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MEDICAL COUNCIL

RESPONSIBLE AUTHORITY PERFORMANCE REVIEW
REPORT SUBMISSION

The final report for this responsible authority's review is submitted to the Ministry of Health and the review was completed as below.

AUTHORITY NAME	Medical Council
DATE OF REVIEW	12 & 13 May 2026
FINAL REPORT DATE	5 June 2026

Review Team		
Name	**Role**	**Background**
Donna Gordon	Lead Reviewer	Qualified and experienced lead assessor and Registered Nurse.
Tupotahi Maniapoto	Bi-Cultural Reviewer	Qualified and experienced assessor.
James Dunne	Technical Expert	Registrar, Physiotherapy board

Stakeholder interviews	
Name/role/de-identified	**comments**
Whakawaha consumer advisory group member	A member of Whakawaha. Has a teaching background and has worked as a cultural lead with health and disability providers. This role includes engagement with governance and operating teams. In respect of working with the Medical Council, they are interested in having a consumer voice and sharing information at an early stage. This has enabled Whakawaha to provide feedback at an early stage of development and allow the Medical Council to consider and embed feedback. The relationship has been valuable and Whakawaha feel their voice is heard.
Nursing Council Chief Executive/ Registrar	The Medical Council has involved the Nursing Council in key work programmes – such as the working group around the regulation of the Physician Associates. This was reported as being a positive relationship in respect of supporting the regulatory framework development. There are several areas where the two Council's collaborate – such as the impact of the changes to the Privacy Act, trends resulting from conduct notifications, and working together on

	submissions when appropriate. They also come together to share sector insights and intelligence. The working relationships are strong, with the culture of 'picking up the phone' to discuss/ clarify matters. The CE's have a positive working relationship, and both are generous with time. The Council Chair's also connect on relevant matters.
Council of Medical Colleges - Chair	The relationship is collegial with open dialogue. They and the Medical Council CEO regularly connect on relevant matters. They have held the role of Chair of the Council of Medical Colleges for approximately three years with one of the highlights having been the collaboration on cultural safety being explained as a good journey. The overall relationship was described as symbiotic. Other examples were given where the strength of the relationships between the two parties were instrumental in ensuring successful outcomes. Good relationships mean conversations can be robust without unduly impacting outcomes. This is not only Chair and CE, rather 'multi-channel' across the various levels of both organisations. Communication being particularly important as the sector moves quickly.
Royal New Zealand College of GPs – Chair	In terms of relationship there are two levels of engagement with the Medical Council – the formal accreditation process, which is very much process driven. Communication is proper and transparent. When/ if clarification is required the Council (staff) are available and transparent – there are no barriers. The process is appropriately rigorous. The other aspect of the relationship is much more collegial such as formal consultations and with emerging professions such as the Physician Associates. There are good relationships in the terms of the international graduates. Another example was the work completed around early work with medicinal cannabis prescribing where the Medical Council took the lead on working through issues as they arose. The strength of the relationships means robust conversation can occur without tarnishing outcomes.
Health and Disability Commissioner	A 'really good' relationship between HDC and the Medical Council, particularly between the Commissioner and CE and/or Council Chair. The HDC receive complaints re care and measure against the Code of Rights, there is an MoU in place that has supported in improving processes and feels this has improved complaints resolution and timeframes. There are regular meetings with the CE and the Council Chai and a transparent and close working relationship between the two agencies.

	Key strengths were sited as being the work Medical Council did around boundaries and professional violations. This work is supported by the Commissioner and has assisted the HDC in complaints processing. The Medical Council manage complaints referred by the HDC 'quickly and well'. No real challenges were identified in terms of the relationship with Medical Council. This is put down to the transparent and collaborative approach between the agencies. The HDC were part of stakeholder workshops around the Physician Associates, and felt the workshops were well run. Additionally, the HDC will make submissions on standards being reviewed (etc). Whakawaha – the HDC have generally used this advisory group for specific projects such as the review of the Code of Rights. It was acknowledged that the Medical Council have/do use Whakawaha to support various work programmes.
Te Kāhui member	Has been a member of Te Kāhui since inception. Recall an invitation was sent to Te ORA to be part of Te Kāhui. There was some confusion around who the relationship was with – i.e., as a representative member of Te ORA, or as an individual Māori practitioner. As time has progressed it has become clearer that it is representation of Te ORA. The engagement of operating staff is genuine, and the work is valuable. Improvement could be around role clarity and ensuring Terms of Reference are explicit in terms of role, relationships, expectations and outputs.
Te Whatu Ora – Southern | Te Wai Pounamu–Medical Officer	In terms of the Te Whatu Ora | Health New Zealand consolidation, they are all still working through the process. There has been a lot of engagement (re pre-vocational training) and how it occurs in new construct. There continues to be opportunities to engage and things move forward. It is noted that while accreditation is one thing, there are more complex elements such as supervision requirements and onboarding of staff. It confident that as the relationship with Council is strong, any issues can be put on the table for discussion. Agreed they have been able to pivot quickly; this has positively impacted relationships. If there could be one thing that is changed it would be to stop using Colleges as 'agents' with the international medical graduate. Occasionally the Colleges prescribe requirements that impact employment and can therefore be prohibitive – such as supervision, staffing (etc). It is felt that sometimes the processes deter, particularly IMGs, and they do not progress applications. Briefly spoke about Timaru where the Council raised concerns which were worked through, processes put in place to provide the level of assurance required by Council. In summary the Council are easy to work with – just pick up phone. The relationship is described as 'mature' and positive.

Responsible Authority Core Performance Standards Review Report

Authority Name	**Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand**
Date of Review Report	**12 & 13 May 2026**
Name of reviewing Designated Auditing Agency	**BSI New Zealand**

Executive Summary

Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand (the Council) consists of twelve people who are a mixture of doctors and lay people (Our people | Medical Council). The Council is supported by approximately 98 personnel including the Chief Executive, senior managers and staff.

The Council's previous Performance Review (the Review) was completed in 2021. The single recommendation from this Review *was to further build the organisational commitments to Te Tiriti o Waitangi*. Since this time the Council has advanced their work within the Accountability and Equity Pou of the Council's strategic plan, establishing governance and regulatory frameworks to support Te Tiriti o Waitangi alignment, cultural safety, and health equity. This has included:

- Developing Te Anga Whakamana Tiriti, an organisational-wide Te Tiriti o Waitangi framework, and applying it across the Council's regulatory functions, supported by Te Kāhui Whakamana Tiriti
- Undertaking consultation on the revised standards relating to cultural competence, cultural safety, and hauora Māori, informed by independent research and expert analysis
- Strengthening organisational cultural capability
- Actively contributing to cross-Responsible Authority initiatives, including developing a shared statement on prescribing and supporting cultural safety, including sector wānanga, shared resource development and shared training initiatives.

Additionally, the Council's self-assessment highlighted three key areas of work since the last review:

1. Consumer input and transparency

The Council have strengthened public-facing information and clarity of the Council functions embedding public and patient input across the regulatory work, including:

- Strengthening consumer engagement, supporting integration of consumer voices into setting standards, policy development and operational improvements
- Introducing online notification processes, to make it easier for the public to make notifications
- Improving clarity for patients and the public, including providing videos and guidance on how to raise concerns about doctors
- Introducing new communication tools and resources including an easy feedback loop for the public on the website
- Daily updates to the online register of doctors providing the public with up-to-date information
- Consumer trust and awareness research so public expectations are better understood
- Modernised, more accessible consultation platforms, enabling and supporting public input into Council's work.

2. Contributing to a sustainable workforce

   While prioritising public safety, the Council has demonstrated regulatory agility in response to technological change, emerging trends and workforce pressures, including:

   - Reviewing and developing new pathways to registration, ensuring they are flexible and agile and that there are no unnecessary barriers to International Medical Graduates (IMGs) gaining registration
   - Improving processing timeframes for registration
   - Establishing regulation of physician associates
   - Implementing a national annual survey (Torohia) of doctors in training to ensure they are receiving high quality training
   - Developing a new supervision framework for IMGs, which includes orientation and induction to practice in Aotearoa New Zealand
   - Strengthening of competence, fitness to practice, and risk management processes
   - Expanding NZREX Clinical capacity for IMGs who do not meet other registration pathways
   - Stakeholder engagement on accreditation developments, including the future Waikato Medical School.

3. Collaboration and relationships with others

   The Council (and staff) has developed and maintained important relationships and partnerships to support regulatory excellence, including:

- Council's Chief Executive serving as Chair of the Board of the International Association of Medical Regulatory Authorities (IAMRA) for two years, with current continued Board membership, ensuring the Council is abreast of international regulatory developments
- Collaborating with other responsible authorities on shared regulatory guidance and principles
- Collaborating with employers around roles and responsibilities relating to regulation and employment of doctors
- Reviewing Memoranda of Understanding, clarifying relationships, roles and responsibilities with key stakeholders including medical schools, medical colleges and the Police
- Responding to the Royal Commission of Inquiry into Abuse in Care – including review of notifications processes – informed by engagement with survivors.

The current review

The Council's work programmes are led by the strategic priorities as outlined in Te Mahere Rautaki - Strategic Plan (2022-2027). The Council's strategic priorities comprise three pou (strategic directions) which are supported by a foundation of investing in organisational capability and culture and using data and technology to inform innovation and improvement. The pou are:

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

The Council has five broad categories of Scopes of Practice for doctors – Provisional General, General, Provisional Vocational, Vocational and Special Purpose. The Provisional Vocational scope is time-limited (three years) during which time the doctor is completing requirements for registration in one of 36 Vocational scopes.

The Council has standards in place should a college wish to apply for a new vocational scope - Standards for recognition of a new vocational scope of practice in Aotearoa New Zealand (February 2026). There are gazetted prescribed qualifications for each scope of practice according to registration pathway (Gazette 2024). All doctors are required to adhere to the standards of clinical competence and ethical conduct that are described in the Council's Current Standards and *Good Medical Practice* as published on the Council website. For those holding a vocational registration, there are additional competency requirements specific to the scope.

The Council accredit three types of training provider:

- Medical schools delivering primary medical qualifications leading to registration
- Prevocational medical training providers for intern training for the first two years following graduation (Te Whatu Ora | Health New Zealand – intern training)

- Medical colleges as providers of vocational training and recertification programmes (continuing professional development, CPD).

There are currently two Aotearoa New Zealand medical schools jointly accredited with the Australian Medical Council, with Waikato Medical School, if accredited becoming the third. Following assessment, programmes are generally accredited for a six-year period subject to satisfactory progress reports on any conditions on the accreditation. Then, following a comprehensive report at the end of that period the provider may be granted up to a further four years.

There are eighteen Te Whatu Ora | Health New Zealand districts accredited to provide prevocational medical training (intern training) for doctors in their first two postgraduate years following registration (PGY1 and PGY2). Prevocational training is required for Aotearoa New Zealand graduates as well as those doctors registered through the Council's examination pathway. Districts are generally accredited for a period of four years subject to progress reporting.

The Council accredits medical colleges to provide vocational training programmes that produce medical specialists who can then practise independently in the relevant specialty. These colleges are also accredited to provide the recertification (i.e., CPD) programmes for vocationally registered doctors. There are thirteen Australasian medical colleges jointly accredited by the Council and the Australian Medical Council.

The accreditation process is the same for all training providers and includes a self-assessment and peer review. Assessment panels are formed and accreditation visits are generally conducted over two days (Te Whatu Ora | Health New Zealand districts) or up to one week for medical colleges and Aotearoa New Zealand medical schools. The Council has mechanisms that can be put in place for those providers who may not meet the required standards, such as imposing conditions or required actions that may include shortened period/s of accreditation, and/or more frequent progress reporting.

The Council's website includes a public register of doctors that is accessible and updated daily. The information used to produce the register comes from the practitioner information management system (MedSys). This system uses a workflow engine that guides staff through the Council's registration processes ensuring all regulatory requirements are met prior to the practitioner becoming registered.

Doctors applying for registration are required to have a recognised primary medical qualification, for IMGs this means from a medical school listed in the World Directory of Medical Schools. Information supporting registrant application includes primary source verification of qualifications, certificates of professional status/certificates of good standing and comprehensive satisfactory references. Declarations – health,

competence or conduct - are included as part of the application process. Processing timeframes for applications are prescribed and reported as generally being met.

There are four practising certificate renewal cycles in a year. Some practising certificates are automatically renewed (provided the application is complete). Where there are questions around the registrant's compliance with statutory requirements or when a disclosure has been made, the application is referred to the Registrar or relevant teams at the Council (Health/Professional Standards) for review. Where a doctor has not practised in Aotearoa New Zealand for three years or more additional documentation is required as part of their application for a practising certificate. There may be supervisory conditions-imposed dependent on the Council's decision.

Doctors who are registered and practising in Aotearoa New Zealand must fulfil the requirements of an appropriate recertification programme, designed to maintain their competence. The exception being for those doctors formally required to practice within an approved supervision arrangement or within an accredited vocational training programme. Doctors practising in the General scope and not in an accredited training programme are required to participate in the InPractice recertification programme, delivered under contract to the Council by the Best Practice Advocacy Centre New Zealand (BPAC). Those doctors practising in a vocational scope complete a recertification programme through the relevant accredited medical college. Recertification programme providers are required to monitor and report to the Council when doctors are no longer participating in a vocational training programme or are failing to satisfy the requirements of a recertification programme. Should a doctor fail to comply with recertification requirements Council will consider an appropriate course of action.

The Council has transparent and proportionate processes in place to support effective management of complaints and notifications relating to doctors. Information on how to make a notification is accessible on the Council's website. When a notification is received a risk assessment framework is used to assess the level of risk. High risk notifications – such as sexual boundary breaches - are managed differently to those with a lower level of risk. The Notifications Triage Team (NTT) reviews notifications and undertakes an assessment. The NTT provides advice for the initial management of the doctor where a possible risk of harm or need to protect the public is identified. There are several options that can be considered such as no further action, an educational letter, a voluntary undertaking (doctor consents to certain requirements) or advising the Registrar to refer the doctor to the Professional Conduct Committee or to undergo a performance assessment. There are mechanisms in place to ensure that both the notifier and doctor are supported throughout all notification processes.

Competence reviews (performance assessments) may be required by Council where a notification raises concerns around competence and/or if it is a recommendation from a Professional Conduct Committee. A performance assessment is designed to

determine whether a doctor is practising at the required standard within their scope. The assessment is carried out by a Performance Assessment Committee (PAC), comprising two medical members and a lay member, which assesses several elements of a doctors practice. A written report on findings is made available to Council. An educative approach is taken with these assessments, all of which are guided by Terms of Reference. If, after consideration of the PAC report, Council determines a doctor is not performing at the required standard, they can make one or more of the following determinations: a competence programme be undertaken (an educational programme designed by the Medical Advisor), one or more conditions are placed on the practising certificate, the doctor sits an examination or assessment, or, the doctor is counselled or assisted by one or more nominated persons. Decisions are guided by the principles of right touch regulation, that is they are proportionate to the risk posed and transparent.

Most health notifications come from the doctor themselves; however notifications are also received from employers and colleagues. The Health Committee (the Committee) - compromising five members drawn from Council - considers the extent to which health problems are affecting an individual's practice. The Committee has a range of expertise which can inform proportionate and targeted decisions. The Committee encourages and supports recovery and vocational rehabilitation. Voluntary undertakings are offered (where able) instead of formal conditions if limitations are needed. Council takes a rehabilitative approach to doctors with health conditions while at the same time ensuring public safety.

The Council demonstrates an understanding of the environment in which it works and gave examples of working collaboratively with other responsible authorities. The Council is clear of its core purpose as demonstrated on the website, in the strategic plan and annual reports to name a few.

Te Tiriti aligned

The Council's Māori advisory group - Te Kāhui Whakamana o Te Tiriti (Te Kāhui) - is made up of four members from Council and four members from Te Ohurata O Aotearoa (Te ORA)[1]. The membership of Te Kāhui consists of both lay and doctor members and brings a world view of Māori practitioners in Aotearoa New Zealand, and current and active knowledge of equity and improved health outcomes for Māori through Tino Rangatiratanga.

In 2024, the Council approved Te Anga Whakamana Tiriti as the internal working framework supporting the alignment of Council's focus on cultural safety for the public and cultural capability of staff with Te Tiriti o Waitangi. The implementation

[1] Te ORA is a professional body representing Māori medical students and doctors working as clinicians, researchers and teachers (https://teora.maori.nz/)

plan, Tātai Poutama, was developed in 2025, and this work will continue over future years as policies are reviewed in their natural cycles.

Physician Associates

Physician Associates are trained health professionals who work under the supervision of a medical doctor to provide healthcare to patients. The Council will be the authority responsible for regulating the profession in Aotearoa New Zealand. A Stakeholder Advisory Group set up to provide input on the establishment of a regulatory framework for Physician Associates was established in May 2025 and comprised a range of stakeholders. Stakeholders were encouraged to voice their issues early in the engagement process so these could be addressed as the proposed regulatory framework was being developed. Regular updates can be found on the Council's website (Regulating physician associates). The CEO confirmed there is an implementation programme in place that is progressing as planned, with the intent that registration will commence from 1 October 2026.

Summary

Overall, the Council is committed to being a responsive and forward-looking regulator. A proactive, risk-based approach underpins the Council's regulatory functions, guided by the key principles of right touch regulation, by exercising proportionate, consistent, targeted, transparent, accountable and agile regulation. The Council's primary purpose is protection of the public by ensuring that doctors are competent and fit to practise – this will extend to physician associates in late 2026. This purpose is supported by statutory functions, regulatory mechanisms, and organisational systems.

Recommendations

Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand has fully achieved all the core performance functions.

Functions under section 118 HPCA Act 2003 and their related core performance standards

Purpose and requirements

Responsible Authorities are designated under the Health Practitioners Competence Assurance Act 2003 (the Act) to fulfil certain functions. An amendment in 2019 to the Act adding section 122A, required a performance review of all Responsible Authorities be conducted within three years of enactment, with subsequent reviews conducted at intervals of no more than five years. The Ministry of Health (the Ministry) is responsible for the facilitation of these reviews.

Performance reviews provide assurance to the Crown and the public that responsible authorities are performing their functions efficiently and effectively. This includes the assurance that: the responsible authorities are carrying out their required functions in the interests of public safety, their activities focus on protecting the public without being compromised by professional self-interest, and their overall performance supports high public confidence in the regulatory system.

Performance reviews will assess a responsible authority's performance against the full set of *Core Performance Standards*. These standards are aligned with the functions under section 118 of the HCPA Act. The Ministry may require review of additional aspects of Responsible Authorities' performance.

Risk management

Identify the degree of risk to patient safety and/or public confidence that is associated with the level of attainment the responsible authority achieves for each criterion. Review the 'risk' in relation to its possible impact based on the consequence and likelihood of harm occurring if the responsible authority does not fully attain the criterion. Use the risk management matrix when the audit result for any criterion is partially attained or unattained.

To use the risk management matrix, you need to:

1. consider what consequences for consumer safety might follow from the responsible authority achieving partially attained or unattained for a criterion, within a range from extreme/actual harm to negligible risk of harm occurring
2. consider how likely it is that this adverse event will occur due to the provider achieving partially attained or unattained for a criterion, within a range from being almost certain to occur to rare
3. plot the findings on the risk assessment matrix to identify the level of risk, and prioritise risks in relation to severity
4. approve the appropriate action the provider must take to eliminate or minimise risk within the timeframe. Note that timeframes are set based on full resolution of the requirement, which may include a systems change or staff training programme. Anything requiring urgent attention is identified in the report, along with any longer timeframe needed to make sustainable change.

The Risk management matrix uses a probability versus impact quadrant with the following risk categories: low, low-med, medium and high.

Function 1: Section 118a) To prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Suggested Timeframe (months / date)**
1.1	The RA has defined clear and coherent competencies for each scope of practice	The Council has a defined number of scopes of practice, each designed to fit a specific aspect of medical practice. The Council's design of scopes of practice for permanent practice in Aotearoa New Zealand provides structured, objective, and competence-based, progression. The Council's scopes of practice are as outlined (Gazette 2024)[2]: • Provisional General Scope of Practice – practice of medicine in a position approved by the Council, under supervision approved by Council • General Scope of Practice – the practice of medicine • Provisional Vocational – the practice of medicine within a Vocational scope of practices within a position approved by the Council, and under Council-approved supervision, and assessment, as required. Registration in a Provisional Vocational scope of practice is limited to three years. • Vocational Scopes of Practice - The practice of medicine that allows a doctor to work in a specific scope of practice for which the doctor has appropriate vocational training, qualifications and experience[3] • Special Purpose Scopes of Practice - The practice of medicine, for defined or limited reasons, undertaken in a New Zealand hospital, general practice,	FA			

2 Amendments to this notice were published in October 2024, March 2025, July 2025 and December 2025.

[3] Vocational scopes of practice: Anaesthesia, Cardiothoracic surgery, Clinical genetics, Dermatology, Diagnostic and interventional radiology, Emergency medicine, Family planning/reproductive health medicine, General practice, General Surgery, Intensive care medicine, Internal medicine, Medical administration, Musculoskeletal medicine, Neurosurgery, Obstetrics and gynaecology, Occupational medicine, Ophthalmology, Oral and maxillofacial surgery, Orthopaedic surgery, Otolaryngology head and neck surgery, Paediatric surgery, Paediatrics, Pain medicine, Palliative medicine, Pathology, Plastic and reconstructive surgery, Psychiatry, Public health medicine, Radiation oncology, Rehabilitation medicine, Rural hospital medicine, Sexual health medicine, Sport and exercise medicine, Urgent care, Urology, Vascular surgery.

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		educational institution or other organisation approved by the Council; and under the supervision of a registered doctor approved by the Council[4] Document: *Good Medical Practice (November 2021)* (*Good Medical Practice 2021*) outlines the minimum ethical and clinical conduct expected of doctors and applies to all scopes.				
1.2	The RA has prescribed qualifications aligned to those competencies for each scope of practice	Each registration pathway has a prescribed qualification. This may be any combination of: • a medical degree or diploma • a training programme accredited by Council • a pass in an examination or another assessment • registration with an overseas organisation that performs a similar function to that of the Council • experience, either with or without supervision or oversight from a senior colleague. The Council's website includes a link to the gazetted scopes of practice and prescribed qualifications (Gazette 2024). Further changes are planned to accommodate additional secondary legislation requirements coming into effect in 2027. This work programme was discussed during the review verifying progression is underway.	FA			
1.3	The RA has timely, proportionate, and transparent accreditation and monitoring mechanisms to assure itself that the education providers	Every stage of professional progression (i.e. the qualification prescribed for the next scope of practice) is underpinned by regular and robust standards-based accreditation by the Council: 1. The accreditation of Aotearoa New Zealand and Australian medical schools undertaken jointly with the Australian Medical Council (AMC) for programmes leading to medical registration	FA			

[4] Special Scopes of Practice: Teaching as a visiting expert (up to one week), Postgraduate training (for up to two years), Undertaking research for up to two years, Working as locum tenens for up to 12 months, Providing teleradiology services to patients in New Zealand for up to 12 months, Assisting in an emergency or other unpredictable, short-term situation, Assisting in a pandemic or disaster.

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	and programmes it accredits deliver graduates who are competent to practise the relevant profession	2. The accreditation of prevocational medical training providers – currently, Te Whatu Ora | Health New Zealand (HNZ) districts – for intern training. 3. The accreditation of medical colleges, as providers of vocational training and recertification programmes, leading to specialty postgraduate qualification (e.g. Fellowship). *Recognition of new vocational scopes of practice and training programmes* To recognise a vocational scope of practice, the application must meet the Council's Standards for recognition of a new vocational scope of practice in Aotearoa New Zealand (February 2026). As part of its consideration, the Council will assess the relevant body (typically a medical college) that intends to deliver the training programme. When assessing a proposed scope and qualification, the Council requires evidence of a clearly defined scope, and training directed to clearly identified competencies. *Aotearoa New Zealand medical schools – jointly accredited with the Australian Medical Council (AMC)* The Aotearoa New Zealand and Australian medical schools that award primary medical degrees have clear and coherent competencies, which are monitored through the regular accreditation cycle. The AMC and Council work together to assess Aotearoa New Zealand's two medical schools (University of Auckland and University of Otago) and their programmes. Medical schools in both Australia and Aotearoa New Zealand are assessed against the same set of accreditation standards - Standards for Assessment and Accreditation of Primary Medical Programs - were last updated in 2023, taking effect on 1 January 2024. Alongside the accreditation standards sit the graduate outcome statements, which are shared across Australia and Aotearoa New Zealand. These statements set out, at a high level, the knowledge, skills, and behaviours required of medical students at the time of graduation from the medical programme and were updated alongside the accreditation standards. The University of Waikato are progressing their application for accreditation of their 4-year programme focused on training documents for rural and regional New Zealand.				

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		Accreditation process The accreditation is based on self and peer assessment. For a reaccreditation of an established medical programme, the medical school submits a self-assessment against the standards, which is considered by an accreditation team. A focussed follow-up assessment may also be conducted, usually when a provider has been granted a limited period of accreditation or where accreditation has been subject to conditions. For education providers offering primary medical programmes in Aotearoa New Zealand, the AMC-led assessment team includes at least one assessor from Aotearoa New Zealand and ideally two appointed after consultation with the Council. The assessment normally occurs over one working week. Aotearoa New Zealand's medical schools are generally accredited for a six-year period subject to satisfactory progress reports on any conditions placed on the accreditation. In the year that the accreditation ends, the medical school may submit a comprehensive report for extension of accreditation. Subject to that report being satisfactory, the Council and the AMC may grant a further period of accreditation, up to a maximum of four years, before a reaccreditation assessment. The AMC processes and standards also cover new medical schools seeking accreditation for the first time. *Accreditation of Prevocational Medical Training (PGY1 and PGY2)* Following the establishment of Te Whatu Ora | Health New Zealand, and the disestablishment of district health boards, the Council developed an updated accreditation framework to reflect the new national structure. The framework clarifies accountabilities at district, regional, and national levels. The Council consulted on the framework between August and September 2025. The revised framework and updated accreditation standards were approved by Council in December 2025 and implementation is underway. Eighteen Te Whatu Ora | Health New Zealand districts are currently accredited to provide prevocational medical training (intern training programme) for doctors in their first two postgraduate years following registration (PGY1 and PGY2). Completion of				

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		prevocational training is required for graduates of Australian and Aotearoa New Zealand accredited medical schools, as well as doctors registered via the Council's Examinations pathway (typically successful completion of NZREX Clinical). Accreditation of training providers assures the Council that districts meet the required standards for the delivery, supervision, and quality of intern training. Assessment panels typically comprise six members with medical, educational, governance, and lay expertise. Panels include a junior doctor, a prevocational educational supervisor, a lay member, and a senior Council staff member. At least one member is Māori with expertise in cultural safety and hauora Māori. Accreditation visits are generally conducted over two days. Accreditation is based on self-assessment and peer review. The accreditation standards identify the core criteria that must be met by all accredited training providers, while allowing flexibility in how compliance is demonstrated. Districts are generally accredited for a period of four years, subject to annual reporting and satisfactory progress on any required actions. Accreditation reports and updates on provider status are published on the Council's website. *Intern Training Programme (PGY1 and PGY2)* The two-year prevocational training programme provides assurance that interns (PGY1 and 2 doctors) continue to develop the competencies required for safe medical practice. For doctors registered via the Examinations pathway, the programme also supports the development of broad-based clinical capability within the Aotearoa New Zealand health context. The programme is overseen by prevocational educational supervisors (PES) and clinical supervisors. These senior doctors provide guidance, feedback, and assessment while progressively increasing clinical responsibility. Intern progress is recorded in the Council's electronic record of learning (ePort). Required components of the training programme include: • Reviewing and documenting self-reflections against the curriculum's learning activities and their competencies				

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		• Completing Council-accredited clinical attachments that are typically 13 weeks long. They take place in a variety of health care settings, including hospitals, primary care, and other community-based settings. • Participating in multisource feedback processes that are reviewable in ePort by the intern and their prevocational educational supervisor. • Developing and maintaining a living professional development plan (PDP) in ePort. This short planning document is updated throughout the year as interns reflect on their learning activities and findings from their multisource feedback. Together, these elements support the attainment of the competencies required for successful completion of prevocational training. *Accreditation of Vocational Medical Training Providers* The Council has defined 36 vocational scopes of practice. One of the Council's accreditation standards requires that each college defines graduate outcomes (expected competencies) for its vocational medical training programmes. Colleges are required to make information on graduate outcomes publicly available. The Council accredits medical colleges to provide or vocational (specialist) medical training programmes that produce medical specialists who can practise independently in the relevant medical specialty, thereby ensuring that New Zealanders receive comprehensive, safe, and high-quality medical care. While the Council's existing vocational scopes of practice are longstanding, competency-based training remains central to accreditation and reaccreditation processes. The standards for recognition of vocational scopes of practice, accreditation and monitoring mechanisms ensure that colleges establish and maintain clear coherent competency frameworks for each vocational scope of practice. These colleges are also accredited to provide the recertification (i.e., CPD) programmes for vocationally registered doctors, supporting the ongoing maintenance of competence. This links vocational training and recertification within a unified competency framework.				

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		The current accreditation standards for providers of vocational medical training and recertification programmes took effect in 2022, with recent amendments strengthening recertification requirements. Thirteen Australasian medical colleges are jointly accredited by the Council and the AMC. In addition to accreditation against the AMC specialist medical programme standards, Australasian colleges must also meet Council-specific accreditation standards relating to recertification. A review of the Australasian specialist medical programme standards commenced in 2024, led by the AMC in partnership with the Council. Stakeholder engagement and scoping were undertaken in 2024, with review, development, and testing of accreditation standards in progress. Between formal accreditation assessments, the Council monitors developments in education and training, and recertification programmes through annual reports from accredited Aotearoa New Zealand colleges. This process ensures the Council remains informed of programme developments, emerging issues, and responses to identified risks. The AMC operates a similar process, and Council nominees participate in the AMC's committees and subcommittees responsible for oversight of Australasian college reporting.				
1.4	The RA takes appropriate actions where concerns are identified	If the accreditation assessment identifies significant deficiencies or there is insufficient information to determine that the programme satisfies the relevant accreditation standards, the Council may: 1. grant accreditation with required actions (conditions) to be met within a defined timeframe and/or 2. grant accreditation for a shorter period than the usual period or 3. revoke accreditation if Council is not satisfied that the complete programme is or can be implemented at a level consistent with the accreditation standards. For medical schools and Australasian medical colleges, where the AMC has a role in accreditation and monitoring, the Council would work collaboratively with the AMC on these issues.	FA			

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		In 2022, the Council decided not to reaccredit an Aotearoa New Zealand medical college for vocational training following the accreditation panel's assessment that it had not met, or only substantially met, many accreditation standards. Where concerns arise outside of an accreditation assessment, the Council will consider the concerns and act as required. The process is summarised on the website. *Consistency and quality assurance* In 2023-24, the Council strengthened how it ensures consistency across prevocational accreditation assessments through the shift to regional accreditation visits and a moderation exercise once the accreditation assessments of each district within that region had been completed. The moderation exercise built upon the previous review process of senior Council staff and the Chair of the Education Committee and includes an assessment of the appropriateness of each required action recommended by an accreditation panel to ensure proportionality and consistency. The Council also holds an accreditation panel member training day each year to ensure the pool of assessors used for Council led accreditation assessments have a thorough understanding of the accreditation standards and the process of the assessment from start to finish. The accreditation processes were discussed during the review and examples provided where conditions of accreditation and subsequent monitoring have occurred providing Council with the assurance programmes are producing graduates that meet the required standard/s of practice.				
1.5	Reviews prescribed qualifications and scopes of practice (at minimum of once every five years)	Since the last Regulatory Review, the Council has regularly reviewed/consulted on additional prescribed qualifications for existing scopes of practice and made other changes to registration requirements, including: 1. Adjusting the Provisional General Comparable Health System pathway In December 2022, the Councill gazetted changes to the requirements for registration in the Provisional General scope of practice via the comparable health system pathway. It reduced the minimum required weekly hours of active clinical	FA			

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		practice during the 48 months prior to application and in conjunction with this decision, Council broadened the operational criteria for determining if a doctor applying to work in rural general practice has previously worked in the same or a similar area of medicine. Council agreed to count towards this assessment, active clinical practice where the applicant has: o practised as a family physician or general practitioner for no more than 15 of the 33 months in a hospital setting o practiced in a hospital setting which serves a population size of less than 25,000 o treated a wide range of illnesses and patients of all age groups (paediatric, adult and geriatric. 2. Developing and implemented two new registration pathways for International Medical Graduates (IMG) (fast track pathway for specialists and provisional general – UK general registrants). 3. Expanding the provisional general Examinations pathway to recognise passing Parts 1 and 2 of the Professional Linguistic Assessments Board (PLAB) test in the UK and the Australian Medical Council Multiple Choice Question and Clinical Examinations as alternative options to passing the NZREX Clinical examination. 4. Reviewing and retaining all existing countries recognised by Council as having health systems comparable to Aotearoa New Zealand's as part of the provisional general comparable health system pathway; and approving Hong Kong, Japan, South Korea, Chile, Luxembourg and Croatia for inclusion under the comparable health system pathway. 5. Changing the prescribed qualification for IMGs who do not hold an approved Aotearoa New Zealand or Australasian post-graduate qualification. The applicant must have been assessed as: o having qualifications, training and experience established Council's satisfaction to be equivalent to or as satisfactory as that of an Aotearoa New				

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		Zealand vocationally trained doctor registered in the same vocational scope of practice; and ○ being able to achieve registration in a vocational scope of practice in no more than 24 months (fulltime equivalent) of obtaining registration in a provisional vocational scope of practice. This change was Gazetted on 31 March 2025. 6. Creating a standards-based option for alternatives to the ACLS course required to be completed by interns registered in the provisional general scope (postgraduate year 1, or PGY1) before applying for registration in the General scope of practice. This change was Gazetted on 15 July 2025. 7. In November 2025, the Council made several amendments to the English Language Requirements policy. These changes reflect the commitment to ensuring registration policies remain fit for purpose for IMGs, while continuing to uphold public health and safety. The changes included lowering the minimum required score for writing in the IELTS and OET tests, accepting a combination of test results from two sittings in a 12-month period and accepting a pass in Part 1 and Part 2 of the General Medical Council's Professional Linguistic Assessment Board test (within the five years immediately prior to application (when applying for registration via the Examinations pathway). 8. Changing the requirement that IMGs registered in the special purpose teleradiology scope of practice must be supervised by a vocationally registered doctor based in Aotearoa New Zealand to a vocationally registered radiologist who may be based outside of New Zealand. This change introduced a degree of flexibility to the location of supervisors and potentially enhances the effectiveness of supervision arrangements. This change was Gazetted on 17 December 2025.				

Function 2: Section 118b) To authorise the registration of health practitioners under this Act, and to maintain registers. Section 118c) To consider applications for annual practicing certificates						
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2.1	The RA maintains and publishes an accessible, accurate register of registrants (including, where permitted, any conditions on their practice)	The Council maintains and publishes an accessible, accurate register of doctors registered in Aotearoa New Zealand. It is made available in two main ways: 1. Through a publicly searchable Register on the website. A search can be completed by name, specialty, and location. The register provides information on the doctor's scope of practice, practising status including practising certificate dates, qualifications, and conditions. 2. Through a "full" register that is accessible to approved persons and organisations via a secure area on the Council's website. This full register provides the details of all registered doctors in a single file. The information used to produce the register comes from the Council's practitioner information management system – called MedSys. In addition to maintaining information on doctors' status, the MedSys system uses a workflow engine to guide staff through Council's registration processes. This ensures only doctors who meet Council's registration requirements are registered. The online register of doctors is updated daily providing the public with up-to-date information. The register was reviewed during the review verifying conditions on practice (for example) are visible.	FA			
2.2	The RA has clear, transparent, and timely mechanisms to consider applications and to: a) Register applicants who meet all statutory requirements for registration	*Applications for registration* The statutory requirements that must be met by applicants are outlined on the website. Registration application forms identify the information applicants must provide to inform Council's decisions on questions of fitness for registration and competence within the requested scope of practice. While a high trust model (relying on self-disclosure), registration decision-making is supported by formal checks and independently sourced information including: • Primary Source Verification of qualifications • Requirement for Certificates of Professional Status/Certificates of Good standing • Comprehensive satisfactory references.	FA			

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		Formal documentation of delegations The Registrar maintains a detailed schedule of delegations to the Manager Registration and senior registration staff. The delegations are regularly reviewed to ensure that the delegations support timely but robust decision-making. *Registration workshops* The Council provides at least two registration workshops each year. Employers and recruiters gain comprehensive knowledge of registration options (scopes of practice and required qualifications) and Council requirements (including fitness and competence related requirements). *Acceptable primary medical qualification* All applicants for registration must have a recognised primary medical qualification from a medical school listed in the World Directory of Medical Schools[5]. If the medical school is located outside of Canada or the United States of America, the qualification must have been awarded during the graduation years for which the medical school meets the eligibility requirements for ECFMG Certification, as indicated by way of the ECFMG Sponsor. *Primary source verification* Doctors who hold overseas qualifications must have key documents verified from their primary source. Since November 2017, the Council has required primary source verification using the Educational Commission for Foreign Medical Graduates' Electronic Portfolio of International Credentials (ECFMG's EPIC)2 service.				

[5] The World Directory of Medical Schools is an extensive and regularly updated list of all the medical schools in the world and includes accurate, up-to-date, and comprehensive information on each one. The Directory has been developed through a partnership between the World Federation for Medical Education (WFME) and the Foundation for Advancement of International Medical Education and Research (FAIMER), in collaboration with the World Health Organization and the University of Copenhagen. https://search.wdoms.org/.

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		Fitness for registration Application forms include specific questions about English language communication, health, conduct and competence. *English language requirements* Applicants must demonstrate they meet one of the eight English language requirements as set out in the English language policy. This policy assists applicants by providing a range of options, in addition to the standard IELTS and OET options, while still ensuring that a high standard of English competency is met. *Health, competence or conduct disclosures* Doctors are required to disclose any health, competence or conduct matters. If a disclosure relates to a health condition with the potential to impact on the applicant's practice, the information is provided to the Council's Health Team for assessment. Further information may be required from the applicant or their treating practitioner(s). If necessary, Te Rōpū Hauora | Council's Health Committee (Health Committee) will consider the information and advise the Registrar whether an application can be approved, or alternatively, if the Registrar should propose conditions or propose to decline the application. If the disclosure is about conduct or competence, the applicant must provide a description of the event(s) accompanied by any documentation available from the jurisdiction/s where the investigations or proceedings occurred. The Council Registration team gathers the documentation for consideration, in discussion with a Council Medical Adviser if required. For the application to proceed the Registrar must agree. *Competence to practise* A range of questions are asked on the application forms regarding competence. Applicants are also required to provide a current CV so that their professional work history and experience can be assessed. Applicants are also required to provide at				

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		least three references from suitable referees. All information provided enables assessment of competence to practise in the scope in which they have applied. *Application process forms* High-volume registration pathways are online[6] and remaining low volume pathways continue to be transitioned to online applications. Therefore, most applicants complete an online application form, and others will complete a VOC4 if applying for provisional vocational registration (via a fast-track pathway) or the REG1 and accompanying checklist if applying via any other pathways.[7] *Reference requirements* Applicants are required to provide references from at least three senior medical colleagues who are familiar with their work and have worked with the applicant for at least six months within the last three years. At least one reference should come from their current place of employment. For doctors applying for vocational (specialist) or special purpose (locum tenens or teleradiology) scopes of practice references must be completed by consultants/ specialists who are familiar with the applicant's current professional practice. These specialist referees must be practising within the same area of medicine as the applicant. For provisional vocational and vocational registration applications, Council staff contact referees directly to verify references provided. *Provisional vocational – medical college advice*				

[6] Provisional general [NZ graduate, UK/Irish graduates/comparable health system vocational [VOC1/VOC2], provisional vocational [VOC3] and special purpose [locum tenens].

[7] The application forms require applicants to confirm personal information, current contact details, qualifications awarded, registration history, confirmation as to which English language option they satisfy in the English language policy, disclosures regarding any mental and physical conditions, disclosures regarding conduct or competence, a detailed work history in month/year format, all employment since graduation from medical school listed in chronological order with gaps of three months or more explained.

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		Applicants seeking registration in a provisional vocational scope of practice (who are overseas-trained specialists) must have a combination of qualifications, training and experience assessed to be equivalent to, or as satisfactory as, an Aotearoa New Zealand vocationally trained medical practitioner registered in the same vocational scope. The Council seeks advice on this question from the relevant medical college for the area of medicine. *Provisional vocational – fast track* On 1 November 2024, the Council implemented a fast-track pathway for overseas trained specialists seeking registration in the provisional vocational scope. Applicants who hold an approved postgraduate qualification in an approved area of medicine can apply. Council does not require medical college advice on these applications. *Employment and supervision requirements* Doctors applying for registration in a provisional general, provisional vocational or special purpose scope are required to work under the supervision of a vocationally registered doctor. Employment and supervision arrangements must be formally proposed to Council for agreement. The applicant's employer must provide the following documents: • REG3/REG4 or REG7 approval for position and supervisor • Job offer • Job description • Comprehensive supervision, induction, and orientation plan[8]				

[8] Refer: Guidelines for IMG – Orientation Induction and supervision. Council approved a new collegial peer support and supervision framework. A new guide is being published in the first half of the year to replace the existing guide.

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		For all provisional and special purpose scopes the Council must approve employment and supervision before the doctor begins work. *Letter of eligibility* Once finalised, the applicant is informed of the remaining steps for completion before registration is granted and a practising certificate is issued. The eligibility is valid for six months for provisional general, General, special purpose and vocational scope applications, and two years for provisional vocational applications. The doctor must complete all steps to become registered within that time or must start the process over again. The applicant will be asked to satisfy the following requirements: • Confirm start date of employment • Relevant documents are primary source verified by the time the doctor starts work in Aotearoa New Zealand • Certificates of Professional Status (COPS) (good standing); and or Letters of Standing (LOS) from every jurisdiction where the applicant has worked during the previous five years are provided. LOS are usually required when a doctor has been undertaking voluntary work where registration was not required • Attend a registration meeting to confirm their identity. This meeting must occur within two weeks of the doctor's start date, and they must be in Aotearoa New Zealand for this meeting • In some cases, agree to a condition on their scope of practice, if proposed. • Pay for the practising certificate (PC). For provisional vocational applications, where a job offer is not required at the point of application, there may be additional requirements around employment and supervision arrangement approval. *Registration meeting and practising certificate fee*				

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		Prior to the registration meeting, the applicant is sent a meeting form (REG5), which captures all new information, noting there may be a gap of many months between the issue of the letter of eligibility and the doctor's arrival in Aotearoa New Zealand. At the registration meeting, the doctor is asked to show their passport at the photo page to verify their identity and a screenshot is taken. Once the fee is paid the practising certificate is generated and sent to the doctor with a letter confirming registration within two working days. The agent, supervisor, employer, and the relevant medical college (for provisional vocational applications only) are copied in.				
	b) Issue practicing certificates to applicants in a timely manner	*Processing timeframes* From the time the Council receives a complete application, processing timeframes are: • Vocational applications (VOC1) - 10 working days • Provisional general/General/special purpose/vocational (VOC2) - 20 working days • Provisional vocational (VOC3) - three months • Provisional vocational (VOC4) - 20 working days *Staff training* All member of the registration team receives one-on-one training covering the high-level legal framework governing registration, the Council's registration policy, and processing applications. *Practising certificates* The Council's policy on information required for practising certificate applications is published on the website. The Council's procedures to assess an application are clearly documented. There is a procedures manual and 'myMCNZ – Staff guide' with instructions on how to process online applications. The Council's internal Annual Practising Certificate workflow is used to process applications and issue practising certificates. The online application ensures applicants are aware of the Council's	FA			

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		requirements. The Council's workflow management system ensures that necessary signoffs can be obtained promptly. *Granting scope of practice and issue of first practising certificate* Provisional general, provisional vocational and special purpose scope doctors are issued with a practising certificate reflecting their scope of practice and providing details about their approved employer, level of position and supervision. Applications are processed within two working days of receiving a complete application. *Application to vary/amend a practising certificate* The Council has a range of forms making it easy for doctors to apply for variations to their approved employment and/or supervision arrangements. Doctors must complete the relevant form and submit it online via their MyMCNZ account. Applications are processed within 20 working days of receipt of a complete application. *Practising certificate renewals* There are four practising certificate renewal cycles in a year according to their date of birth (February, May, August, and November). Doctors receive a renewal email six weeks before their practising certificate expires, inviting them to renew. All practising certificate renewals are completed online via the doctor's myMCNZ account. Practising certificate renewal applications are processed within 10 working days from the time a complete application is received with over 97% of applications being completed within the stipulated timeframe. Some practising certificates will be automatically renewed, provided a complete application is received. If a question arises about an applicant's compliance with statutory requirements the application is referred to the Registrar or relevant teams at the Council (Health/ Professional Standards) for review and approval. Under section 30 of the HPCAA, where a doctor provides a complete application and payment before the expiry of an existing practising certificate, the doctor is deemed to hold a practising certificate.				

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		Retention fee A doctor who elects not to renew their practising certificate has the option to pay a retention fee to remain on the register or be removed from the register altogether. If the doctor is removed from the register but decides to return to practice, they will need to apply for restoration to the register before applying for a practising certificate. *Application for practising certificates for doctors who are returning to practise in Aotearoa New Zealand* <u>Doctors who are registered in a provisional scope of practice</u> Provisional scope doctors need to complete a specific application for a practising certificate, when returning to practice – the REG12 form. This form includes a checklist of documents the doctor needs to submit in conjunction with their application form. These relate to applying for approval of employment and supervision arrangements. <u>Doctors who hold a full general or a vocational scope of practice</u> Doctors who are still on the medical register and recorded as not currently practising, need to apply for a practising certificate if they intend to return to practice outside of their normal renewal cycle. They will receive instructions on how to apply and pay for a new practising certificate online. All PC applications, regardless of scope of practice held, require the applicant to confirm current contact and employment details, that they are participating in a recertification programme relevant to their scope of practice, and whether there have been any criminal proceedings, competence, professional conduct investigations, disciplinary or health matters since their last practising certificate was issued. Applicants are also asked if they have practised overseas since their last practising certificate was issued. If they have, they are required to provide certificates of professional status from all the relevant medical authorities they held registration with since their last practising certificate was issued in Aotearoa New Zealand. These must be sent directly to the Council from the relevant overseas regulatory authority and be no				

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		more than three months old at the start of any new employment, or from the date of renewal. Disclosures made on practising certificate applications, or adverse comments on certificates of professional status, are managed similarly to those made on registration applications. If a doctor has not practised in Aotearoa New Zealand for three years or more, additional documentation is required. Council staff review applications in line with operating policy. These applications are usually processed within 20 working days of receipt of a complete application. Some applications for practising certificates (typically those who have not practised medicine for over 10 years) cannot be decided under a delegation given by Council and are referred to the next full Council meeting for a decision. If a doctor has worked in a non-comparable health system or has not practised medicine at all for three years or more since their last practising certificate, supervisory conditions will be imposed on their scope of practice. The conditions require the doctor to practise under Council-approved supervision in an approved position for a specified period (6 or 12-months fulltime equivalent). The doctor's supervisor will be required to submit supervision reports to Council after one month and then every three months. For those doctors who have been out of medical practice entirely, they will also be required to complete an approved advanced cardiac life support course. The length of time required under supervision is proportionate to their absence from comparable practice and is set out in Council policy.				
	c) Manage any requests for reviews of decisions made under delegation	The right to seek a review of decisions made under delegation is understood by Council staff with a range of operating documents in place to support practice. The right of review applies to decisions taken under delegation across a wide range of decisions made under the HPCAA. The right to have a decision reviewed reflects and reinforces the core obligations of the Council and its delegates as decision-makers.	FA			

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		In the registration area, Council staff give advice in response to a doctor (or their agent) seeking a review of a decision and provide advice on policy and process. The team seeks internal advice from the Registrar as needed. If a review is formally requested, the Registrar (or delegate) first considers whether the request and further information provided could alter the decision. If the Registrar (or delegate) still considers the original decision stands, then the matter is considered by Council. For provisional vocational applications where the review is sought in relation to aspects of the applicant's qualifications, training and experience, advice is sought from the relevant medical college. A 20-working-day timeline for the right of review is applied. Should circumstances warrant it, requests to extend this timeframe can be granted. All such requests are considered on a case-by-case basis by the team and/or the Registrar. *How the principles of right touch regulation are applied* • Proportionate – risks are identified with decisions being proportionate to the risk posed Consistent - policies, standards and decisions are based on the principles of fairness and consistency • Transparent – operate in an open and transparent manner • Accountable - decisions and actions are robust and stand up to scrutiny.				

Function 3: Section 118d) To review and promote the competence of health practitioners.

Section 118e) To recognise, accredit, and set programmes to ensure the ongoing competence of health practitioners.

Section 118k) To promote education and training in the profession

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3.1	The RA has proportionate, appropriate, transparent and standards-based mechanisms to: a) Assure itself that applicants seeking registration or the issuing of a practicing certificate meet, and are actively maintaining, the required standard	Doctors who are registered and practising in Aotearoa New Zealand must fulfil the requirements of an appropriate recertification programme, designed to maintain their competence. Exception is made for doctors who are formally required to practice within an approved supervision arrangement or within an accredited vocational training programme. Successfully completing a recertification programme ensures the doctor's practice is supported by continued education focusing on individual needs. The Council sets accreditation standards and accredits providers of recertification programmes for doctors practising in a vocational scope of practice ensuring participants maintain competence in their scope of practice. These standards stipulate recertification programme providers are required to monitor and report to the Council when participants drop out of programmes, are disengaged or failing to satisfy requirements. The Council holds a Memorandum of Understanding with all Australasian and Aotearoa New Zealand medical colleges that further sets out the roles, responsibilities, and expectations of each party. Doctors who are practising in the General scope of practice and are not in an accredited training programme are required to participate in the InPractice recertification programme, delivered under contract to the Council by BPAC. This programme requires the maintenance of a professional development plan, ongoing collegial relationship meetings, 10 hours of peer review, an audit of medical practice, and at least 20 hours spent on continuing medical education. Every three years, the participant must engage in a multisource feedback exercise with colleagues and patients (where appropriate), and every four years, undergo a regular practice review. Collegial relationships are a component of recertification for general registrants, doctors working outside of their vocational scope of practice, and in select cases, doctors limited to non-clinical practice. The relationship includes regular meetings with an appropriate colleague to ensure that a doctor's professional development plan and activities are appropriate for the area of medicine they are working in.	FA			

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		Non-compliance or non-participation with recertification When a recertification provider advises Council that requirements have not been met, a process that aims to re-engage the doctor in their recertification programme, and/or remedy any deficiency is followed. If the doctor continues to fail to comply with the requirements, Council will consider an appropriate course of action which could include conditions or suspension. Council has delegated authority to the Registrar to propose/ impose conditions or suspension where non-compliance is established.				
	b) Review a health practitioner's competence and practice against the required standard of competence	A doctor may be required to have their standard of competence reviewed as described in the following. NB: Council uses the term 'performance assessment' to describe these competence reviews. *When a review is required* Council may require a doctor to undergo a competence review (performance assessment) if it receives a notification raising concerns about a doctor's competence, or if a recommendation from a Professional Conduct Committee (PCC) that a doctor's competence be reviewed. Council may also undertake a review if it has other reasons to believe that a doctor may not be practising at the required standard of competence. Concerns about a doctor's practice or conduct can be raised with the Council by any person or organisation. This may include (but not limited to) notifications or information from: doctors, other health practitioners, health consumers and the public, employers, Council-appointed supervisors, Accident Compensation Corporation and, the Health and Disability Commissioner (HDC). In some cases, this information is shared under Memorandum of Understanding (MoU) with other organisations. These MoU provide a framework for information sharing where there are concerns about a doctor's competence or conduct. They also support communication between the Council and relevant organisations in circumstances where a doctor is required to undergo a performance assessment, or where the outcome of	FA			

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		those results in conditions on the doctor's scope of practice or a requirement to complete a competence programme (referred to as an educational programme). The Council has MoU in place with several organisations, including the HDC and Te Whatu Ora | Health New Zealand and with the Private Surgical Hospitals Association. If Council decides to review a doctor's competence, the Council must: • inform the doctor of the reasons for the review • provide the doctor with the information the Council holds that is relevant to the doctor's competence; and • give the doctor a reasonable opportunity to make submissions and be heard. Beyond these requirements, the HPCAA allows flexibility in the form that a competence review may take. *Council's approach to competence reviews (performance assessments)* The Council has used this flexibility to develop a structured and consistent approach to competence reviews. This approach is designed to support thorough and fair assessments against clearly defined standards, using trained assessors, while allowing the review process to be adapted to the doctor's scope of practice and the context in which they work. *What is involved in a performance assessment?* A performance assessment is designed to ascertain whether a doctor is practising at the required standard within their scope of practice. It is carried out by a Performance Assessment Committee (PAC), guided by set terms of reference. The PAC assesses several elements of a doctor's practice and provide a written report on the findings in relation to: diagnosis, patient management, record keeping, communication (including observation and patient/colleague survey), prescribing practices, practice systems and surgical skills (if applicable).				

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		The PAC does not reconsider, or investigate, the issues from the initial notification. The PAC's focus is educative and solely on the doctor's current practice, to identify any areas for further education and development. All information about the upcoming performance review including what the doctor can expect is outlined on the website in *What you can expect – The performance assessment and in Performance Assessment: A guide for doctors being assessed*. A link to the document is included in the decision letter sent to the doctor. More information about the process for the notifier is outlined on the website - *Performance Assessment Committee*. A link to this page on the website is included in the outcome letter sent to the notifier. *PAC membership – general* A PAC is made up of two vocationally registered doctors (with similar vocational scopes as the doctor under assessment), and one lay member. Doctors are selected from a pool that includes a range of scopes of practice, subspecialties, experience, and backgrounds. This enables a PAC that reflects the nature of the doctor's practice being assessed. All PAC members are required to sign confidentiality agreements. PAC members are recruited through expressions of interest, in consultation with relevant colleges, and through recommendations from existing members. Once appointed, members receive induction and training before participating in assessments. Ongoing training is provided through annual workshops. *Identifying PAC members for specific assessments* For each performance assessment, the proposed PAC membership and the terms of reference are provided to the doctor. The doctor is given an opportunity to comment on these, including potential conflicts of interest, the suitability of members, or other matters such as diversity of the PAC.				

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		Council staff consider concerns raised and work with the doctor to address them. This may include substituting PAC members where appropriate. In rare cases where the terms of reference cannot be agreed, the matter is referred to a full Council meeting for consideration. <u>The role of the Convenor</u> A PAC member is appointed as the Convenor who is the primary point of contact with the doctor and, where relevant, the doctor's practice manager or employer. The Convenor works with Council staff to coordinate the assessment and ensure it progresses in line with agreed service standards. This includes scheduling interviews, arranging the assessment visit, ensuring access to patient records, and confirming that appropriate patient consent has been obtained for the observation of consultations. *Setting up a PAC – Terms of reference and assessment 'tools'* Terms of reference are developed for each performance assessment, tailored to the doctor's scope of practice and the issues being reviewed. The terms of reference set out the assessment tools the PAC will use to assess different areas of practice. The Council's Medical Advisers have developed the assessment tools, including those needed to assess clinical records, clinical reasoning, and professional interactions with colleagues. The tools are reviewed on a five-year cycle. *The assessment process* The assessment generally involves an initial interview with the doctor, interviews with their colleagues, a review of their prescribing practices for the previous 12 months, a review of their clinical records and an on-site visit to the doctor at their place of work to observe consultations and a detailed interview to discuss the PAC's observations and assess the doctor's clinical reasoning. All colleague interviews, review of prescribing information and clinical records are completed remotely prior to the PAC visit to the doctor at their place of work.				

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		<u>Interviews and medical records review</u> The PAC conducts an initial interview with the doctor and with their nominated colleagues. The medical records review is also done remotely, either through sharing a random selection of records through the Council's secure system, or via TeamViewer. The medical members of the PAC will screen-share with the doctor, or Practice Manager, to view the information on screen. The information on screen cannot be edited when viewing in this way. Where computer systems and specific scopes of practice do not support remote records review or sharing of pre-selected records through our secure system, the records review can be done on the day of the practice visit. <u>Pre-visit teleconferences</u> The PAC meets (remotely) with Council staff and the Medical Adviser (if required) to discuss the logistics and seek assistance as needed, confirm the timetable for the day and seek any further advice. <u>The practice visit</u> Within two weeks of the initial interview with the doctor, the PAC visits the doctor's practice and spends a day observing consultations/procedures, talking with the doctor, and reviewing the practice's systems. The PAC use their expertise to assess whether the doctor is practising at the required standard. During the visit, Council staff and the Medical Adviser are available to offer real-time advice to the PAC if required. On the extremely rare occasion that there is an immediate risk to patient safety caused by a doctor's practice, the medical members may step in as doctors to assist. Council staff would be immediately advised of this, and the PAC would consult with the Medical Adviser. <u>The PAC report</u> Following the assessment, PAC will prepare a report with its observations and findings, giving the doctor a category rating on their performance for Council to then determine				

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		their standard of competence. The draft report is reviewed by Council staff including a Medical Adviser and the Deputy Registrar, to make sure that all findings are supported by clear evidence and that the report has clear, logical conclusions. The report is finalised and provided to the doctor for comment. The doctor is given an opportunity to view and provide submissions on the PAC's report, before Council considers it. PAC members receive regular training on report writing at workshops each year. <u>Outcome of a performance assessment - PAC report and Council decisions</u> After the assessment, the PAC provides a report to the Council that outlines its findings and a category rating for the doctor's performance[9]. If, on the day of assessment, the PAC identifies serious concerns about a doctor's practice (i.e., Category 3), the PAC will immediately notify Council staff. In these circumstances, the PAC provide a summary of preliminary findings which is shared with the doctor, together with a proposal for interim steps to address the immediate concerns identified. Interim steps may include restrictions on the doctor's practice or an agreement that the doctor will temporarily cease clinical work while the full report is completed and considered by the Council. <u>Council consideration - Category 1 reports</u> Category 1 reports may be signed off under delegation by the Registrar or Deputy Registrar, on the advice of the Medical Adviser. This includes confirmation that the doctor meets the required standard of competence and, where appropriate, the				

[9] Category 1: Performing at an acceptable level for a doctor registered and working within their vocational scope of practice.
Category 2: Meets the required standard of competence in some but not all areas for a doctor registered and working within their vocational scope of practice – may require education and/or other actions to meet the overall required standard of competence.
Category 3: Not performing at an acceptable level for a doctor registered and working within their vocational scope of practice – further action by Council is required.

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Section 118k) To promote education and training in the profession

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		provision of moderate educational advice recommended by the PAC and Medical Adviser. <u>Council consideration - Category 2 and Category 3 reports</u> Category 2 and Category 3 reports are referred to the next available meeting of the Council. Council considers whether the doctor meets the required standard of competence and, if not, what further action is required. While the PAC assigns a category rating to assist decision-making, the final determination of a doctor's standard of competence sits with Council. If Council determines that a doctor does not meet the required standard of competence, the most common outcome is a competence programme. For the Council, this usually takes the form of a targeted educational programme designed by the Medical Adviser. These programmes typically include supervision and regular reporting to the Council to address the concerns identified by the PAC. The duration of an educational programme varies depending on its objectives and may include restrictions on the doctor's practice until the programme has been completed. *Acting on possible risk – notification to other agencies* Where there are concerns about an immediate risk of harm, the Registrar may, under delegation from Council and acting on the advice of the Notifications Triage Team, issue a notice under section 35 of the HPCAA. *Service standards for performance assessments* Council's service standards provide that a performance assessment should be completed within six months of the date it is ordered. This includes one month for the initial set up (including PAC recruitment), and three months from when the PAC receive all information until the final report is received. *Non-engagement in the performance assessment*				

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		Where a doctor does not engage with the performance assessment process, Council may consider its options including a finding that a doctor does not meet the required standard of competence where an assessment is required but cannot be completed due to non-engagement. This enables Council to manage any potential risk to public safety, including by imposing conditions on the doctor's scope of practice or suspending the doctor's practising certificate. Cases involving non-engagement are often more complex and may take longer to resolve than a standard performance assessment process. *Informing other key bodies* The Council has information-sharing arrangements in place with several organisations which support timely communication with relevant bodies so that appropriate steps can be taken to support the doctor and manage any risks to patient safety. The Council's MoU are published on the website. *Immediate competence concerns* If there are immediate concerns about a doctor's competence, Council can mitigate any risk to public safety in the interim through voluntary undertakings, suspension or conditions and/or through a risk of harm notice issued under section 35. When conditions are imposed on a doctor's practise, or suspension, notification is made to: • the doctor • the doctor's employer • any person who works in partnership or association with the doctor.				
	c) Improve and remediate the competence of practitioners found to be below the required standard	If, after consideration of the PAC report, Council determines that a doctor is not performing at the required standard of competence, Council must make one or more of the following orders: a. The doctor undertakes a competence programme b. One or more conditions be included on the doctor's scope of practice	FA			

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		c. The doctor sits an examination or assessment d. The doctor be counselled or assisted by one or more nominated persons. Council will usually order that the doctor undertake a competence programme in the form of an educational programme designed by the Medical Adviser. The educational programme will be specified in terms of duration (most commonly 12 months), and the learning outcomes and objectives will be tailored to address the areas of concern identified in the PAC report. All educational programmes include a schedule of regular meetings and supervision sessions with a vocationally registered peer to provide collegial support throughout the programme. This also provides the doctor with the counselling and assistance. Council may also impose conditions on the doctor's scope of practice, or request that the doctor sign a Voluntary Undertaking, to mitigate any risk to public safety while undergoing remediation. *Designing and monitoring educational programmes* The Council's Medical Adviser designs each educational programme based on the areas of concern identified through the performance assessment. The programme sets out clear objectives, expected outcomes, and required activities for each area of concern. Programmes typically include monthly meetings between the doctor, and a Council appointed educational supervisor, with monthly progress reports provided to the Council. Educational programmes may include reflective activities, where this is relevant to the concerns identified. Guidance to support this component is provided in the document *Reflection: looking backwards to look forwards*. Council staff monitor the doctor's compliance with the educational programme. The Medical Adviser reviews reports, and where the supervisor or the Medical Adviser identifies concerns, Council staff may make further enquiries with the doctor. *Appointing educational supervisors* Council's educational supervisors are appointed in line with operating documents. Supervisors must be in good standing with the Council, hold vocational registration, and				

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		practise within the same scope as the doctor undertaking the programme. Before an educational programme begins, the Council's Medical Adviser may contact the proposed supervisor to discuss the programme and ensure the supervisor understands its purpose and the Council's expectations for the doctor. To support supervisors in their role, the Council has developed an *Educational and Clinical Supervisor Guide*. *Completed educational programmes* At the conclusion of an educational programme, the Medical Adviser reviews the final report alongside the earlier progress reports to determine whether the programme objectives have been met. All reports are also provided to the doctor, who is given an opportunity to comment on the programme. If the Medical Adviser confirms the programme has been satisfactorily completed, the outcome may be signed off under delegation by the Registrar or Deputy Registrar. If the Medical Adviser advises that the programme has not been satisfactorily completed, the matter is referred to the Council to determine next steps. This will usually involve extending the programme to allow the doctor additional time to meet any outstanding objectives. Where the Council requires further assurance that the learning from the programme has been embedded into the doctor's practice, it may also direct that a follow-up performance assessment be undertaken. *Non-compliance with educational programme* In cases of non-compliance, the matter is referred to Council for consideration either as a conduct matter or to strengthen the educational programme via public conditions on the doctor's scope of practice or, in severe cases, suspension. Suspension would mean that the educational programme would be placed on hold as the doctor is not working. *Educational letters* Educational letters are a proportionate, right-touch tool that Council may use to address minor concerns about a doctor's competence or conduct. When the Council receives a notification about a doctor, the matter is first considered by the Notification Triage Team				

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		and can be referred to a full Council meeting, according to a risk adverse approach. At both the triaging level and at full meetings of Council, an available option is to send the doctor an educational letter. Educational letters provide a framework through which the Council can reaffirm its expectations for doctors and direct them to relevant resources (including Council Statements and Cole's Medical Practice in New Zealand).				
	d) Promote the competence of health practitioners	There are proportionate, appropriate, transparent, and standards-based mechanisms to promote the competence of doctors. These mechanisms include proactive requirements for all doctors to meet the standards of competence and continue to keep up to date and fit to practise. These proactive requirements are supported by monitoring and evaluation if issues of concern are identified. The mechanisms to promote competence are relevant to a doctor's scope of practice, their actual work and workplace setting and include: • Medical school training programme provider accreditation • New Zealand Registration Examination (NZREX Clinical) • Prevocational medical training programme provider accreditation • Vocational medical training provider accreditation • Recertification requirements for general and vocational scopes of practice • Ordered recertification and education programmes • Council's Statements • Educational letters.	FA			

Function 4: Section 118f) To receive information from any person about the practice, conduct, or competence of health practitioners and, if it is appropriate to do so, act on that information.

Section 118g) To notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public.

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4.1	The RA has appropriate, timely, transparent, fair, and proportionate mechanisms for: *a)* Providing clear, easily accessible public information about how to raise concerns or make a notification about a health practitioner	Council provides public-facing guidance to assist employers and members of the public with how to raise concerns. This is supported by direct e-mail and telephone advice. *Public register of doctors* All doctors who are working in Aotearoa New Zealand are required to hold current registration and a practising certificate and can be verified by searching the register. An enquiry can also be made by contacting the Council directly. *Notifications as a patient/member of the public* The homepage on the website includes direct link to advice for an individual on making a notification as a patient. A series of videos are available to guide individuals through the notification process. Other improvements to the Council's website include: a) Reorganising the notifications page to provide clarity on the Council's role b) Introducing an electronic form on the website for making notifications as an alternative to emailing or phoning. The electronic form is undergoing its final approval processes and will then be introduced as part of the customer service software recently implemented which can be used to track and manage all incoming correspondence. Use of this webform will streamline the way enquiries are responded to, improve oversight of enquiries, and support more consistent and timely responses to enquiries c) Introducing an online feedback mechanism for individuals on whether they found the website easy to navigate and whether the steps for making a notification were clear. The Council is required to refer all patient concerns to the HDC which is stated clearly on the notification's webpage and includes access to the Nationwide Health and Disability Advocacy Service. There is supporting information for patients on the website	FA			

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		including *Your Rights as a Patient, Informed consent, Importance of clear sexual boundaries*, and *Chaperones*. The *Contact Us* page includes a menu of easy to navigate radio buttons that can direct any enquiry with the correct advice and team contact details. The Council's Professional Standards Team regularly provides advice about the notifications process to members of the public who contact with concerns about their doctor. The 'Standards' e-mail inbox (standards@mcnz.org.nz) is monitored daily. To help patients access the HDC and support services, Council staff proactively seek the patient's consent to forward their correspondence to the HDC on their behalf. *Notifications from employers or colleagues* Council's *Conduct and Competence* information on the website includes guidance for colleagues or employers on how to manage concerns about doctors who they work with. This outlines factors to consider before referring matters, and a link to Council's Health Team if the concerns may relate to a doctor's health. Many conduct or competence issues arise as the result of underlying health concerns. By providing this link to the health information, the employer or colleague can immediately have access to this advice. If a colleague or employer contacts the Council for advice, the Professional Standards Team will discuss the notifications process and can follow up with an e-mail directing them to this public information. *Public information on the notifications process (for all)* The options available to manage any notification received are consistent despite where the notification comes from and are explained on the *Conduct and Competence* webpage with links to supporting resources. This includes information about each stage in the notifications process. It explains that the doctor will be advised of the name of the notifier and who will be considering all information at every stage. This ensures that our processes are transparent and that anyone wishing to make a notification has this				

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		process information upfront. The Professional Standards Team will seek a notifier's consent to share their name and notification with the doctor concerned, before proceeding with the notifications process. Online resources include: a) What to do when you have concerns about another doctor: Guidance for colleagues on how to raise concerns professionally and safely b) Notifications – available options: Outlines the various options available to the Notifications Triage Team and Council when considering a notification about a doctor c) Professional Conduct Committees (PCCs): Information about the PCC process for investigating conduct concerns d) Performance Assessment Committees (PACs): Information about how the Council assesses a doctor's performance if concerns are raised. The Professional Standards Team routinely refer individuals to these resources as part of correspondence to them during the notifications process.				
	b) Identifying and responding in a timely way to any complaint or notification about a health practitioner	When Council receives a notification about a doctor, a *Risk Assessment Framework* is used to: a. identify risk during the notification triage process; and b. assist Council in its deliberations to ensure it articulates grounds for identifying a risk of harm and takes appropriate action to address it. Some notifications may contain information which is considered high risk e.g., notifications about sexual boundary breaches. These notifications are managed differently to notifications that appear to have a lower level of risk. The Council shortens response timeframes for high-risk notifications to ensure that the matter can be considered promptly by the Notifications Triage Team, and that the health and safety of the public is protected immediately. An extraordinary meeting of Council may be called	FA			

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		if the risk is so high that immediate interim action by way of conditions or suspension is required. The Professional Standards Team manage all incoming notifications and carry out risk assessments for each notification. Medium to high-risk notifications is immediately escalated to the Registrar and/or Deputy Registrar and a management plan for these notifications is made. A 'watching brief' is provided. New notifications are allocated to Professional Standard Advisers as soon as practicable on receipt. There are operating documents outlining ideal timeframes to action notifications. The notifier is contacted to explain the process and advise the information provided will be sent to the doctor. The doctor and their response to the information is requested within 10 working days. The notification, and the doctor's response, is then sent to the Notification Triage Team for consideration. There are some occasions when it is deemed necessary for cases to go direct to a full meeting of Council for consideration. Notifiers and doctors are kept informed of any updates throughout the process. Advisers will enquire with the notifier and doctor about the level of support they have in place, particularly if there are factors present which may make them more vulnerable. Factors may include: • cultural circumstances. • physical or mental needs; and/or • nature of the alleged conduct (e.g. sexual misconduct). The Council will consider adapting its processes to respond to the specific needs of a notifier or doctor, depending on the level of risk involved and subject to it not materially impacting on the Council's ability to carry out its functions. *Memorandum of Understanding with the Health and Disability Commissioner* In 2024, the Council and the HDC updated its Memorandum of Understanding (MoU) to include clear guidelines for the timely exchange of information between the				

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		organisations. These guidelines have been developed, in part, to minimise delays caused by sections 64 and 70 of the HPCAA, which requires the Council to: a) Forward all notifications it receives about a patient's care to the HDC; and b) Refrain from taking any disciplinary action while the notification is being considered by the HDC. Under the MoU, the HDC has agreed to use its best endeavours to: a) Refer all notifications relating to a doctor's competence, conduct, or fitness to practise to the Council within three working days of receiving the notification, unless the HDC intends to formally investigate it. b) Refer any sexual misconduct notification it receives to the Council in the first instance, within three working days of receiving the notification. These guidelines enable the Council to promptly take any necessary action to protect the public. To date, the MoU has been working well and as intended. *Te Rōpū Tātari Whakaaturanga* | *Notifications Triage Team (NTT)* High priority is placed on responding promptly and appropriately to all notifications. This includes early identification of the key issues, such as whether the notification raises questions of a doctor's competence or conduct requiring further Council consideration and decision-making. The Council actively considers whether the information it receives suggests a possible risk to public health and safety by identifying at the earliest opportunity any potential risk of harm and taking steps to ameliorate or prevent such risks. The role of the NTT is to review notifications and decide on initial next steps. In this way, it helps ensure notifications are dealt with in a timely way. The NTT will undertake an assessment and provide advice for the initial management of cases where the NTT identifies a possible risk of harm or a need to protect the public. The NTT provides advice to the Registrar and/or Deputy Registrar on the exercise of several delegations				

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		relating to case management and risk management. The NTT operates in accordance with Terms of Reference approved by Council, and has the following options available to it: a) No further action. b) Send the doctor an educational letter. c) Await the outcome of an external investigation or proceedings (e.g. HDC, workplace, or criminal investigation/proceedings). d) Refer matter(s) to the HDC. e) Refer matter(s) to a full meeting of Council for consideration. f) Request the doctor participates in a Preliminary Competence Inquiry. g) Refer the information to the Registrar with a recommendation to require the doctor undergo a performance assessment. h) Refer the information to the Registrar with advice to refer to a PCC under delegation. i) Refer the information to the Registrar with advice to issue a section 35 notification of risk of harm. j) Propose a Voluntary Undertaking (VU). k) Amend the terms of an existing VU. l) Refer the doctor to the Health Team. For low to medium risk notifications, cases must be sent to the NTT at either its next available weekly meeting or within a 10-day period. Following which the decisions are communicated to the notifier and the doctor (telephone) or their legal representative and formally within 10 working days, with any next steps and next deadlines clearly stated. If the NTT has requested that a doctor signs a Voluntary Undertaking (VU) to restrict their practice, the correspondence advising them of this decision is sent out urgently and the doctor is provided with five working days (or less depending on the nature of the matter) to advise whether they are agreeable to sign the VU.				

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Section 118g) To notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public.

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		Most notifications are dealt with, and resolved, through the NTT and the processes which may follow. *Escalation to full meeting of Council* High-risk notifications (i.e. where there is an identified immediate risk of harm to the public), can proceed directly to Council, usually for consideration of interim conditions or suspension. The Registrar will consult with the Chair about the timing of a Council meeting, and whether non-statutory interim action (a VU) may be required. Council meets approximately every six weeks. However, if a high-risk notification raises concerns around risk of harm to the public, there are mechanisms under the HPCAA allowing for emergency meetings of Council to be convened. Emergency meetings usually occur over video conference. Council can immediately suspend a doctor's practising certificate without notice: a) A criminal proceeding is pending against the doctor; or b) If there is an investigation pending under the HPCAA or under the Health and Disability Commissioner Act 1994; and c) If Council believes that the doctor poses a risk of serious harm to the public. If a doctor's practising certificate is immediately suspended the doctor is promptly informed. Under section 69A, the doctor has the right to be heard within 20 working days of the decision. Alternatively, Council can propose to impose interim conditions or suspension under section 69 of the HPCAA. This is effectively an 'on notice' order, which allows for the doctor to be heard on the matter before the order is made. The risk threshold is lower under section 69, in that the Council must reasonably hold the opinion that the notification casts doubt on the appropriateness of the doctor's conduct in his or her professional capacity.				

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		If an order is made under section 69 or 69A, the Council will notify the relevant national and international organisations of this. The notifier is also informed. Doctors are informed who the Council will communicate with/notify of matters about them. The Council's MoU with various organisations may require release of information about the doctor, doctors are always informed prior to this occurring and given a copy of the correspondence sent. The HPCAA stipulates timeframes for certain processes to occur within, outside of those specified, the Council relies on its own policies, protocols, and services standards to ensure notifications/corresponding processes are managed efficiently. To ensure expected timeframes are met, milestone dates are embedded in the electronic case management system workflows. This approach enables Council staff to: • Monitor progress effectively by tracking tasks against predefined milestones • Report accurately on timeliness, offering visibility into whether cases are on schedule • Identify risks early, allowing proactive intervention when there is a likelihood of missing deadlines. Through milestone tracking, the ability to manage timeframes has strengthened.				
	c) Considering information related to a health practitioner's conduct or the safety of the practitioner's practice	Council has well developed processes and policies for considering information relating to a doctor's conduct or the safety of their practice. Council works in accordance with the principles of natural justice and ensures transparency with notifiers and doctors who have had notifications made about them. Council provides full disclosure of information to the doctor and explains why some information is redacted if required. Council staff clearly inform notifiers at the beginning of the process that all information they provide to the Council will be disclosed to the doctor, except their contact information. The Council has developed guidance on assessing information relating to specific types of notifications. Council has a set of principles for assessing notifications, as well as	FA			

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		principles to be applied by the Registrar and/or Deputy Registrar when making decisions under delegation. Separate processes are followed if matters are referred to a PCC or a PAC. The assessments undertaken by PACs remain under the general oversight of the Professional Standards Team, while PCC investigations are transferred to the Legal Team to act as legal advisers to each PCC. Throughout these processes, the Council offers various opportunities for doctors to respond to concerns raised. *Professional Conduct Committees (PCC)* A PCC is an investigatory body appointed by Council with the purpose of investigating matters and concerns referred to it by the Council about a registered doctor. PCC members receive regular training to ensure they understand the steps within an investigation, and are making fair, consistent and transparent decisions. PCC members are required to attend annual workshops that address specific identified training needs, along with general feedback and case summaries from recent Health Practitioners Disciplinary Tribunal (HPDT) decisions. PCCs' legal advisers have specialist knowledge about this area of law and on PCC processes and receive regular training and continued professional development relevant to the advice PCCs require. *Council Statements* These are available on the Council's website, regularly reviewed, consulted on, and published across a range of conduct to ensure that the Council (and PCC, if applicable) has transparent standards to assess information about conduct/safety of a doctor's practice against. *Timeliness* Case management by staff within either the Professional Standards Team or Legal Team includes trackers/monthly case updates in workflow systems to monitor achievement of specific steps through the process, and to monitor the overall timeliness				

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		of assessments or investigations. PCC investigations are also measured against service standards to ensure completion within certain timeframes depending on complexity.				
	d) Ensuring all parties to a complaint are supported to fully inform the authority's consideration process	The primary source of support through the notification process comes from Council staff who communicate with parties during the process. The Council also has several additional sources of support for parties, as follows. *Updates* Generally, Professional Standards Advisers and/or Legal Advisers keep relevant parties informed with regular updates on the progress of a notification or investigation, in line with section 72(2) of the HPCAA. *Doctors* Most doctors involved in the notification process are indemnified and are therefore represented by a lawyer and/or provided with additional support. Despite this, the Council has a role to play in ensuring doctors subject to a notification experience a timely and fair notification process and are made aware of the additional support available to them. Those without professional indemnity or legal representation receive additional support and information throughout the PCC process to ensure they are aware of the process and their rights. Where there are indications that the doctor may be experiencing distress or health issues in relation to the notifications process, the Professional Standards Team will implement measures in response, including: • Consulting with the Health Team. • Informing their legal representative and GP (if known). • Contacting the Police to carry out a welfare check where appropriate. • Adapting the process to cater to a doctor's needs where possible. *Notifiers*	FA			

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		Notifiers involved in PCC investigations and Tribunal prosecutions are informed about the process, and the investigation (to the extent possible under the Privacy Act 2020). There are tailored information sheets for sensitive interviews which direct notifiers to sources of independent support, but this is limited to generic, free services available to the public. At present, the Council does not have direct access to a Victim Support/Victims Advisor equivalent, and notifiers only have access to this if they are also involved in criminal proceedings. The Council is currently exploring options for a notifier support framework or service that is flexible and responsive to the individual's needs. The Council meets the costs of counselling for notifiers on a case-by-case basis (for example, where the case involves allegations of sexual misconduct). Support persons can be used at any stage of the process and are particularly encouraged for interviews with the PCC. Additionally, PCC convenors have templates to follow when calling notifiers for sexual boundary notifications, and legal advisers have template correspondence for various stages of the investigation. The Council deals with anonymous notifications on a case-by-case basis but typically cannot progress anonymous notifications due to natural justice concerns. When anonymous notifications are received, the Council will consider whether the Protected Disclosures (Protection of Whistleblowers) Act 2022 applies and, if so, will carry out its processes in accordance with its obligations under that Act. *Witnesses* Witnesses involved in PCC investigations and prosecutions are informed about the process, and investigation (to the extent possible under the Privacy Act 2020). There are tailored information sheets for sensitive interviews. *Measure of success*				

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		Council will be implementing a feedback mechanism for notifiers and doctors so they can share whether they found the PCC process timely and fair and whether they felt adequately supported.				
	e) Enabling action, such as informing appropriate parties (including those specified in section 118(g)) that a practitioner may pose a risk of harm to the public *NB: 118 g) To notify employers, the ACC, the Director General of Health, and the HDC that the practice of a health practitioner may post a risk of harm to the public*	*Public register* Council maintains a public register including information about conditions on a doctor's scope of practice and references which section of the HPCAA that the conditions have been imposed under. The register also shows if a doctor has been suspended. *Voluntary Undertakings* The Council can inform appropriate parties that a doctor may pose a risk of harm to the public through a VU entered with the doctor. If the Council identifies a risk to the public, it can ask the doctor to agree to a VU as an interim measure prior to consideration of statutory action (where appropriate). The VU will include terms that are targeted to mitigate the level of risk, and in addition, a standard term that the Council will inform the doctor's employer of the VU. This means that the employer is aware that the doctor has restrictions on their scope of practice, and the employer can take steps to assist with monitoring and compliance and provide support to the doctor. The terms of a VU are proposed at the Council's discretion. In some circumstances, the Council may consider it necessary to inform a doctor's employer of the background information that has led to the VU, and it can incorporate this into the VU. A VU is a consent-based mechanism by which the Council can involve a doctor's employer in risk management. If a doctor does not agree to a VU, Council can consider proposing conditions/suspension to the doctor. An order by Council is shared with third parties according to Council's Communications protocol, Council can also include in the conditions the ability to inform certain parties of specific information. *Communications protocol*	FA			

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		The Council has a *Communications protocol* that reflects its obligation to inform parties of specific decisions made under the HPCAA. Section 156A of the HPCAA states that an order by Council must be communicated to the doctor's employer, and any person who works in partnership or association with the doctor. This ensures that those who work closely with the doctor are informed when Council makes an order, and they can take appropriate steps to assist with monitoring and compliance and can provide the doctor with support. Orders which are communicated according to the *Communications protocol*, and which are premised on a risk of harm to the public include: • An order under section 38 of the HPCAA if a doctor is found to be practising below the required standard of competence. • An order under section 43 related to unsatisfactory completion of a competence or recertification programme. • An interim order under sections 39, 48, 69, and 69A of the HPCAA, if Council identifies a risk to the public. • An order under sections 50 and 67A of the HPCAA, related to a doctor's fitness to practise. If the HDC notifies the Council that it believes a doctor is practising below the required standard of competence, the Council is required to inform the HDC if it subsequently makes any orders under sections 38 and 39 of the HPCAA. The *Communications protocol* also requires Council staff to update the notifier if, because of their notification, Council requires a doctor to undergo a performance assessment. ACC and HDC have statutory obligations to refer concerns to the Council, which means they are considered the notifier for certain cases, and the Council will update them accordingly. *Section 35 notice of risk of harm to public*				

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		If the Council has reason to believe the practice of a doctor may pose a risk of harm to the public, the Council must notify: • The Accident Compensation Corporation • The Director-General of Health • The Health and Disability Commissioner; and • The doctor's employer The Council may also notify anyone who works in partnership and association with the doctor. The notice must specify the circumstances which give rise to the Council's belief that the doctor's practice poses a risk of harm to the public. The duty (and discretion) to issue a notice of risk of harm to the public is built into the Council's consideration process. At both the triage level, and at full meetings of Council, the Council considers whether a doctor's practice poses a risk of harm to the public, and it takes appropriate steps to address this risk, through voluntary undertakings, conditions, and the suspension of a doctor's practising certificate. In these circumstances the Council will also consider whether there is any residual risk which requires the Council to issue a risk of harm notice. A residual risk includes the risk of non-compliance with any measures put in place by the Council. The Council will consider the adequacy of ordinary communication that will accompany the order/ VU. The Council must promptly inform the recipients of a section 35 notice when it no longer believes that a doctor poses, or ever posed, a risk of harm to the public. *Naming policy* The Council has a policy called the *Publication of notices about orders or directions* (the Policy). The Policy sets out the process by which Council may publish information relating to an order about a doctor and guides practice. Among other reasons, the Council may publish a notice to: • Ensure compliance of an order, by informing parties who will be able to assist with monitoring; and/or				

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		• Notify parties of a risk of harm to public health and safety. The ability to publish the details about an order is an additional tool by which the Council can notify appropriate parties that a doctor may pose a risk of harm to the public. The Council can notify a breadth of audiences through a variety of mediums, but the Policy establishes that publication should be targeted, to mitigate the consequences for the doctor. The Council will balance several factors before deciding to publish a notice, including: • the public interest in publication • the risk of harm to the public • the risk of non-compliance with an order • the doctor's right to privacy • the adequacy of any information already available on the public register • information that has already been communicated to parties under other sections of the HPCAA (see Section 35). The Council will generally not publish a notice if the order relates to a doctor's competence and a doctor is engaging in remediation efforts, or if there are concerns about a doctor's health. If Council considers that publication of a notice is necessary, it will propose the notice to the doctor and the terms of publication and give the doctor the opportunity to make submissions. Council will then consider all information, before making a final decision on whether to publish a notice.				

Function 5: Section 118h) To consider the cases of health practitioners who may be unable to perform the functions required for the practice of the profession.						
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5.1	The RA has clear and transparent mechanisms to: a) Receive, review, and make decisions regarding notifications about health practitioners who may be unable to perform the functions required for the practice of the profession	**Mechanisms include:** *Mechanism 1 – Mandatory notification education, advice, and support* Notification is mandatory under section 45(1) and (5), and any other person may notify, if they have a reasonable belief that a doctor has a mental or physical condition affecting their practice. Most notifications come from the doctor themselves, often under advice from others, such as workplaces. Notifications from patients or the public are rare. Cases are also referred from the HPDT, and from Council. *Mechanism 2 – Council defines the functions required to practise medicine* Whether a doctor is in good health or has a health problem, a practising doctor must always be able to: • make safe judgments • demonstrate the level of skill and knowledge required for safe practice • behave appropriately • not risk infecting patients • not act in ways that adversely impact on patient safety.' This guides those deciding whether a notification is required, and subsequent decisions made by the Health Committee. *Mechanism 3 – Making information available to inform notification thresholds* To assist in reporting the website has a Health concerns about a doctor | Medical Council section. The website is easy for people to read and find advice on how to report a concern and see what standards need to be met. If they have questions, they can call or email Council staff. Council staff meet with external parties, such as prevocational educational supervisors, medical colleges, chief medical officers across Te Whatu Ora | Health New Zealand, and medical schools. There are annual meetings with the main medico-legal insurers each year. This is a forum for each to raise and discuss concerns.	FA			

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		Mechanism 4 – Timely consideration of notifications Scheduling of Committee meetings enables notifications to be considered promptly. There are five full-day face-to-face meetings a year, and short Zoom meetings in the other seven months. This ensures timely decision-making. Options for more urgent risk management can be achieved by resolutions circulated for assent, and emergency meetings. *Mechanism 5 – Capability to ensure informed decision-making – the Health Committee, the Registrar, and the office-based Health Team* The Health Committee is a standing committee which considers the extent to which health conditions are affecting an individual doctor's practice. There are six members drawn from Council: two lay members, two psychiatrists, a general physician and an occupational and environmental health physician. Council's chairperson is an ex-officio member. Where possible, membership is selected from within Council to include a vocationally registered primary care clinician, a vocationally registered psychiatrist or addiction medicine specialist, and a hospital-based clinician with experience working in the public sector (terms of reference are in place). This range of expertise informs proportionate and targeted decisions. Non-Council members can be appointed to the Committee if the necessary expertise is not available. Council staff supports the Committee. This team includes five case managers, a health administrator, a team leader, and a team manager, who are overseen by the Registrar. The team works with compassion and care. Their main tasks include: • receiving and managing new reports or referrals • preparing briefing papers for the Committee • implementing the Committee's decisions • coordinating monitoring and check-ins • staying in touch with doctors, their employers, their medical teams, and the Committee's independent experts.				

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		Mechanism 6 – Delegations to the Committee, the Registrar, the Health Manager, and case managers ensure timely and effective management of risks to patients when doctors are unwell The Registrar has delegated to the Health Manager and to case managers, functions, and duties. In the interests of fairness and accountability, the Health Committee is always willing to consider a doctor's concerns and review its decisions as a first step. *Mechanism 7 – the Privacy Act 2020 and the Health Information Privacy Code 2020* Only Council staff members who are directly involved in a case can access a doctor's electronic file. Case managers have access to a dedicated telephone room within the Health Team's office area so they can speak to doctors confidentially without being overheard. The Health Team has electronic mailboxes for incoming mail through the website, and mailed letters and parcels come direct to the Health Team. Confidentiality agreements are in place for staff, Council members, and Council agents. *Mechanism 8 – General approach when doctors have conditions affecting their ability to practise safely* The Committee encourages and supports recovery and vocational rehabilitation of doctors. Its approach is non-judgemental. It carefully balances risk to patient safety with compassionate management of the doctor. Doctors with health conditions can continue in practice where it is safe to do so. The types of safety mechanisms applied include requisite limitations on practice, hours of work, supervision of practice, monitoring of health and compliance with abstinence for addiction conditions. Employers/practices facilitate this. *Mechanism 9 – risk management process to protect the public, to support the doctor, and follow up any risks identified when notifications are received* The Registrar has delegated to the Health Manager, and to case managers, authority to receive and act on receipt of notifications under section 45 of the HPCAA, and certain steps through sections 47 to 50.				

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		Step 1: An incoming case is allocated to a case manager within two days of its receipt, or immediately if steps are needed to withdraw a doctor from practice. A workflow is opened ensuring visibility to other areas of the office so that other incoming information such as conduct, or performance concerns can be shared with the case manager to further inform decision-making. The preference is to speak to the doctor unless their health situation prohibits a call. This call may be pre-arranged and introduced by email. Step 2: A risk evaluation is undertaken on the doctor's ability to practise safely, which is guided by the Health Case Checklist. The priority is to determine whether immediate intervention is required to protect the public. Doctors may find it hard to share personal health details because they fear consequences, especially if they struggle with addiction. Case managers work to build trust in the process while monitoring the doctor's well-being. If they identify any safety risks, they will refer the doctor to their own physician, employer, legal counsel, or emergency services. Conflicts of interest are canvassed early in the process and managed going forward. Step 3: In line with the action steps in the checklist, a management plan is formulated to minimise risk for patients, the doctor, and the workplace. The case manager will determine whether a statutory process needs to be followed, or whether the doctor can be offered a voluntary process. Where risks can be safely managed, the Committee's approach is to work within a framework that enables doctors to regain and maintain their fitness to practise, and to continue working. Step 4: The Committee receive a weekly list of new notifications with management plans for each. Doctors have already been asked to identify any conflicts of interest, and if they have declared any, the individual Health Committee member will not receive their information. Members can question or inform these plans. Cases are usually referred to the next available meeting of the Committee. If there is insufficient information to decide, a case will be held over to the next meeting, for example where the doctor has withdrawn from practice or is in hospital for an extended period. If urgent action is needed to protect the public, and the doctor is not willing to agree to the steps proposed, the Chair can convene an emergency meeting to consider using statutory powers or ask for a resolution for assent to be circulated.				

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		Mechanism 10 – Management of doctors alongside the statutory provisions in the HPCAA Helping preserve doctor's mana as a first step is consistent with the Council's value of Manaakitanga. Given the opportunity, doctors will work with the Committee in a cooperative way, without the need to use the formal constraints of the legislation. Examples include doctors: • with a degenerative condition who are not currently 'impaired,' but progression of disease needs longer-term monitoring • who accept certain monitoring that needs to be in place. The Committee meet with some doctors and their supporters to discuss their health, the Committee's requirements, difficulties they may be facing, and progress in treatment and recovery. This is helpful to doctors and the Committee as it gives clearer insight and shared understandings on both sides. All the rights and natural justice safeguards expected through a statutory approach are still carefully applied. Case managers make a concerted effort to maintain open lines of communication with doctors. *Mechanism 11 – Voluntary agreements rather than statutory conditions* The Committee can offer voluntary agreements instead of formal conditions if limitations are needed, or commitments (therapeutic, monitoring, and information sharing) need to be formalised. The template is adjusted on a case-by-case basis to the health condition, potential risks for patients, the doctor's insight into managing their condition and its potential impact on their practice, workplace liaison required, and monitoring requirements. In very low-risk cases the agreement might have just a shared understanding about a few key commitments or requirements. Oversight of the agreement gives the assurances required about the doctor's ongoing fitness to practise, engagement in treatment and monitoring. While agreements are not made public, they are shared with all named parties. This could include employer(s), or if the doctor is in private practice, an associate doctor, private hospital nominee, or PHO. These may be stand-alone documents, or complemented by:				

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		• formal return-to-work plans if a doctor has had a long period out of work or a significant injury and requires a supervised transition back to practice • limitations on the hours or scope of practice, for example for a doctor having vocational rehabilitation after a brain injury. An anonymised plan showing typical transitions through non-procedural to procedural practice following a head injury is to the right • a practice protocol outlines workplace agreements to limit a doctor's access to abusable drugs and medicines is to the right. If the voluntary process is not respected, the Committee can revert to the formal mechanisms. *Mechanism 12 – Oversight of the Committee's decisions* The Council oversees the Committee's decisions though Committee minutes and schedules. Minutes provide the Council with clear information about the health condition(s) affecting each doctor, the current issues, information that was before the Committee to inform its decision-making, any decisions made, and the reasons for those decisions. The Committee Chair briefs Council on any difficulties or successes, and particular risks being managed. Council probes decisions as needed. Council has visibility of the timely completion of actions from the schedules, and any matters pending. As there is little personal health information in the Committee's minutes, these are seen by all Council members in its oversight role. There is provision for a minute to be withheld in certain cases, for example a close colleague, friend, or family member. There is full transparency about this process with the doctor concerned. *Mechanism 13 – monitoring – active risk management demonstrating right touch regulation* The Council is accountable to the public, to doctors and their employers/workplaces for integrity in our testing and processes. The Committee uses a range of reporting and tools targeted to a doctor's health condition, their scope of practice, and their level of insight. Decisions are proportionate to the risk posed by the condition, the potential for relapse or adverse changes, and our agility to react to changing situations. Doctors pay				

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		testing costs and analysis, except those required for assessments. A summary of the most common monitoring mechanisms follows. Reporting by treatment teams Regular reports are needed to confirm participation and progress in treatment, and current fitness to practise. The Committee expect to get reports out-of-cycle if problems arise. Detailed reporting is not expected as the Committee wants therapeutic relationships to be safe for the doctor. Treatment providers are given key points for reports to cover along with anything else relevant to their fitness to practise. Independent assessment reports The Committee commissions and pays for expert advice on a doctor's fitness to practise. Referrals are arranged by the case managers, who give detailed briefings and outline the scope of the advice needed. The main sources of expert advice are psychiatrists (both general and dual diagnosis), neuropsychologists, occupational physicians, neurologists, occupational therapists, general physicians, and other specialties as indicated for the condition being assessed. All parties (the doctor, the treatment team, the employer(s), the Health Committee) deserve very robust and reliable advice as it is key to protecting the public. To facilitate this: • the doctor usually meets with the assessor – in person or online • assessors are required to gather a wide collateral history (with the doctor's consent) to inform their assessment, including from treatment providers, workplace contacts, supervisors, significant others • assessors can request testing or examinations necessary to inform their assessment. Urine testing to detect the misuse of substances – short window of use but early detection achieved Substance testing is in accordance with the general requirements of the Australian/New Zealand Standard AS/NZS 4308:2008. Providers have an interpretation service to manage queries. Samples are collected using chain of custody procedures and kits. All				

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		areas of the collection, transportation and analysis are controlled. Specimens are witnessed from body to beaker. A diary for testing is scheduled, and contact is made with the doctor on the morning of the appointment/test. Immunoassay screening tests are done for the main drug classes, and confirmatory or definitive testing undertaken if a substance is present, or the substance is not covered in a screening test. Specimens are routinely tested for creatinine as this can indicate a dilute specimen, which could mean a doctor has ingested water to reduce the concentration of a drug or its metabolites. If a low creatinine result is reported, testing can be rescheduled if the index of suspicion is high. Hair strand testing to detect the misuse of substances – longer window of detection Ingested drugs are absorbed into the blood stream. As each hair follicle has its own blood supply, the drugs are incorporated into the hair and remain almost permanently. Hair grows at about 1cm per month and consecutive sections provide a retrospective history of use. This gives a window of detection that is as long as the hair. Occasional use is more likely to be detected in hair than in urine. Head hair, or actively growing hair, is preferred where available. Collection, where done sensitively and without leaving bald patches, is less invasive than witnessed urine voids. Oral swabs Efficacy of oral swab testing for our purposes is to be looked at. Blood testing to detect the markers of alcohol misuse or to confirm medications used are at a therapeutic level. Specimens are collected through GPs or local laboratories. Alcohol detection The Committee's preferred option is the SOBRsure wrist device with continuous transdermal testing. This can prove 24x7 continuous alcohol sobriety. Devices cannot be commenced by new users until a water ingress problem is fixed. Other options remain available, such as the SMART Mobile remote alcohol monitoring device. This operates on mobile networks and transmits real-time results. They can be set to ask for				

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		up to 10 tests per day, and will beep intermittently, until the test is completed, or the test window is missed. Positive results (above 0.020) are emailed to the case manager as are missed tests. A built-in camera provides a photo with every test to enable assurance that the monitored doctor is taking the test. Doctors must pay for these services. If the costs are unmanageable, cheaper options are offered. There is a nominated witness who checks results at times determined by the Committee or case manager. Most often this testing is undertaken in a workplace to ensure sobriety throughout the day, with options for other random tests if indicated. *Mechanism 15 – Proactive steps to ensure applicants for registration and practising certificates are fit to practise* Health disclosures requirements and process The Registrar has delegated to the Health Manager, and to case managers consideration of applications under sections 16(d) and 27(1)(e) of the HPCAA. Disclosures come to the duty case manager directly, or through the Registrar, or the registration workflow. The workflow gives visibility that a health process is underway. A decision about fitness will only be made when all necessary information is available. If fitness in terms of health is in question, the application will be referred to the Health Committee to give advice to the Registrar. The workflow step will only be released once the applicant is deemed fit. This may be contingent on the applicant agreeing to certain requirements, for example obtaining a GP, monitoring, and information sharing. All disclosure information is reported to the Committee. If a disclosure meets the threshold for notification, it is escalated to a notification procedure see Mechanism 9 above. Applications for registration for already qualified doctors The disclosure question can be found: Fitness for registration | Medical Council. All applicants are required to provide information if they have ever been diagnosed with about any mental or physical condition with the capacity to affect their practice. This enables Council to ensure all doctors registered are both competent and fit to practise. *New graduates (PGY1s) – sections 16(d) and 45(5) of the HPCAA*				

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		The Council has MoUs with the current NZ medical schools - Otago (sighted) and Auckland. These relate to the schools' policies and processes when concerns are raised about a student's fitness to practise (health, or personal issues and conduct). If serious or irremediable issues arise, students can be excluded from the course. The MoU facilitate a transparent process for reporting about fitness to practise issues that may affect a medical student's fitness for registration or ability to perform the functions required for the practice of medicine. There is information on the website about intern health and disclosure requirements. This is provided to each medical student as part of the registration pack. Students are given responsibility for discussing health conditions and support needed with their prevocational education supervisor (PES), and sometimes the Te Whatu Ora | Health New Zealand occupational health departments. The case manager will, in most cases, make sure this has happened. It can enable the new doctor to get time off for appointments needed and facilitate any run changes that might be indicated. The approach normalises the fact that doctors have health problems like everyone else – being part of the profession means looking after their own health and getting support early if problems arise. *Doctors applying for a practising certificate – section 27(1)(e) of the HPCAA* There is detailed information on the website (Applying for a practising certificate | Medical Council) to help doctors who need to give a positive response to the disclosure question. This includes what health information will be needed to support their application, and who can provide it. The information sheet covers: • why and what information is needed • how we manage privacy and conflicts of interest. There is an 0800 telephone number so that doctors can discuss questions or uncertainties, and a confidential address to ensure information comes direct to the Health Team. *Mechanism 16 – monitoring – active risk management demonstrating right touch regulation*				

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		Decisions are proportionate to the risks of relapse or adverse changes, and public safety is met by our agility with the latter. The proactive phase is the set-up, with regular review. There is a reactive approach if risks arise. The Committee sets the decision on the review period.				
	b) Take appropriate, timely, and proportionate action to minimise risk	*Proportionate action* Monitoring decisions are based on risk. This can be short term or over many years. Monitoring frequency is usually reduced over time, with evidence of recovery and wellness. Monitoring can be increased if there is a relapse. Targeted: The focus is the risk that needs to be minimised to enable the doctor to practise safely. Transparency: All parties included in agreements have the various requirements explained to them. Depending on the risk, this may extend to new staff/colleagues as they are onboarded. Accountable: Case managers coordinate the monitoring, and their case lists are reviewed by the Health Committee. Decisions made by case managers, the Committee and the Registrar can be reviewed. Agile: Action can be taken quickly if there is non-compliance, concerns arise, and if a doctor needs to be withdrawn from work. The latter might be for a short period while more information is gathered, or until their health improves. If changes are needed to agreements, these can be managed efficiently and effectively at the time, and new people briefed.	FA			

Function 6: Section 118i) To set standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct to be observed by health practitioners of the profession.						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Suggested Timeframe (months / date)**
6.1	The RA sets standards of clinical and cultural competence and ethical conduct that are: a) Informed by relevant evidence	The Council sets standards of clinical competence, cultural competence, and ethical conduct to be observed by health practitioners of the profession. These are published as statements on the Council's website. The Council has 25 published statements. The Council's statement on Good Medical Practice (Good Medical Practice 3-11-21.pdf) sets the principles and values that define good medical practice and provides standards for the professional behaviour of doctors.	FA			
	b) Clearly articulated and accessible	Good Medical Practice and practice statements are readily available on the Council's website.	FA			
	c) Developed in consultation with the profession and other stakeholders	Council statements are regularly viewed and used by doctors, patients, and members of the public. Statements are regularly reviewed and updated. This work is underpinned by significant research, review of current evidence, gap analysis, and early involvement of the Kaitiaki Mana Māori. Reviews and updates are informed by extensive consultation with the profession and stakeholders. This includes input from Whakawaha (Consumer Advisory Group), and Te Kāhui Whakamana Tiriti, which represents the Council's relationship with Te Ohu Rata o Aotearoa (Te ORA), the Māori Medical Practitioners Association. Council staff have an established Policy Working Group that supports review and development of statements, comprising three Council members and several senior staff. The group reviews and inputs into statements (pre and post-consultation) and makes recommendations to Council for approval. For some areas, such as artificial intelligence (AI), cosmetic procedures, and cultural safety, additional expertise was sought by extending the membership of the Policy Working Group to include sector experts or convening an expert advisory group. The Council demonstrates agility by adapting statements as changes to medical practice arise such as: • Updating the statement on good prescribing practice and providing additional clarification during the pandemic	FA			

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		• Updating the statement on telehealth to reflect increased use of this modality including strengthening expectations in relation to online prescribing and facilitating continuity and quality of care • Updating the statement on doctors and health-related commercial organisations in a way that ensures patient safety when doctors work for, or have interests in, commercial entities • The cross-Regulatory Authority development of the *principles for quality and safe prescribing practice*, completed in June 2024 • Updating the statement on *Treating yourself and those close to you to better* accommodate emergency situations, and the challenges faced by doctors in rural and under-served communities • Recent completion of guidance on the use of AI in patient care • Surveys of the profession and the public that served as groundwork for the preparation of standards for Physician Associates and will feed into the changes to secondary legislation requirements expected later this year.				
	d) Inclusive of one or more competencies that enable practitioners to interact effectively and respectfully with Māori	The Council is currently reviewing its 2019 Statement on cultural safety with the aim being to: • ensure the content is up to date • include standards for cultural competence and hauora Māori • make the standards easier for doctors to understand and apply The review has resulted in the development of two draft statements, one on cultural competence and cultural safety, the other on hauora Māori. The draft statements have been developed with guidance from academics and advice from Whakawaha and Te Kāhui Whakamana Tiriti, the Council's expert Māori Advisory Group. Consultation on these statements recently closed and analysis of submissions is underway. The document He-Ara-Hauora-Maori-A-Pathway-to-Maori-Health-Equity.pdf (2019) provides guidance on how doctors and healthcare organisations can support the achievement of best health outcomes for Māori, and how they can develop and support the Māori medical workforce.	FA			

Function 6: Section 118i) To set standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct to be observed by health practitioners of the profession.						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Suggested Timeframe (months / date)**
		The Council is working to review and revise its approach to setting standards, to comply with the expected changes (contained in the Legislation Amendment Bill 2025) to how we develop, structure, and publish secondary legislation. We have met with the Parliamentary Counsel Office and sought external legal advice to support this work. *International medical graduate (IMG) orientation and supervision requirements* The Council has an orientation, induction and supervision handbook that sets expectations of employers and supervisors of IMGs. This includes the expectation that the Council's statements on clinical competence, cultural safety, and ethical conduct will be covered as part of the doctor's orientation. In 2025 Council approved a new collegial peer support and supervision framework for international medical graduates and are currently in the process of developing a new guide that will be published in the first half of this year to replace the existing handbook. This will include cultural training requirements. Supervision forms for IMGs include questions to assess the doctor's clinical competence, cultural safety, and ethical conduct. This information assists Council when making decisions on registration				

Function 7: Section 118j) To liaise with other authorities appointed under this Act about matters of common interest Section 118ja) To promote and facility inter-disciplinary collaboration and cooperation in the delivery of health services						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Suggested Timeframe (months / date)**
7.1	The RA understands the environment in which it works and has effective and collaborative relationships with other authorities.	The Council works collaboratively with health sector stakeholders and other Regulatory Authorities (Ras) to ensure a consistent approach to the regulation of all practitioners, examples follow: *Stakeholder advisory group with membership of other RAs* The Stakeholder Advisory Group on establishing regulation of Physician Associates (PAs) was established in May 2025 and comprised a wide range of stakeholders including a Nursing Council representative. Stakeholders were encouraged to voice their issues early in the engagement process so these could be addressed as the proposed regulatory framework was being developed. The Group met three times in 2025. *Health workforce* As part of responding to the Government's 2025 consultation on *Putting patients first: modernising health workforce regulation*, we supported other RAs to consider relevant issues in their submissions (in addition to making our own submission). The April 2025 submission supported a future-focused approach – one that strengthens patient voice, reduces duplication, and ensures regulation is proportionate to risk. Attention was also drawn to proposals that could undermine clinical oversight, erode public trust, or politicise regulation. Stronger coordination between regulators was supported to improve transparency in governance, and a greater role for patient input in decision making. In December 2021, we ran a workshop with all 18 RAs on health workforce regulatory reform. The purpose was to dive deeper on some of the fundamentals of the regulatory system, to identify potential targets for reform and what we are seeking to achieve. Alignment with the Pae Ora (then) Bill and wider health system reforms was also considered as part of the workshop. A follow-up meeting held in March 2022 was attended by the Council and 11 other RAs. *Cultural safety and Māori responsiveness*	FA			

Function 7: Section 118j) To liaise with other authorities appointed under this Act about matters of common interest Section 118ja) To promote and facility inter-disciplinary collaboration and cooperation in the delivery of health services						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Suggested Timeframe (months / date)**
		Since 2022, Council staff have hosted joint RAs 'Wall Walk' cultural safety training days for Council members, Council staff, and governance and staff from other RAs. In 2022, a network was established: the *Inter-RA Māori Advisors Network*. The initial composition included Māori advisers working in strategic roles within the regulators. Subsequently it was recognised there were well informed Māori working at a strategic level in some agencies who should be included, even if their role was not specifically Māori. The resulting group, the *Inter-RA Māori Strategic Leads and Advisers Network*, has met several times per year ever since, and has contributed significantly to developments in approaches to Māori responsiveness within the member regulators and across the sector. The most significant of these collaborations came to fruition in February 2025 where Council made a significant contribution to the organisation of a cultural safety wānanga with other RAs to explore ways RAs could collaborate on cultural safety for patients and whānau/families across the professions. This was attended by approximately 70 staff and governance members from across the RAs and took the form of a structured workshop pitched at exploring these commonalities. This was received as highly successful by those attending. Additionally, a digital library was established for RAs to share their mahi on cultural safety and related matters. This library is hosted by the Pharmacy Council and is accessible by each RA. In September 2023, Council staff hosted a cross-RAs meeting with John Whaanga, DDG, Manatū Hauora | Ministry of Health, and his team about Ao Mai te Rā (the anti-racism kaupapa). All 18 Ras were invited.				
7.2	The RA uses mechanisms within the HPCA Act such as scopes of practice, competence standards, accreditation standards, and communications to	Examples provided where interdisciplinary collaboration were provided: *International relations and collaboration* The Council has continued its membership of the International Association of Medical Regulatory Authorities (IAMRA), to keep connected to global innovation and developments and inform our strategic direction. In November 2023, CEO was	FA			

Function 7: Section 118j) To liaise with other authorities appointed under this Act about matters of common interest Section 118ja) To promote and facility inter-disciplinary collaboration and cooperation in the delivery of health services						
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	promote and facilitate inter-disciplinary collaboration and cooperation in the delivery of health services.	appointed Chair of the IAMRA Board of Directors and has since collaborated with leaders and policymakers from many countries on health workforce regulation. The CEO's term as Chair ended in September 2025, and she continues the IAMRA board as immediate past-chair. The Trans-Tasman relationship was strengthened with the Australian Health Practitioner Regulation Agency (Ahpra), focusing on emerging issues such as patient-led care, cannabis clinics, and experimental treatments. This included contributing to two significant reviews in Australia. The first was the 2022 independent review of the regulation of medical practitioners who perform cosmetic surgery, commissioned by Ahpra, which work also informed our own review. The other was the 2023 review into Australia's regulatory settings for health professionals. It was gratifying that many of the recommendations related to initiatives already incorporated into the Council's policies and approach. *Prescribing principles* In 2023, Council staff worked with six other RAs that regulate prescribers to jointly develop a set of prescribing principles for practitioners in Aotearoa New Zealand. The aim was to standardise the way health professionals work so that patients experience a consistent and high-quality approach to prescribing, no matter which health professional is involved. The *Principles for quality and safe prescribing practice* were published in September 2024. *Medicinal Cannabis* In March 2025, Council staff hosted a medicinal cannabis interagency hui to discuss potential patient safety matters related to the prescription of medicinal cannabis. Attendees included the Pharmacy Council and the Australian Health Practitioner Regulation Agency. The purpose was to support cross-agency liaison and improved understanding. Outcomes included identifying shared issues and lessons from Australia. *Cosmetic procedures*				

Function 7: Section 118j) To liaise with other authorities appointed under this Act about matters of common interest Section 118ja) To promote and facility inter-disciplinary collaboration and cooperation in the delivery of health services						
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		In November 2024 and May 2025, Council staff met with representatives of the Dental, Nursing and Pharmacy Councils to discuss the regulation of health professionals who perform cosmetic procedures. This work informed the October 2025 consultation on how to strengthen regulation of doctors performing cosmetic procedures and improve patient safety.				

Function 9: Section 118I) To promote public awareness of the responsibilities of the authority.						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Suggested Timeframe (months / date)**
9.1	The RA: *a)* Demonstrates its understanding of that the principal purpose of the HPCA Act is to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practice their professions	The principal purpose of the HPCAA, to protect the health and safety of the public, continues to underpin all the Council's public-facing communication. The main audiences are the Aotearoa New Zealand public and health consumers, the wider health and disability sector, and doctors. The aim is to make clear, accurate and timely information about the Council's role, functions, and core regulatory processes easy to find and understand.	FA			
	b) Provides clear, accurate, and publicly accessible information about its purpose, functions and core regulatory processes	The Council's website remains the primary source of information about who the Council are, what the Council does, and how to engage. It has dedicated sections for patients and the public and provides centralised access to standards, statements, and policies, as well as clear pathways for raising concerns or finding information about a doctor.	FA			
	c) In promoting public awareness, recognises opportunities to also promote public confidence in the profession and in the Responsible Authority	The online Register of Doctors continues is a key tool for public awareness and confidence. It provides a searchable list of all doctors registered to work in Aotearoa New Zealand, including their scope(s) of practice, registration status, any conditions on practice, and information on suspension. There are shortened timeframes for updating the register and the Council is moving towards more frequent, near real-time updates as part of wider system improvements. This supports transparency and public trust that concerns about a doctor's competence, conduct or health will be reflected in the information held.	FA			

Function 9: Section 118l) To promote public awareness of the responsibilities of the authority.						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Suggested Timeframe (months / date)**
		A greater emphasis has been placed on helping the public understand how to raise concerns and what happens when they do so. Since the last review website content has been reorganised the "support for patients" and "making a notification" content into clearer, step-by-step pathways, and Council has produced a short video guide on making a notification as a patient (Video Guide: How to make a notification). This explains in plain language when and how to contact, what information is helpful to provide, and what people can expect. A short video guidance on informed consent to support consumers' understanding of their rights when receiving care has also been produced (Understanding Informed Consent). The use of visual tools has been expanded to make the Council's role clearer to the public. A new public-facing video, Who ensures that doctors practise safely? provides a simple overview of what the Council does, how patient safety is protected, and what happens when concerns are raised. This video strengthens the ability to explain the regulatory role in a clear, accessible way for health consumers. The consumer voice has been strengthened in work through Whakawaha, the Consumer Advisory Group. Over the review period Whakawaha has met more frequently (minutes March, June and October 2025 provided for review) chaired its own discussions and set much of its agenda. Members have provided high-quality input into key policy and standards work, including draft statements on AI in patient care, cultural safety, medical certification, disclosure of harm, telehealth, cosmetic procedures, quality, and safe prescribing practice, treating yourself and those close to you, and the review of Good medical practice. This has helped ensure guidance reflects consumer expectations of safe, respectful, and culturally safe care. A mix of channels is used to promote public awareness. Regular media releases on matters of public interest are published, maintain an active LinkedIn presence to reach sector and consumer networks, and provide easily accessible information about consultations and regulatory developments on the website. Media engagement is used, where appropriate, to clarify role and provide context on issues relating to public safety. An Annual Report is published each year, which provides transparent information about regulatory activities, workforce data, performance measures, and key decisions. This supports public understanding of how functions are carried out and how regulatory powers are used to protect patient safety.				

Function 9: Section 118I) To promote public awareness of the responsibilities of the authority.						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Suggested Timeframe (months / date)**
		The consultation platform has been redesigned, moving from static PDF documents to an interactive online environment within the website. This makes consultations clearer, easier to navigate and more accessible for the public, and is helping increase participation and gather more meaningful input from consumers and stakeholders. Since the last review the Council has taken a more planned, data-informed approach to public awareness and trust. Baseline research was commissioned with health consumers to measure public trust in the medical profession, awareness of where to go with concerns about a doctor and understanding of their rights. The findings showed high trust in individual doctors but lower awareness of the Council's role and processes. This baseline is being used to set targets for 2027 and to prioritise communication efforts, with particular focus on strengthening public understanding of notification pathways. The Council has also played a visible role in supporting public understanding of medical workforce issues and regulatory reform. Over the review period annual Workforce Survey reports have been published with updated online data dashboards, providing user-friendly information about the size and composition of the medical workforce. Stakeholders and the public have been kept informed about the work on proposed the regulation of physician associates (Regulating physician associates | Medical Council), and shared widely our submission and factsheet on the Government's Putting patients first: modernising health workforce regulation consultation to explain how regulatory settings support patient safety. The last performance review highlighted opportunities to strengthen the visibility and impact of our consumer-focused communications, evaluate effectiveness more systematically, and improve accessibility. In response consumer input through Whakawaha has been embedded, short video guides introduced, increased the use of website analytics and feedback tools through pop up surveys, and 'rate your experience' feedback loops on website pages. Website content has been reviewed to improve plain-English clarity. A major accessibility upgrade of the website is being planned to meet updated standards and improve the experience for disabled users. This work is important because many people rely on our site to understand their rights, raise concerns, or find				

Function 9: Section 118l) To promote public awareness of the responsibilities of the authority.						
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		information about a doctor, and they need to be able to access that information easily regardless of their literacy level, device, or disability. Challenges remain in reaching groups with lower health literacy or limited digital access. Over the next period there is an intention to build on the baseline research, expand the use of multi-channel and visual resources, and continue simplifying key public pathways, such as how to make a notification or find information about a doctor, so that the protective role under the HPCAA remains clear, visible, and trusted. Like any organisation, there is always more that can be done to improve access to information about services and functions. Council staff are in the process of analysing website statistics to inform what people are searching for, and what can be done to make the most sought-after content more accessible. At a high level, these plans include making the website more interactive with video and audio guidance for both doctors and the public. In addition, the inclusion of more Te Reo Māori on the home and landing pages in keeping with the commitment to Te Tiriti o Waitangi and principles of health equity and cultural safety. Currently underway is a full independent analysis of stakeholders, including key stakeholders, their interests, and communications preferences. The last major survey was in 2017, and the Council would value insights and feedback from the profession, public and others as to how we can better connect with audiences into the future.				

Function 10: Section 118m) To exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Suggested Timeframe (months / date)**
10.1	The RA: *a)* Ensures that the principles of equity and of te Tiriti o Waitangi/ the Treaty of Waitangi (as articulated in *Whakamaua: Māori Health Action Plan 2020-2025)* are followed in the implementation of all its functions	Council has undertaken sustained system-level work to embed equity and Te Tiriti o Waitangi principles, consistent with the Ministry's Whakamaua: Māori Health Action Plan 2020–2025, within its regulatory functions. This work progressed from strengthening leadership and foundational settings to establishing enduring governance, capability, and implementation frameworks supporting culturally safe, Tiriti-aligned regulatory practice. *Leadership and foundations (2021)* The 2021 performance review recommended strengthening organisational commitment to Te Tiriti o Waitangi, including the proposed Kaitiaki Mana Māori role, which was successfully recruited to in November 2021. The Kaitiaki sits within the ELT and SLT, is accountable to the Chief Executive Officer, and provides senior leadership oversight and influence across the organisation. Establishing this role signalled the Council's intentional and strategic approach to Te Tiriti alignment, cultural safety, cultural competence, health equity, and hauora Māori. *Te Tiriti o Waitangi Framework (2022–2023)* The Council's earlier Cultural Competence, Partnership and Health Equity programme was a time-bound initiative establishing important foundations for Council's contribution to cultural safety and health equity. Council's focus shifted from practitioner cultural competence as an individual attribute toward the culturally safe experience of patients and whānau, alongside the development of regulatory frameworks capable of sustaining that shift. Council moved to design a coherent organisation-wide approach to Te Tiriti o Waitangi. Supported by its long-standing relationship with Te Ohu Rata o Aotearoa | Māori Medical Practitioners Association (Te ORA), Council established Te Kāhui Whakamana Tiriti (Te Kāhui) in November 2022 as a sustained partnership mechanism providing expert Māori advice and governance-level oversight. Te Kāhui's role has expanded to support the development of standards, statements, and major initiatives such as Torohia, ensuring Te Tiriti, hauora Māori, and equity considerations are integrated early and consistently.	FA			

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		With the assistance of Te Kāhui, the Council developed Te Anga Whakamana Tiriti (Te Anga), a comprehensive regulatory framework articulating how Te Tiriti is given effect across Council's functions. Te Anga comprises three interrelated dimensions: Te Korowai (commitment), Te Poutama (implementation), and Te Whāriki (accountability). Te Anga was considered and approved by Council in June 2024 as a regulatory framework supporting integration of Te Tiriti alignment into strategic planning, operational delivery, and accountability processes. *Framework to implementation (2024–2025)* Following Council approval of Te Anga, focus shifted from framework development to implementation and consolidation. Work underway within individual teams was strengthened and aligned, supporting greater organisational coherence. Te Poutama provides for a policy implementation system through which the commitments of Te Korowai are translated into organisational action, while Te Whāriki provides for visibility of outcomes and accountability. In 2025, this work was consolidated by launching the development of Tātai Poutama, an operational implementation plan aligned to Council's planning and reporting cycles. Together, these mechanisms provide a disciplined, phased approach to embedding Te Tiriti alignment across Council's regulatory functions. *Building internal capability in te ao Māori* A second key responsibility of the Kaitiaki Mana Māori role is to build internal cultural capability across the organisation. This work was integrated into a broader organisational capability development programme. A cross-organisation reference group supported the ELT and HR leadership in developing an organisational capability plan incorporating cultural capabilities alongside other whole-of-organisation development priorities. This enabled systematic identification of targeted learning opportunities for staff, ensuring that staff across all functions understand their responsibilities in relation to cultural safety, hauora Māori, health equity, and Te Tiriti o Waitangi, and are supported to apply these in practice. *Revising regulatory levers within teams*				

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		While Te Anga and Tātai Poutama were being developed, work continued within individual teams to align regulatory levers with emerging principles. These alignments are evident across education and accreditation, policy and standards development, legal processes, professional standards, and registration and recertification. For example, accreditation standards for both vocational and prevocational medical training include explicit requirements relating to Te Tiriti o Waitangi, cultural safety, cultural competence, and the determinants of Māori health inequities. These expectations are reinforced through recertification standards and accreditation monitoring processes. The Council strengthened expectations on training providers to support equitable Māori participation and success within the workforce, including Māori involvement in governance and decision-making, and assessment of cultural safety across training and recertification programmes. *Strengthening relationships and sector alignment* The Council continued to support and participate in a cross-RA network of Māori strategic leads and advisers, supporting sector coherence and shared learning. This network was formalised in early 2022 and meets several times per year. In 2025, the Council contributed to hosting a cross-RA hui involving all health practitioner RAs and wider sector participants, focused on advancing to cultural safety across professions, meeting Te Tiriti obligations, alignment with Whakamaua, and the role of regulators in addressing racism. *Kawa, tikanga and mātauranga Māori in Council contexts* Across the reporting period, the Council worked to normalise the use of tikanga and mātauranga Māori, including te reo Māori, across organisational contexts. Practice progressed from ad hoc use to a governed, consistent, and organisation-wide approach. Formal guidance on the naming of the Council's bodies and staff positions was approved in 2022, establishing bilingual naming conventions across governance, leadership, and operational teams. Te reo Māori and tikanga Māori are now routinely used across communications, publications, governance processes, and stakeholder engagement.				

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		Application of tikanga became more consistent, including the use of karakia and waiata in both internal and external hui. Formalised mihi whakatau are a normal part of the onboarding process for new staff and Council members. Council's waiata group, Te Manawa (the Heart), developed since the appointment of the Kaitiaki Mana Māori, supports the Council's events with pride and a repertoire of twelve waiata (including one composed by the group) and a haka. This work supports clarity, consistency, and legitimacy of Council's operations, and reflects a commitment to embedding Te Tiriti alignment into organisational identity and daily practice. *Development of the Council's Māori cultural narrative* During the period under review, the Council developed a coherent Māori cultural narrative to support its strategic, regulatory, and organisational identity. This work was undertaken alongside development of Te Mahere Rautaki, involving collaboration with a cross-organisational staff group, internal Māori cultural advisers, and design partners, to articulate Council's role as a Tiriti-aligned regulator through Māori conceptual frameworks. The narrative positions Council as Te Āraihaumaru (the defender of safety); a kaitiaki (guardian) responsible for protecting the public and guiding safe navigation through the health system (represented by Tangaroa and the sea). This role is situated within the context of communities (niho taniwha) and watched over by the people of the nation (purapura whetū) to whom Council is ultimately accountable. The Council's core values are represented as key stars in the landscape and embedded as active regulatory behaviours rather than symbolic statements. This work establishes a shared cultural frame informing organisational values, communications, and development of policy and standards, and provides a consistent Māori-grounded expression of Council's approach to regulation, including cultural safety, equity, and Te Tiriti alignment. *Sustainable relationships* These improvements rely on the Council continuing to nurture relationships. In addition to cross-agency relationships already noted, Council acknowledges the ongoing support of Te ORA. Council also maintains relationships with local ahi kā iwi, including Te				

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		Ātiawa, Taranaki Whānui, Ngāti Toarangatira, and Ngāti Raukawa, and engages with appropriate iwi and Māori organisations when operating within different tribal rohe. *Overall progress* The two key priorities identified at the establishment of the Kaitiaki Mana Māori role – developing a Te Tiriti o Waitangi framework and embedding a cultural capability framework – were achieved. Through the development and approval of Te Anga, the establishment and maturation of Te Kāhui, and the integration of te ao Māori capability development into organisational planning, Council shifted from time-limited initiatives toward an enduring, system-level approach to Te Tiriti alignment. Council now has an integrated set of governance, capability and implementation mechanisms supporting sustained, Tiriti-aligned regulatory practice, with ongoing work focused on consolidation, measurement, and continuous improvement. The Council is positioned to progress the next stage of improvements to regulatory practice, supporting patient safety in a changing environment.				
	b) Ensure the principles of Right-touch regulation are followed in the implementation of all its functions	Right-touch regulation principles well understood and applied. The following are examples of that in practice. *Use of delegations* Council makes extensive use of delegations to the Registrar under schedule 3, clause 17 of the HPCAA. Core delegations were established in 2004 and have refined over time. These delegations apply across Councils regulatory functions and contribute to Council's management of potential risk of harm to the public and operational efficiency. Their robust and transparent application is a key part in Council's delivery on the right-touch principles. Council also has two standing committees with varying degrees of delegated authority: Education, and Health. Key elements underpinning Council's approach to delegations are: • Clear policy on thresholds and criteria to be applied in its regulatory decision-making as a guide to the delegates supported by documented terms of reference and committee delegations.	FA			

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		• Transparency on when a decision can be made under delegation referenced in Council policy (for example, registration decisions). • Maintaining comprehensive and delegation schedules for health, registration, and professional standards. • Council-endorsed principles applied by the Registrar and staff when exercising delegated authority. • Regular reporting to Council on the exercise of key delegations. The principles applied to decisions made under delegation, endorsed by Council, require that: • All decisions under delegation are limited to the authority provided by Council. • Public protection is the primary principle is the touchstone of every decision. • Decision-making aligns best practice and is consistent. • Referral threshold to Council is low where uncertainty exists. • The Registrar must be able to point to the authority for their decision and provide reasons sufficient to show how statutory and policy thresholds were applied. Delegations are also used to operationalise/support statutory processes – for example, section 67A of the HPCAA.				
	c) Identifies and addresses emerging areas of risk and prioritises any areas of public safety concern	The Council is well positioned to address emerging areas of risk and prioritises any areas of public safety concern. An example highlighted follows. *Council's response to the Royal Commission of Inquiry into Abuse in State Care* A Temporary Committee of Council was established in August 2022. Council asked the Committee to consider and recommend any actions related to the Royal Commission of Inquiry into Abuse in State Care (the Inquiry). Information relating to Council's response and subsequent work programme is published on Council's website (Royal Commission of Inquiry into Abuse in State Care | Medical Council). The Temporary Committee was asked to consider improvements to the Council's notifications processes, to identify whether issues arising in the Inquiry can be prevented in the future and the protection of the public is assured. The Committee was	FA			

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		to guide Council on how to respond to the Inquiry's recommendations, including assisting with the Council's public apology and any other matters related to the Inquiry, such as redress for survivors of Lake Alice. The Committee membership was Kim Ngarimu (Chair), Dr Rachelle Love, Simon Watt, Dr Stephen Child, and lay members Charmaine Pene and Dr Chris Walsh. An independent review (2025.01.14-Independent-Review-of-Notifications-Process-Final.pdf) was commissioned to advise on areas of improvement in notifications processes so that the circumstances occurring within the Inquiry could be prevented from happening in future. Many of the work programme elements are reflected in the areas above, but they cover: • improvements to the medical council website • improvements to the notifications process • review of communications with notifiers and staff training • cultural change • training for staff and committee members • advocacy for legislative change.				
	d) Consults and works effectively with all relevant stakeholders across all its functions to identify and manage risk to the public in respect of its practitioners	*Memoranda of Understanding* The Memoranda of Understanding discussed in this report are key in supporting the Council's relationships with stakeholders. They document both the separate and interlinked roles of the parties and provide a framework for sharing of information. This agreed approach enables timely identification of any potential risks to patient safety arising from a doctor's practice or conduct and supports ongoing assurance of patient safety through the application of each party's respective processes. The MoU are published on Council's website (Our relationships | Medical Council), ensuring transparency and providing clarity about Council's processes and its approach to information sharing.	FA			
	e) Consistently fulfils all other duties that are imposed on it under	The Council demonstrated they consistently fulfil other duties imposed on it under the HPCA Act or any other enactment – see above.	FA			

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