Te Kaunihera Rata o Aotearoa
Medical Council of New Zealand

30 April 2025

Submission on Putting Patients First: Modernising Health Workforce Regulation

Introduction

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

The Medical Council strongly supports the goal of building a modern regulatory system that is aligned to the needs of patients, practitioners, and the wider health system. We agree regulation must prioritise patient voices, reduce red tape, drive efficiencies, and streamline regulatory decision making. However, public safety must remain the priority. Patients deserve doctors who meet consistent, high standards of competence, professionalism, ethical behaviours, and accountability.

This submission responds to the four areas set out in the consultation, and outlines where we agree, where we see risks, and most importantly, how the Medical Council can continue to play an instrumental role in the solution.

Key points

Regulation must be as efficient and enabling as possible. The current system, with a few notable exceptions, is permissive and enabling of right touch regulation. This allows the Medical Council to use both statutory and non-statutory tools to protect the public, applying the least restrictive measures necessary.

The emphasis in *Putting Patients First* on more transparent governance, better coordination across regulators, and strengthening the voice of the consumer, with greater patient input and engagement is welcome. If implemented well, these changes could improve efficiency and better align regulation with health system needs, without compromising patient safety.

The Medical Council is well placed to support the Minister to deliver on his commitment to putting patients first and is already progressing many of these objectives. Over the past two years, we have introduced a fast-track registration pathway for overseas-trained specialists, trebled capacity in our national registration examination (NZREX) for overseas-trained doctors, and expanded the list of countries included in our Comparable Health System pathway. More than 70 percent of new doctors registered in New Zealand last year were overseas-trained, and we are processing record volumes of applications.

We support:

- Strengthened patient and public input to regulatory decisions.
- Regulating health professions proportionate to risk, including amalgamation of smaller regulators, where appropriate, for example where risk profiles are similar.
- Establishing an occupational tribunal to hear appeals on registration decisions, if it were appropriately staffed and funded.
- Transparent oversight by the Minister by way of letters of expectation or sharing of workforce plans.
- New health practitioner regulation being standardised by the government.
- Greater collaboration between the regulators.
- Strengthened use of shared back-office functions.

We see risks in:

- Any changes to health practitioner regulation that does not place public and patient safety at the centre.
- Clinician voices being removed from regulatory decisions needing clinical input at governance level.
- Driving efficiencies and streamlining regulation without considering risk.
- Regulatory decisions, such as registration of overseas trained practitioners being made by Government.
- Not recognising cultural safety as an important component of clinical competence.

The Medical Council's role

Our role as a regulator is to safeguard the public. We do this by registering doctors appropriately, setting standards, and ensuring doctors are fit to practice. We also prescribe the qualifications doctors must hold to become registered, and accredit educational institutions, including the medical colleges, to ensure that quality medical education is being delivered.

Patient-centred regulation

Where we agree

The Medical Council supports the Government's commitment to strengthening the role of patients and the public in health workforce regulation. Regulation must be transparent, include consumer and patient input, reflect public expectations, and be responsive to the communities it serves.

We support proposals to strengthen consultation requirements when scopes of practice or professional standards are updated, and to make practitioner registers easy for the public to access.

We agree that a review of the composition and skill mix of regulatory boards is timely. Boards must reflect a balance of governance capability, patient focus, and relevant professional experience. For medicine, where regulatory decisions often involve high levels of clinical risk and complexity, it is critical that clinical insight remains part of that balance. However, most importantly board members should be appointed based on skills and experience.

Where we see risks

Regulatory decisions with direct consequences for public safety must be firmly grounded in clinical practice and the practical realities of caring for our communities. Clinicians bring an unquestionable benefit in informing decisions, including those related to scope of practice and questions of competence. Ensuring professional standards align with current medical practice requires the involvement of doctors, who bring a perspective based in clinical practice and the reality of providing care, weighing up risk every day in every decision they make. We would therefore be very concerned if clinicians were removed from the governance board.

While we agree access and equity are current issues in the New Zealand health sector, these issues are not caused or exacerbated by regulatory barriers. Undoubtedly, long wait times and poor continuity of care impact on good patient care and outcomes. However, our view is that regulation supports better outcomes by ensuring the health workforce is competent and fit to practice. Additionally, flexible and enabling registration pathways (discussed below) support overseas-trained practitioners to bolster the New Zealand trained workforce.

The basis of cultural safety is a positive, respectful, patient-focused relationship between doctor and patient. Three decades of evidence from New Zealand show that health outcomes improve when patients are listened to, involved in their treatment plans, and have the necessary accommodations made for them individually. Doctors should consider how patients may respond to them during consultations, and how the patient's, and the doctor's, backgrounds may affect how each reacts. Examples of this could include whether previous patient interactions with doctors have been positive, whether they feel comfortable asking questions of authority figures, and whether they feel like doctors will understand and value their opinions.

Removal of the emphasis on cultural safety in clinical care is likely to diminish outcomes for patients by maintaining a medical focus on healthcare decisions and perpetuating existing health inequities. For these reasons, cultural safety and good clinical practice are intertwined and must stay that way. Removing the emphasis on cultural safety is likely to reduce the patient voice in clinical care and reduce outcomes for people with the greatest medical needs.

Part of the solution

The importance that the Medical Council places on patient and consumer perspectives in all aspects of its work is demonstrated in a range of ways:

- Our Consumer Advisory Group (shared with the Health and Disability Commissioner) provides important input into all decisions relating to strategy and policy, including pathways to registration for overseas trained doctors.
- We actively consult consumer groups on all key decisions, including ethical standards for the profession and registration policies for overseas training doctors.
- Videos for patients on key components of informed consent and how to make a complaint about a doctor are published and circulated widely. This increases knowledge, transparency, and accessibility for patients.
- Each of our Professional Conduct and Performance Assessment Committees comprises of three people, one of whom is a lay person. These committees undertake investigations and assess

competence. Inclusion of a lay member ensures that public expectations are reflected in all investigations of conduct and assessments of competence, where concerns have been raised.
- Members of Professional Conduct Committees are trained in how to undertake investigations into sexual boundary breaches and other issues of a sensitive nature. The key focus is on placing the notifier/patient voice at the centre.
- Each panel that assesses medical training providers for accreditation includes at least two lay members to ensure a strong patient/consumer focus is embedded in medical training.

Our focus is on implementing ways to improve public engagement, clarify regulatory expectations, and ensure that regulation continues to reflect the needs of the communities it serves.

Streamlined regulation

Where we agree

We agree that strengthened collaboration between regulators is important. We also support, in principle, the amalgamation of some responsible authorities where risk profiles, profession size, and functional requirements align, especially where it results in better outcomes for the public and more consistent regulation.

There are examples of models of shared systems including back-office services that are working effectively, and these could potentially be strengthened to provide greater efficiencies.

We are familiar with the models of amalgamated health practitioner regulation in the United Kingdom and British Columbia, Canada. Given our deep understanding of international models, we would welcome an opportunity to provide early input into any considerations or design around amalgamation in New Zealand.

Where we see risks

Streamlined regulation cannot come at the expense of effective, credible regulation. Medicine is a high-risk profession, and many regulatory decisions require clinical expertise, structured assessment, and timely action.

Amalgamating regulators with fundamentally different risk profiles or scopes of practice risks creating confusion rather than clarity. The regulatory needs of smaller, lower-risk professions differ significantly from those of professions where practitioners provide care that carries significant risk to patients. Any structural change must be sensitive to those distinctions.

The Medical Council has consistently demonstrated its ability to act quickly and adapt to system pressures, whether through expanding registration pathways, increasing exam capacity, or responding to urgent workforce needs. Any new model must be in the public interest and preserve our ability to act independently, respond at speed, and apply professional judgment where risk to the public is high.

Part of the solution

The Medical Council collaborates and works in partnership with other responsible authorities. We have contributed to joint statements on issues including safe prescribing. We also participate in

shared training for governance and staff. A standing forum made up of the Chief Executives and Registrars of the regulators meets regularly and works collaboratively, sharing expertise and knowledge on areas of mutual interest.

Right-sized regulation

Where we agree

We support the principle that regulation should reflect the level of risk posed to the public. Professions with lower risk may not require full statutory oversight, while those that carry high risk, including medicine, must be robustly regulated. The Government's proposal to formalise a second tier of regulation is sensible.

We also support the idea of establishing an occupational tribunal to hear appeals of registration decisions. This could improve timely access to appeal processes and reduce reliance on the courts, provided the tribunal is appropriately funded and staffed with clinical, educational, and regulatory expertise.

We agree that registration requirements should be reviewed on an ongoing basis. Regular review of scopes of practice and entry standards is also appropriate, to reflect the needs of patients and realities of the health workforce.

Where we see risks

We are concerned by proposals that would allow Ministers to make regulatory decisions. These important decisions must not be subject to political interference. Decisions on who can practise medicine must remain with the regulator and be based on consistent standards, clinical judgment, and public safety. An independent appeals body such as the proposed occupational tribunal is the appropriate place for any challenges to these decisions.

New Zealand's medical registration model is more flexible than other comparable systems, in fact other countries, including Australia and Canada, are actively replicating several of our registration pathways. While we continue to explore ongoing improvements, we need to ensure that simplifying regulation does not create a risk to public safety. Patients deserve doctors, regardless of where and how they trained, to be held to a consistent and safe standard. A model that disregards complexity would not support safe practice.

New Zealand's health care system heavily relies on overseas-trained doctors. Forty-four percent of our medical workforce trained overseas, one of the highest rates in the OECD. Over the past year, overseas doctors represented 71 percent of all new doctors registered in New Zealand. However, 40 percent of overseas-trained doctors have left New Zealand one year after gaining registration and 60 percent have left after two years. Five years on, only 28.7 percent of overseas trained doctors remain. In contrast, more than 84 percent of New Zealand-trained doctors are still practising in New Zealand five years after first gaining registration. We struggle to keep the doctors we register. Recruitment is high, but retention is weak.

The challenges facing the medical workforce are not due to barriers to registration for overseas-trained doctors – they are connected to broader issues within the overall healthcare system. The real

issue is retention. This issue places enormous pressure on clinical teams and disrupts continuity of care. It weakens the long-term workforce.

Part of the solution

The Medical Council operates a flexible registration system that adapts to clinical risk and applicant background. It offers multiple entry pathways, each designed to reflect the applicant's qualifications, training, experience, and clinical risk. This includes fast-track routes, experience-based pathways, and recognition of exams from approved jurisdictions. We continue to review our registration pathways to ensure that they do not pose barriers to registration, for example:

- Over the past year, overseas-trained doctors from 63 different countries gained registration in New Zealand, down multiple flexible pathways to registration with the majority of applications being processed in 20 working days.
- Our Comparable Health System pathway allows overseas trained doctors from 26 countries, including Hong Kong, Japan, and South Korea, to gain registration quickly, based on work experience, not just qualifications.
- Specialist registration from approved countries is fast-tracked with most applications processed within 20 working days.
- We accept UK and Australian licensing exams and offer multiple other routes, including Locum Tenens, Competent Authority (for doctors from the UK and Ireland).
- Our exam-based registration is available for the very small number of overseas trained doctors who do not meet other pathways. In 2024, we trebled capacity in the national registration examination for overseas-trained doctors, expanding it from 60 to 180 places across three sittings.
- Fewer than one percent of registration applications are declined each year, many of whom are later approved through alternative pathways.
- A refreshed supervision framework is being developed to support overseas trained doctors into practice, with the focus on flexibility and oversight proportional to clinical risk. The expert advisory group informing this work includes employers, health services and senior clinicians including those trained overseas.

We encourage the Ministry and employers to better understand why overseas-trained doctors leave. Suggestions for practical, low-cost measures that could improve retention include a national employer exit interview programme to provide insights, routine check-ins during the initial period of employment and wrap around support for partners and families.

We support reform that improves access. However, the real measure of success is not how many doctors we register: it's how many stay.

Future-proofed regulation

Where we agree

The Medical Council supports the Government's aim to ensure regulation is responsive and keeps

pace with the health system, including new roles and technology shifts. At the same time, decisions must still be grounded in practitioner competence and patient safety.

We agree that workforce need should be considered when scopes of practice and registration standards are reviewed. We also support the use of letters of expectation or national workforce plans to provide system-level guidance. These tools can strengthen our alignment without undermining independent decision-making.

We welcome the proposal to improve how new roles are identified and brought into the regulatory system. A consistent mechanism involving employers, educators, and regulators, would allow new roles to be evaluated with more clarity and transparency and introduced into the system more efficiently and effectively.

Part of the solution

- The Medical Council gathers and analyses workforce data and provides this in our annual New Zealand Medical Workforce Report as well as on our data dashboard (updated quarterly) on our website. These data are made available to support the Minister and policy makers in workforce planning.
- We are developing a set of principles for the use of artificial intelligence in clinical care. These include the need for human oversight, and the ethical responsibilities of practitioners when using AI tools in diagnosis or treatment.
- The Medical Council has a range of levers it can use to effect change in the system. Examples include its accreditation standards and processes that can support changes in how doctors are trained and supervised.

Conclusion

The Medical Council is committed to working with you and others to ensure health practitioner regulation continues to prioritise patient voices, reduce red tape, recognise overseas trained doctors, drive efficiencies, and streamline regulatory decision making, without compromising the safety or confidence that patients deserve and rely on.

Appendix: Medical Council Fact sheet