



**Te Kaunihera Rau  
o Aotearoa**

Medical Council  
of New Zealand

# Submission Guide

## Putting Patients First: Modernising Health Workforce Regulation

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### Introduction

The Medical Council of New Zealand welcomes the Government's review of the Health Practitioners Competence Assurance Act 2003 (HPCAA) and the opportunity to comment on the consultation document *Putting Patients First: Modernising Health Workforce Regulation*.

The Council strongly supports the goal of building a regulatory system that is better aligned to the needs of patients, practitioners, and the wider health system.

The Council has prepared this guide to assist you to submit on the proposals. It is important that as many people as possible make submissions to support the Government with carefully considered information. It is over 20 years since the last major review of health workforce regulation, and we encourage you to use this opportunity to contribute to the changes.

The guide does not recommend submissions either for, or against the proposals. Instead, we have raised some questions to help you think about the issues. You may want to draw on our questions to help you consider and focus on whichever aspects are most important to you.

### To consider in your submission:

- Do you agree that the proposals reflect the right priorities for changes to the system? Are there particular areas that you support or disagree with?
- How will the changes improve efficiency, lead to better outcomes for patients and the public, and better align regulation with health system needs?
- Can you see any downsides to these proposals, for example risks to patient safety, or reducing standards of care?

### Did you know?

- Over the past two years, we have introduced a fast-track registration pathway for overseas-trained specialists, tripled capacity in our national clinical examination for overseas-trained doctors (NZREX) and expanded the number of countries included in our Comparable Health System pathway to 26.
- More than 70 percent of new doctors registered in New Zealand last year were internationally trained, and we are processing applications at record volumes.

## Patient-Centred regulation

The Government wants to strengthen the role of patients and the public in health workforce regulation.

### To consider in your submission:

- Do you support the intent to strengthen the role of patients and the public in health workforce regulation? How could this be achieved?
- Would you support the Government reviewing the composition and skill mix of regulatory boards? What proportion of medical and lay members would you support, and how would this affect decisions and outcomes?
- Do you support the idea of a shared practitioner register? What are the advantages and disadvantages? Would it make it easier for the public to access information about their health practitioner?
- Do you support proposals to expand consultation requirements when scopes of practice or professional standards are updated?
- What are your views on the inclusion of cultural safety within medical standards?
- What might be the potential impacts on the accessibility, acceptability, and outcomes of care, as well as the practitioner-patient relationship, if cultural safety were removed from medical standards?

### Did you know?

The Council already integrates patient and consumer perspectives in all aspects of its work. For example:

- Lay people are included on our Council, Professional Conduct Committees, Performance Assessment Committees, and training provider accreditation panels.
- We share a Consumer Advisory Group with the Health and Disability Commissioner, which provides regular input into Council's strategy, policy, and standards.
- We actively consult consumer groups on standards, guidelines, and registration policies.
- We have published consumer resources to increase transparency and accessibility, including explainer videos on notifications and informed consent.

## Streamlined regulation

The Government wants to streamline regulation, increasing cooperation between authorities and possible amalgamation of some or all.

### To consider in your submission:

- Do you support greater coordination between regulators, and/or the amalgamation of regulators? What benefits or risks could this bring to the public, the medical workforce and the regulators? How should the relevant professions be involved in any changes?
- Are there any groups of professions where having a single regulator would make sense?

### Did you know?

The Council already works in partnership with other authorities. For example we:

- contribute to joint statements on issues such as safe prescribing and participate in shared training with other regulators.
- worked together during the COVID-19 response to adapt scopes of practice, fast-track urgent registration needs, and support coordinated workforce planning alongside other authorities.

### Right-Sized regulation

#### To consider in your submission:

- Do you support the principle that regulation should reflect the level of risk posed to the public? If yes, how could the government change the system to reflect this?
- Which health professions may not require full statutory oversight and which professions do you think should have more robust regulation?
- Do you support establishing an occupational tribunal to hear appeals of registration decisions? Could this improve access to review processes and reduce reliance on the courts?
- How should an occupational tribunal be appropriately structured, funded and staffed?
- Do you see benefits in proposals allowing Ministers to overturn regulatory decisions? Are there particular types of cases where you would support this? What would be the downsides to this proposal?
- Does the current registration process unreasonably limit the number of people who become doctors? What improvements could be made?

### Did you know?

We have multiple flexible pathways to registration with the majority of applications being processed within 20 working days.

- The Council's Comparable Health System pathway allows overseas-trained doctors from 26 jurisdictions, including Hong Kong, Japan, and South Korea, to apply for registration based on work experience, not just qualifications. We are also considering additional countries for inclusion under this pathway.
- Specialist registration from approved countries is fast-tracked. Most applications are processed within 20 working days.
- We also accept UK and Australian licensing exams and offer multiple other routes, including Locum Tenens, Competent Authority, and exam-based registration.
- In 2025 we tripled capacity in the NZREX Clinical exam, expanding it from 60 to 180 places.
- Fewer than one percent of registration applications are declined each year.

## Future-Proofed regulation

### To consider in your submission:

- How do you think the Government can ensure regulation keeps pace with changes to the health system?
- How can workforce needs (e.g. the number of doctors required in certain specialities or areas) be considered when scopes of practice and registration standards are reviewed? What would be the benefits, or risks, of this?
- Do you support the creation of a formal mechanism for evaluating new professions and determining whether statutory regulation is appropriate? How can improving the identification of new medical roles be achieved?
- Which organisation should lead the process and implementation of this mechanism? How should Ministers be involved?

### Did you know?

The Medical Council is:

- evaluating several additional countries for inclusion under the Comparable Health System pathway.
- developing principles for the use of artificial intelligence in clinical care, including the need for human oversight, and the responsibilities of practitioners when using AI tools in diagnosis or treatment.
- developing a new supervision framework for overseas-trained doctors to give employers more flexibility while ensuring appropriate safeguards remain in place. This is being shaped with input from frontline health services.