,568
Short term investments	10,033	11,000
Prepayments	591	547
Receivables from exchange transactions	301	594
Receivables from non-exchange transactions	3	244
Total financial assets	**13,311**	**13,953**
Financial liabilities		
Payables	1,679	1,520
Employee entitlements	776	567
Total financial liabilities	**2,455**	**2,087**

Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand

Notes to the financial statements

For the year ended 30 June 2025

15. Related party transactions

Fees paid to the Council members

The Council has related party transactions with respect to fees paid to Council members and with respect to Council members who pay practising certificate fees and disciplinary levies to the Council as medical practitioners.

Council members hold a range of responsibilities over and above their governance role as a Council member. Listed below, are the total fees earned by each Council member, including for the work they undertake as members or Chairs of Council's committees, accreditation panels, and expert advisory groups.

Fees paid to Council members

	2025 (000's)	2024 (000's)
M Bismark	46	–
K Clark *(Chair of Education Committee)*	81	68
S Child	46	42
A Goodman *(Chair of Health Committee)*	100	69
P Hale	1	47
C Hornabrook	50	46
D Ivory	65	55
R Love *(Chair of Council)*	200	90
H Lutui	34	27
A Muthu	58	–
K Ngarimu	22	35
R Paterson	54	30
C Walker *(Chair to Feb 24. Part payment to HNZ)*	–	115
S Watt *(Deputy Chair of Council & Chair of Audit & Risk Committee)*	80	88
M Wu	35	–
Total fees paid to Council members	**872**	**712**

Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand

Notes to the financial statements

For the year ended 30 June 2025

15. Related party transactions (continued)

Key management personnel

The key management personnel, as defined by PBE IPSAS 20 *Related Party Disclosures*, are the members of the governing body comprising Council members, the Chief Executive Officer, Deputy Chief Executive, Registrar, Deputy Registrar, Chief Financial Officer, Chief Adviser, Manager - Strategy and Policy, Health Manager and Kaitiaki Mana Māori.

The remuneration paid to Council members is set out above. The aggregate remuneration of key management personnel and the number of individuals, determined on a full-time equivalent basis, receiving remuneration are detailed below.

	2025 (000's)	2024 (000's)
Total key management personnel remuneration	**2,045**	**1,759**
Number of persons	10	8
Full time equivalents basis (FTE)	8.5	7.7

16. Capital and other commitments

During the reporting period, the Council has renewed a contract with an IT vendor to support and develop our information systems. The Council is committed to incur $922k (2024: $989k) during the financial year ended 30 June 2026.

The Council has no other capital commitments at the reporting date (2024: None).

Non cancellable operating lease commitments

As at the reporting date, the Council has entered into the following non-cancellable operating leases:

	2025 (000's)	2024 (000's)
Not later than 1 year	1,603	1,389
Later than 1 year no later than 5 years	2,921	3,899
Total minimum lease payments	**4,524**	**5,288**

The non cancellable operating lease relates to the lease of Level 24 and 25, AON Centre, 1 Willis Street, Wellington, and Fuji Xerox printing equipment. The building lease expires in April 2028, with one right of renewal and an escalation clause allowing for annual rent increases of 2.25% and a market rent review in 2028 (if the lease is renewed).

Notes to the financial statements

For the year ended 30 June 2025

17. Revenue in advance

	2025 (000's)	2024 (000's)
Physician Associates funding	527	–
Vocational registration income	346	581
NZ Rex clinical exam fees	8	8
Total revenue in advance	**881**	**589**

On 19 June 2025, the Council signed an agreement with Health New Zealand (HNZ) to contribute funding to develop a regulatory framework for the Physician Associate profession. An initial payment was received during the year to cover onboarding costs, with a further instalment due in May 2026 for remaining onboarding and to support the initial implementation and operational phase.

At balance date, the unspent portion of the initial payment is recorded as revenue in advance, reflecting the residual funds held for onboarding to be delivered in future periods.

18. Contingent assets and liabilities

There are no contingent assets at the reporting date. Council is involved in several legal proceedings. Since 30 June 2025, one judicial review has been withdrawn. One District Court appeal has been abandoned, and another remains on hold. A further District Court appeal is scheduled for hearing in November 2025.

No damages risk is expected. Estimated legal costs associated with these matters range between $15,000 and $30,000. (2024: None).

19. Events after the reporting period

There are no significant events after the reporting period to be disclosed

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INDEPENDENT AUDITOR'S REPORT

TO THE READERS OF THE MEDICAL COUNCIL OF NEW ZEALAND'S FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 June 2025

The Auditor-General is the auditor of the Medical Council of New Zealand (the 'Council'). The Auditor-General has appointed me, David Goodall, using the staff and resources of Baker Tilly Staples Rodway Audit Limited to carry out the audit of the financial statements and the statement of service performance of the Council, on his behalf.

Opinion

We have audited the financial statements and the and the statement of service performance of the Council. The financial statements comprise the statement of financial position as at 30 June 2025, the statement of comprehensive revenue and expenses, statement of changes in equity and statement of cash flows for the year ended on that date and the notes to the financial statements that include accounting policies and other explanatory information.

In our opinion, the financial statements of the Council:

- present fairly, in all material respects:
  - its financial position as at 30 June 2025; and
  - its financial performance and cash flows for the year then ended; and
- comply with generally accepted accounting practice in New Zealand in accordance with Public Benefit Entity Standards Reduced Disclosure Regime.

In our opinion, the statement of service performance of the Council:

- presents fairly, in all material respects, the Council's performance for the year ended 30 June 2025 in accordance with the service performance criteria adopted by the Council; and
- comply with generally accepted accounting practice in New Zealand in accordance with Public Benefit Entity Standards Reduced Disclosure Regime.

Our audit was completed on 13 November 2025. This is the date at which our opinion is expressed.

The basis for our opinion is explained below. In addition, we outline the responsibilities of the Council and our responsibilities relating to the financial statements and the statement of service performance and we explain our independence.

Baker Tilly Staples Rodway Audit Limited, incorporating the audit practices of Christchurch, Hawkes Bay, Taranaki, Tauranga, Waikato and Wellington.

Baker Tilly Staples Rodway Audit Limited is a member of the global network of Baker Tilly International Limited, the members of which are

Basis for our opinion

We carried out our audit in accordance with the Auditor-General's Auditing Standards, which incorporate the Professional and Ethical Standards and the International Standards on Auditing (New Zealand) issued by the New Zealand Auditing and Assurance Standards Board. Our responsibilities under those standards are further described in the Responsibilities of the auditor section of our report.

We have fulfilled our responsibilities in accordance with the Auditor-General's Auditing Standards.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of the Council

The Council is responsible for preparing financial statements and service performance information that is fairly presented and complies with generally accepted accounting practice in New Zealand.

The Council is responsible for such internal control as the Council members determine is necessary to enable the preparation of financial statements and the statement of service performance that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Council members are responsible for assessing the Council's ability to continue as a going concern. The Council is also responsible for disclosing, as applicable, matters related to going concern and using the going concern basis of accounting, unless the Council members intend to wind-up the Council or to cease operations, or have no realistic alternative but to do so.

The Council's responsibilities arise from section 134 of the Health Practitioners Competence Assurance Act 2003.

Responsibilities of the auditor

Our objectives are to obtain reasonable assurance about whether the financial statements and the statement of service performance, as a whole, are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit carried out in accordance with the Auditor-General's Auditing Standards will always detect a material misstatement when it exists. Misstatements are differences or omissions of amounts or disclosures, and can arise from fraud or error. Misstatements are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of readers taken on the basis of these financial statements and the statement of service performance.

We did not evaluate the security and controls over the electronic publication of the financial statements and the statement of service performance.

As part of an audit in accordance with the Auditor-General's Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. Also:

- We identify and assess the risks of material misstatement of the financial statements and the statement of service performance, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- We obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Council's internal control.
- We evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Council.
- We conclude on the appropriateness of the use of the going concern basis of accounting by the Council and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Council's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Council to cease to continue as a going concern.
- We evaluate the overall presentation, structure and content of the financial statements and the statement of service performance, including the disclosures, and whether the financial statements and the statement of service performance represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the Council regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Our responsibilities arise from the Public Audit Act 2001.

Independence

We are independent of the Council in accordance with the independence requirements of the Auditor-General's Auditing Standards, which incorporate the independence requirements of Professional and Ethical Standard 1: *International Code of Ethics for Assurance Practitioners* issued by the New Zealand Auditing and Assurance Standards Board.

Other than the audit, we have no relationship with, or interests in, the Council.

David Goodall
Baker Tilly Staples Rodway Audit Limited

On behalf of the Auditor-General
Wellington, New Zealand

He raraunga kaimahi

Workforce data

Table 1: Scopes of practice – summary of registration status
(1 July to 30 June of the year)

	2021	2022	2023	2024	2025
Provisional general - NZ graduates	582	667	648	621	592
Provisional general - IMGs	445	526	621	770	671
General	6,206	6,311	6,450	6,706	6,941
Provisional vocational	191	199	199	199	195
Vocational	10,713	11,000	11,323	11,585	11,974
Special purpose	110	70	104	130	157
Total practising	**18,247**	**18,773**	**19,345**	**20,011**	**20,530**
Suspended	9	9	9	10	11

Table 2: Registration activities

(1 July to 30 June of the year)

	2021	2022	2023	2024	2025
Provisional general/vocational registrations					
Aotearoa New Zealand graduates (interns)	527	566	547	528	536
Australian graduates (interns)	2	3	1	1	1
Passed NZREX Clinical	18	38	61	55	46
Australian General Registrant	4	8	3	3	3
Graduate of a competent authority accredited medical school	325	402	500	636	540
United Kingdom general registrant	–	–	–	5	6
Worked in comparable health system	160	182	177	204	206
Non-approved postgraduate qualification – vocational assessment	118	125	125	127	128
Non-approved postgraduate qualification – vocational eligible	108	92	92	61	78
Special purpose scope registrations					
Visiting Expert	–	2	11	18	37
Research	5	2	1	1	3
Postgraduate training or experience	19	15	34	53	59
Locum Tenens in specialist post	92	63	100	99	107
Emergency or other unpredictable short-term situation	–	–	–	–	–
Pandemic	15	23	–	–	–
Teleradiology	2	5	14	26	31
General scope registrations, after completion of supervised period					
Australian General Registrant	2	2	5	3	1
United Kingdom general registrant	–	–	–	–	1
Aotearoa New Zealand / Australian graduates (interns)	506	502	566	558	545
Passed NZREX Clinical	20	26	29	64	53
Graduate of a competent authority accredited medical school	250	244	311	379	447
Worked in comparable health system	82	62	85	88	109

	2021	2022	2023	2024	2025
Vocational scope registrations, after completion of supervised period					
Non-approved postgraduate qualification – vocational assessment	45	66	67	92	115
Non-approved postgraduate qualification – vocational eligible	74	92	77	54	64
General scope registrations					
Aotearoa New Zealand graduates	2	6	6	1	3
Overseas Graduates	72	83	81	79	73
Restorations	19	8	3	6	28
Vocational scope registrations					
Approved postgraduate qualification (VOC1)	491	465	567	541	566
Approved postgraduate qualification (VOC2)	91	111	56	54	59
Suspensions of registration					
Suspension or interim suspension	4	7	7	8	5
Revocation of suspension	2	7	4	5	3
Numbers of doctors who had conditions imposed on scope of practice					
Imposed	114	124	122	141	190
Revoked	100	79	53	69	54
Cancellations under the HPCAA					
Death - s 143	43	43	41	45	30
Discipline order - s 101(1)(a)	1	3	2	4	–
False, misleading, or not entitled - s 146	–	–	–	1	1
Revision of register - s 144(5)	527	2	4	4,488	5,408
At own request - s 142	80	148	132	269	233

Table 3: Doctors registered in vocational scopes of practice

(1 July to 30 June of the year)*

	2021	2022	2023	2024	2025
Vocational scope					
Anaesthesia	921	945	972	993	1,033
Cardiothoracic surgery	32	34	36	37	38
Clinical genetics	16	18	18	20	20
Dermatology	78	77	78	80	88
Diagnostic & interventional radiology	629	714	740	765	800
Emergency medicine	397	408	436	454	480
Family planning & reproductive health	31	30	29	28	27
General practice	3,835	3,848	3,914	3,978	4,081
General surgery	313	318	330	348	354
Intensive care medicine	113	116	117	126	133
Internal medicine	1,292	1,333	1,404	1,462	1,515
Medical administration	29	29	32	29	27
Musculoskeletal medicine	24	28	26	29	30
Neurosurgery	24	24	23	26	25
Obstetrics & gynaecology	345	352	358	363	370
Occupational medicine	64	64	65	62	62
Ophthalmology	166	165	176	181	188
Oral & maxillofacial surgery	29	33	36	37	39
Orthopaedic surgery	316	322	329	344	362
Otolaryngology head & neck surgery	124	129	132	133	133
Paediatric surgery	25	24	24	22	24
Paediatrics	431	445	468	479	484
Pain medicine	38	39	36	39	41
Palliative medicine	76	79	77	79	75
Pathology	327	342	343	344	357
Plastic & reconstructive surgery	76	81	83	82	83
Psychiatry	665	689	709	711	735
Public health medicine	182	186	191	195	200
Radiation oncology	68	72	71	73	75
Rehabilitation medicine	28	28	29	29	31
Rural hospital medicine	132	143	147	151	159
Sexual health medicine	19	21	20	21	21
Sport and exercise medicine	36	37	41	42	43
Urgent care	268	286	296	310	335
Urology	74	72	79	82	84
Vascular surgery	32	33	36	34	38
Total	**10,713**	**11,000**	**11,323**	**11,585**	**12,590***

*Doctors holding a current practising certificate

*Note: Doctors may hold vocational registration in more than one scope of practice. There are 11,974 practising doctors holding 12,590 vocational scopes of practice. 574 doctors hold 2 vocational scopes of practice, and 21 doctors hold 3 vocational scopes of practice.

Table 4: Outcomes of applications for vocational registration assessments

(1 July to 30 June of the year)

	Incomplete applications	Pending	Withdrawn /lapsed	Supervision path	Assessment	NZREX*	Total
Anaesthesia	28	1	7	10	4	1	**51**
Cardiothoracic Surgery	1	–	–	–	–	–	**1**
Clinical Genetics	–	–	–	–	1	–	**1**
Dermatology	5	–	3	1	1	–	**10**
Diagnostic & Interventional Radiology	21	2	11	12	6	–	**52**
Emergency Medicine	31	2	–	16	–	–	**49**
General Practice	13	4	10	–	3	1	**31**
General Surgery	21	1	7	3	1	–	**33**
Intensive Care Medicine	9	1	1	1	1	2	**15**
Internal Medicine	45	3	18	12	22	1	**101**
Neurosurgery	3	–	2	–	–	1	**6**
Obstetrics & Gynaecology	24	1	2	1	2	1	**31**
Occupational Medicine	2	–	–	–	–	–	**2**
Ophthalmology	15	1	7	–	1	–	**24**
Oral & Maxillofacial Surgery	2	2	–	1	–	–	**5**
Orthopaedic Surgery	13	0	4	2	1	–	**20**
Otolaryngology Head & Neck Surgery	7	1	1	–	–	–	**9**
Paediatric Surgery	2	–	–	1	–	–	**3**
Paediatrics	15	1	11	4	4	2	**37**
Palliative Medicine	2	–	1	–	1	–	**4**
Pathology	10	2	4	2	6	–	**24**
Plastic & Reconstructive Surgery	5	–	–	–	–	–	**5**
Psychiatry	28	–	8	5	9	1	**51**
Public Health Medicine	1	–	2	–	1	–	**4**
Radiation Oncology	3	–	3	–	7	–	**13**
Rehabilitation Medicine	1	–	–	–	2	–	**3**
Sexual Health Medicine	–	–	–	1	–	–	**1**
Sport and Exercise Medicine	1	2	–	–	–	–	**3**
Urology	4	–	–	–	–	–	**4**
Vascular Surgery	1	–	–	–	3	–	**4**
Total	**313**	**24**	**103**	**72**	**76**	**10**	**598**

Table 5: Doctors on the Aotearoa New Zealand medical register, by country of primary qualification

(1 July to 30 June of the year)

	2021	2022	2023	2024	2025
Aotearoa NZ	10,568	10,865	11,143	11,355	11,608
England	2,289	2,324	2,433	2,623	2,673
Australia	707	800	808	805	829
South Africa	767	776	782	789	804
Scotland	623	631	625	645	670
India	536	533	544	559	571
United States of America	461	470	483	528	531
Ireland	316	308	322	387	404
Germany	187	189	205	207	209
Wales	131	141	144	162	167
Netherlands	129	132	145	149	151
Sri Lanka	120	120	122	121	126
Pakistan	92	97	114	115	125
Iraq	106	107	107	107	106
China	78	83	86	91	89
Fiji	63	64	73	81	85
Canada	84	79	86	85	81
Northern Ireland	59	61	60	65	77
Philippines	46	53	56	62	68
Russia	53	55	57	62	67
Israel	25	29	39	52	60
Egypt	49	53	51	48	51
Bangladesh	43	44	44	49	51
Belgium	34	36	39	43	43
Poland	37	39	40	42	41
Spain	30	33	34	35	37
Singapore	33	35	42	41	36
France	20	23	30	30	35
Zimbabwe	33	34	32	34	34
Malaysia	25	26	27	27	32
Italy	23	27	25	30	31
Romania	25	26	27	31	31
Hungary	22	21	26	29	30
Sweden	19	18	23	22	27
Czech Republic	22	24	23	26	26
Nigeria	16	17	19	21	24
Ukraine	17	17	19	20	23
Brazil	15	16	20	19	21
Serbia	18	19	22	19	20
Myanmar	15	17	17	20	20
Hong Kong	9	12	14	16	20
Iran	11	15	17	16	18
Denmark	7	8	10	11	18
Grenada	7	9	11	12	17
Sudan	14	14	12	12	16
Argentina	11	13	13	15	15
Other	251	259	273	292	311
Total	**18,246**	**18,772**	**19,344**	**20,010**	**20,529**

Table 6: Registration granted, by country of primary qualification

(1 July to 30 June of the year)

	2020–2021	2021–22	2022–23	2023–24	2024–25
Aotearoa NZ	544	582	559	535	558
England	230	270	354	439	386
USA	130	94	137	170	142
Australia	130	165	122	123	135
Scotland	59	83	87	78	80
Ireland	48	46	54	97	62
India	43	37	36	39	45
Wales	15	32	24	39	44
South Africa	56	42	45	46	44
Netherlands	18	27	25	25	26
Northern Ireland	10	11	9	20	20
Canada	17	19	17	20	18
Pakistan	10	7	21	10	18
Sri Lanka	8	7	12	6	16
Germany	7	14	18	13	16
Fiji	6	7	10	13	15
Sweden	6	3	13	4	13
Belgium	10	11	11	13	13
Israel	9	7	10	15	11
Denmark	4	4	5	6	11
Other	69	110	124	142	154
Grand Total	**1,429**	**1,578**	**1,693**	**1,853**	**1,827**

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