



**Te Kaunihera Rata
o Aotearoa**

Medical Council
of New Zealand

Whārangi Mōhio

Fact sheet

The numbers that matter

70%

More than 70% of doctors registered in year ending 30 June 2024 were from overseas:

- 1,318 overseas-trained doctors gained registration (a 16% increase from 2023)
- Only 535 NZ-trained doctors gained registration (a 4.5% drop).

63

In 2024, internationally trained doctors registered in New Zealand from 63 different countries, with many coming from the UK, India, South Africa, the Philippines, and the USA.

43.3%

43.3% of New Zealand's medical workforce is now overseas-trained—the highest proportion in the developed world.

1,094

in the first nine months of the 2024/25 financial year, we have already registered 1,094 overseas-trained doctors.





Strengthening our health workforce

New Zealand's health system is under significant pressure. This is partly because we are not training enough doctors to meet the needs of our population, and partly because we are not doing enough to retain those who enter the system—whether trained locally or abroad.

Despite increasing registration numbers, doctor retention remains a critical weakness. Just 28.7% of overseas-trained doctors remain in the country after five years, compared to 84.9% of locally trained doctors.

This high level of turnover places pressure on clinical teams, fragments continuity of care, and weakens long-term workforce resilience. This is not a question of where doctors come from. It's about whether they are supported to stay.

Medical workforce planning must therefore shift from a focus on recruitment alone to a focus on career development, retention, and long-term contribution.

We are not short of talent. We are short of incentives to keep that talent here.

The real risk

Eroding standards and trust

The Government has proposed reforms to "cut red tape" in health workforce regulation. While the goals may sound appealing, the risks are real:

- Increasing political control over professional regulation at the expense of clinical independence and expertise
- Lowering entry standards for overseas-trained professionals
- Undermining public trust in who is providing their care.

The Medical Council believes reform must be led by evidence, not optics. Public confidence depends on knowing that every doctor is held to the same standard, regardless of where they trained.

The system



A flexible, modern system already in place

We're not starting from scratch. New Zealand already operates one of the world's most adaptive and supportive regulatory systems for overseas trained doctors:

- Multiple flexible pathways to registration with the majority of applications being processed within 20 working days
- NZREX Clinical exam capacity tripled (60 to 180 seats in 2025)
- Fast-track pathway for specialists in 7 high demand fields (anaesthesia, dermatology, emergency medicine, general practice, internal medicine, pathology (anatomical), and psychiatry)
- Comparable Health System pathway allowing overseas-trained doctors from 26 countries to apply based on work experience, not just qualifications
- UK and Australian exams for overseas trained doctors recognised for entry
- Less than 1% of overseas-trained doctors' applications declined annually over the past three years.

This is not a system of barriers. It's a system designed to protect public safety and support global talent.

That's why the Medical Council recommends:

- A national exit interview programme to understand why doctors leave
- Greater integration and mentorship to support those who stay
- Early intervention to identify disillusionment and act before departure, through regular check-ins, wellbeing assessments, and timely problem resolution.

The real challenge

Keeping the doctors we attract

New Zealand is not struggling to recruit. We are struggling to retain. And retention is not just a workforce issue, it's a quality-of-care issue that demands closer attention. The consequences of poor retention include:

- Disrupted care and loss of continuity for patients
- Increased stress and burnout among long-term staff
- Diminished return on investment in orientation and supervision
- Early departures wasting the investment made to recruit overseas-trained doctors, which can be substantial.

What's next

Opportunities for smarter reform

We know what the problems are. That's why the Medical Council is:

- Expanding the Comparable Health System list (now includes Hong Kong, Japan, South Korea) and reviewing additional countries for inclusion
- Reviewing additional qualifications for the specialist fast-track pathway
- Advocating for retention-based reform, not deregulation.

That's how we protect standards, support growth, and serve public safety.