Te Kaunihera Rata o Aotearoa
Medical Council of New Zealand

Pūrongo ā-Tau
Annual Report
2023 -2024

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We protect the public

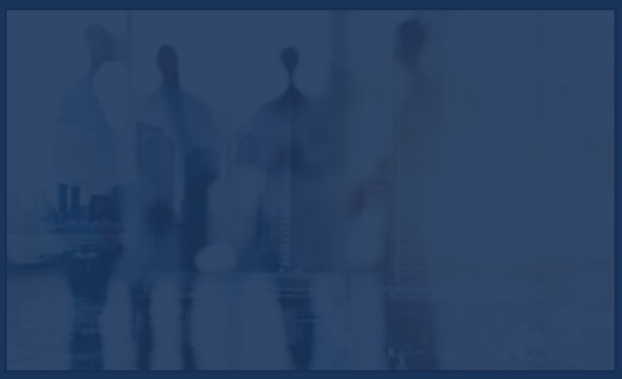
He Tirohanga Whānui o te Tau

Our Year at a Glance

20,010

Pactising doctors

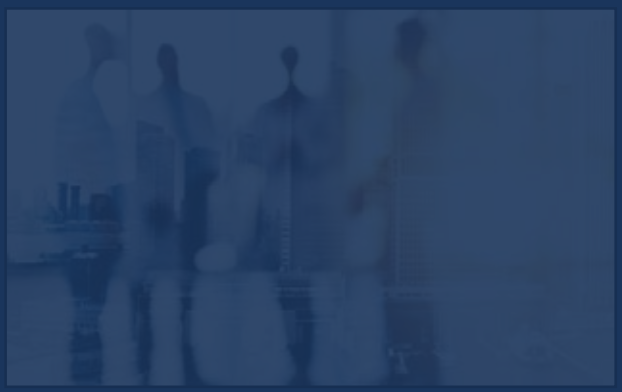
An increase of 666 doctors in the year to 30 June 2024.



29%

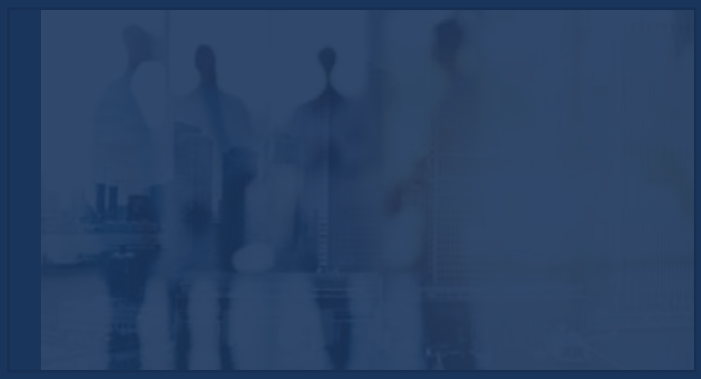
Registered NZ trained medical graduates

New Zealand-trained medical graduates accounted for 29% of new registrations (535), representing a slight decrease of 4.5% compared to the previous year.



263

Notifications were received that related to competence and conduct



71%

71% of all new registrations approved were international medical graduates (IMGs)

1318 registrations for IMGs were approved in the year to 30 June 2024, up from 1134 in the prevous year.

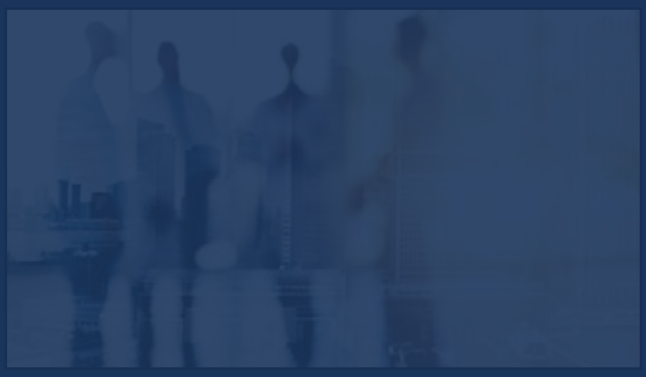
99%

IMG applications processed in 20 working days

Our commitment ensured that 99% of applications from IMGs seeking registration in the general or special purpose scopes of practice were processed in 20 working days.

32

Notifications about doctors' conduct were referred to a professional Conduct Committee



Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand is pleased to submit this report for the year ending 30 June 2024 to the Minister of Health. The report is presented in accordance with section 134 of the Health Practitioners Competence Assurance Act 2003.

Mai i te Tumuaki
From the Chairperson

Dr Rachelle Love
Tumuaki | Chairperson

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

E rau ringa, e oti ai – many hands get the work done.

Stepping into the role of Chair of Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand in February 2024 has brought both privilege and responsibility.

I wish to acknowledge my predecessor, Dr Curtis Walker. Curtis led the Council for 5 years with commitment and passion, through a time of significant health sector and public change and it was an honour to serve with him. Similarly, the makeup of the current Council table gives me confidence that the public's interests are protected. This is evidenced by the ways in which we carefully consider both strategic and specific issues, and by the breadth and depth of knowledge and experience amongst our members. I am fully committed to leading Council's kaupapa to safeguard public safety through all of our regulatory functions and responsibilities.

This year, our focus has been on accountability, advancing health equity, and ensuring our processes are transparent, consistent, and measured. These endeavours have occurred against the backdrop of significant health sector changes. Nationally, these include system restructuring, progress of artificial intelligence, workforce shortages and the challenges of financial constraints in healthcare.

Council established a temporary committee to consider our response to the Royal Commission of Inquiry into Abuse in State Care, which released its final report in June 2024. The Committee provided the Council with recommendations about our response to the review findings. Our response has included issuing a public apology, and inviting individual survivors to meet with us, so we could listen to their stories and make a personal apology to them. We have a long road ahead to make amends for not taking action when we should have. The Council is committed to doing so because it is the right thing to do for survivors, for the wider public including the profession and for ourselves as we evolve our own identity as the regulator of the medical profession

We have commissioned an independent review of our notification processes to strengthen our support framework for those wishing to raise concerns about doctors with Council. It is focused on helping us to meet public expectations and ensure our processes effectively protect the public. In particular the review is exploring how we receive and investigate allegations of sexual harm or abuse by a doctor and ensuring our standards for doctors are clear and enforceable.

As we move forward, our goal is to strengthen public safety and ensure high professional standards within the medical profession. This work is ongoing and reflects our commitment to acknowledging the harm and to building a safer system from those lessons.

To meet the healthcare demands facing our system, Council is improving pathways for internationally trained doctors. This flexible approach aims to address critical workforce needs. International Medical Graduates (IMGs) are valued in our workforce and have made up 71% of new registrations over the past 12 months.

71%

International Medical Graduates accounted for 71% of new registrations over the past 12 months

We are also seeing a steady rise in the number of Māori and Pacific doctors. Our data shows a rising number of Māori doctors in the profession, now sitting at 4.7%; however this falls significantly below population proportionality at 17.8%. Council recognises the importance of the composition, achievement and belonging of healthcare providers so that they reflect the populations they serve, and this, therefore, remains an area of strategic importance.

Our partnerships remain essential in advancing workforce support, health equity, and doctor training. Collaborating with Te Whatu Ora, the Ministry of Health, the Medical Colleges, training programmes, national regulators, health sector organisations and international partners reinforces Council's commitment to right-touch regulation, fostering a healthcare environment that is responsive to current needs, collaborative and collectively accountable.

It was an honour to welcome new Council members in the past year. Professor Ron Paterson and Dr Hinamaha Lutui joined us in July 2023. Each of our members brings valuable knowledge and experience. I would also like to acknowledge outgoing Council member, Dr Pamela Hale, who has contributed to our work over the past six years. We also thank Pamela for her insightful contribution and work as Chair of Council's Health Committee.

I look forward to leading Council with a focus on public trust and safety, supported by the dedication of Council members, our staff, and our stakeholder organisations. Ngā manaakitanga for your support as we work together in achieving our purpose: protecting the health and safety of the public by ensuring doctors in Aotearoa New Zealand are competent and fit to practise. Mauriora.

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

Dr Rachelle Love
Tumuaki | Chairperson

30 June 2024

Mai i te Manukura
From the CEO

Ms Joan Simeon
Manukura
Chief Executive Officer

Tēnā koutou katoa, ngā mihi mahana ki a koutou.

We are pleased to present this report at the end of a year where our work has remained focused on protecting the public of Aotearoa New Zealand. We have continued to work with health sector leadership to enable both international and locally trained doctors to join the workforce through flexible and efficient registration pathways. This is balanced with our responsibilityto ensure a safe and high-quality medical workforce for our communities in Aotearoa New Zealand. These and other important challenges are among those outlined in Te Mahere Rautaki – our Strategic Plan 2022–2027, which continues to steer our work.

Strengthening our workforce

To address Aotearoa New Zealand's healthcare needs, the Council has continued to streamline pathways to registration, making it easier for both internationally trained and locally educated doctors to join and contribute to our medical workforce. This year our registered doctors increased by 3.4%, from 19,344 to 20,010, a positive signal of growth.

International Medical Graduates (IMGs) made up 71% of new registrations — an increase of 16.2% in IMG registrations compared to last year. New Zealand-trained doctors made up the remaining 29% of registrations for the year.

Despite the growth in the number of IMGs commencing practice, retention remains a challenge and is an area of priority. Currently, 40% of IMGs don't stay in the country beyond their first year, so we're partnering with employers to gather data and to explore the reasons why IMGs leave and how we can strengthen the support for them while they integrate into our communities.

An important step forward has been the Expedited Pathway for IMGs, reducing the timeframe for registration of this group from 3-6 months to 20 working days. With input from our stakeholders, we are exploring ways to fast-track specialist registration for doctors with qualifications that we consider equivalent. This approach will balance workforce demands with public safety by enabling faster integration of needed specialists. This expedited pathway to registration is scheduled to go live in the first half of the 2024-2025 financial year and will grow over time.

We are also committed to continuous improvement through data analytics and strategic insights that help us respond effectively to emerging workforce trends and needs. We have received excellent feedback about the value of our data dashboard and our Medical Workforce 2024 report.

16.2%

International Medical Graduates increased by 16.2%, however, 40% don't stay beyond the first year

Through the Steering group within the Education Committee, significant work is being done to develop Torohia: The Medical Training Survey. The survey is being developed so that the public is protected by ensuring that the medical profession is competent and safe to practise. While aligned with the AMC Survey, Torohia aims to adhere to Te Tiriti o Waitangi principles and will capture workforce data specific to our people.

Whakawaha (consumer advisory group)

Our work continues to be enriched by the insights of Whakawaha, the consumer advisory group we share with the Health and Disability Commissioner. This group brings an essential consumer perspective, helping us shape our strategy, policies and standards to ensure they reflect the diverse needs and experiences of healthcare users in New Zealand. The contributions from Whakawaha are invaluable in promoting safer, more inclusive healthcare for all.

Health equity

Council's commitment to equitable health outcomes remains strong. This year, we worked closely with Te Kāhui Whakamana Tiriti, a group with representation from both Council and Te ORA | Māori Medical Practitioners Association, to develop our Te Tiriti framework. Our Whakawaha (consumer advisory group) has provided valuable insights to us in this work, particularly around our cultural safety framework. Our ongoing review of Council's Statement on Cultural Safety aims to ensure doctors' responsibilities are clear and integrated into their practice.

Our progress in health equity and cultural safety has drawn international interest, with our senior team invited to present at several key international forums. The Chair, Dr Rachelle Love, is also leading an international group of experts to develop a cultural safety statement for the International Association of Medical Regulatory Authorities.

Collaboration and partnerships for progress

Our strong partnerships across the sector are key to our success. This year, we worked closely with Te Whatu Ora | Health New Zealand, the Ministry of Health, and the medical colleges, allowing us to address workforce, health equity, and training challenges with agility. Internationally, in my role as Chair of the International Association of Medical Regulatory Authorities (IAMRA), I signed an MoU with the World Health Organisation to advance our shared goal of a competent global health workforce.

Guided by our principles of right-touch regulation, we strive to keep our responses proportionate and attuned to emerging healthcare needs. This year, we worked with seven other responsible authorities in development work around principles for safe prescribing practices, reflecting our commitment to adapting as healthcare evolves.

Our capable team is supporting the Council to achieve our purpose and strategic goals. This year, as part of ongoing professional development for all staff, we implemented our refreshed cultural capability programme to foster a more inclusive and informed organisational culture that supports delivery of our primary purpose..

I am deeply grateful for our team's professionalism, commitment and the care they take in their work every day towards the achievement of the Council's strategic objectives. I am also thankful for the Council's ongoing support as we work together toward a healthier, safer future for all in Aotearoa New Zealand.

Kia piki te ora ki a koutou.

Ms Joan Simeon
Manukura | Chief Executive Officer

Te Kaunihera Rata o Aotearoa
Medical Council of New Zealand

Mō Mātou
About Us

The Medical Council's primary purpose is to protect the health and safety of the public in Aotearoa New Zealand by ensuring doctors are competent and fit to practise.

Whether it's assessing a doctor's performance or promoting good medical practice that reflects the expectations of Aotearoa New Zealand communities, all our decisions are based on the principles of right-touch regulation. This is an internationally tried-and-tested decision-making model for regulators.

Our functions

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

How we make our decisions

Proportionate

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

Consistent

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

Targeted

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

Transparent

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

Accountable

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

Agile

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

Ngā Tumu o Te Kaunihera
Medical Council Members

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

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

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

Dr Pamela Hale
MBChB Otago 1982, FRACP 1991

Dr Charles Hornabrook
MBChB Otago 1985, FRANZCP 1999

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

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

Dr Hinamaha Lutui
MB ChB 2010 Auckland, FRNZCGP

Kim Ngārimu
BBS

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

Dr Curtis Walker
MB ChB 2007 Auckland, FRACP 2015

Mr Simon Watt
LLB (Hons), BA (VUW) LLM (London)
Tumuaki Tuarua | Deputy Chair

Ms Joan Simeon
MPM
Manukura | Chief Executive Officer

Mr David Dunbar
LLB, B.Com
Pouroki | Registrar

Te Mahere Rautaki
Strategic Plan 2022–27

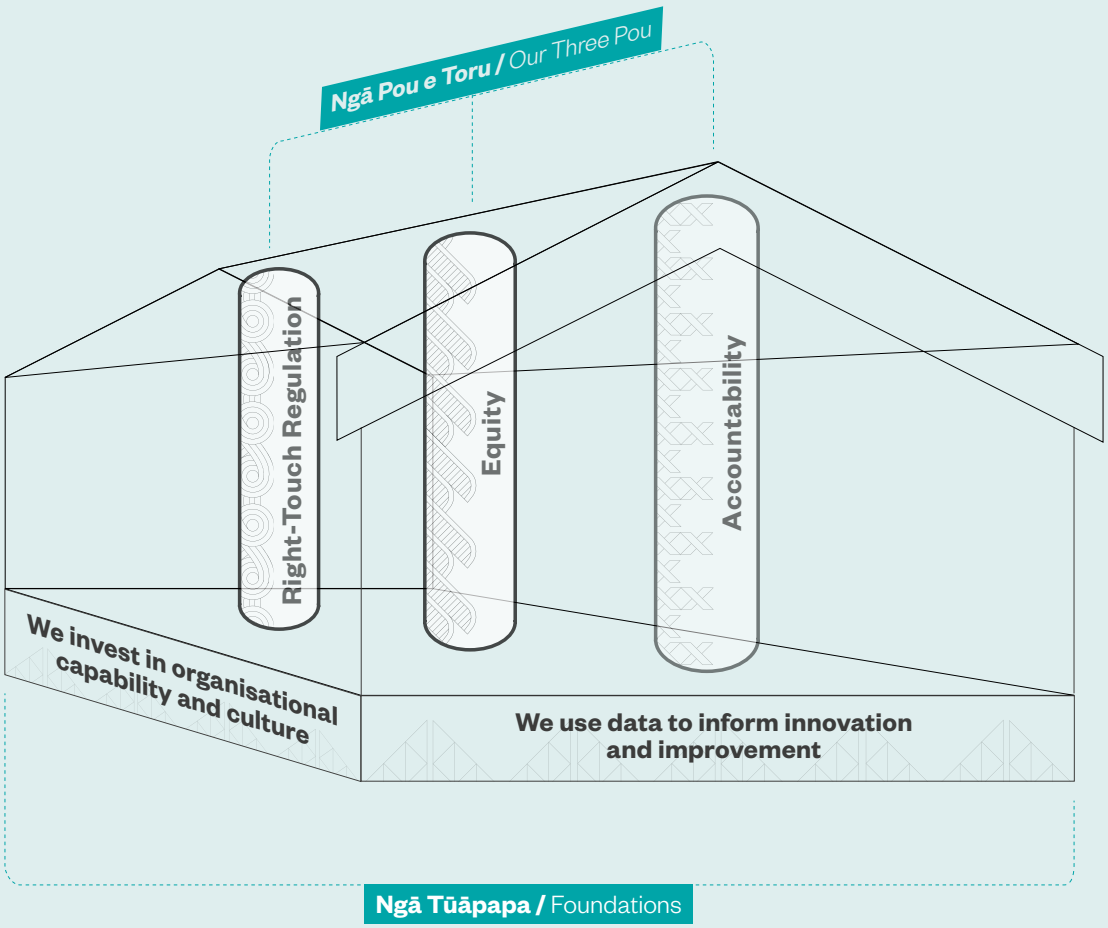
Te Moemoeā / Vision

Kia whakawhirinakitia ngā rata katoa i Aotearoa.
A medical profession all New Zealanders can trust.

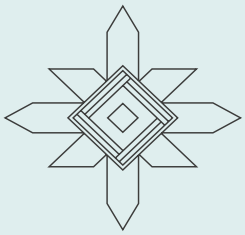
Tō Mātou Kaupapa / Our Purpose

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

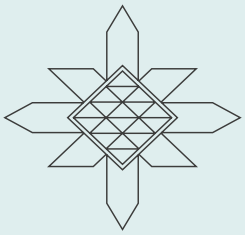
We serve Aotearoa New Zealand by protecting public health and safety through setting and promoting standards for the medical profession.



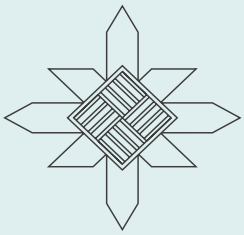
Ā Mātou Uara
Our Values



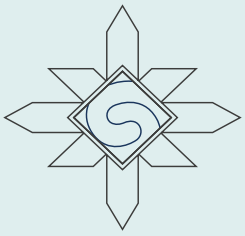
Whakapono
We act with integrity



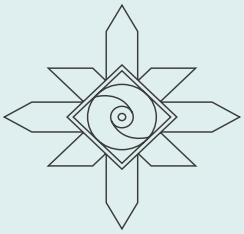
Whakamārama
We lead by listening



Kotahitanga
We are a team



Manaakitanga
We support each other



Kaitiakitanga
We protect the public

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

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

He Paetae Matua
Key achievements

The Annual Report broadly focuses on operational and financial performance, whereas the Statement of Service Performance in the following pages is focused on the delivery of the outcomes of Te Mahere Rautaki, our Strategic Plan for 2022–27. Our strategic priorities, informing our strategic plan, comprise three pou: accountability, equity, and right-touch regulation. The Statement of Service Performance reflects activities undertaken in 2023–24 and demonstrates our progress against the short-term outputs that, over time, will help us reach our medium-term intentions and long-term outcomes.

Te Pou Tuatahi
Demonstrate accountability to the public, profession and stakeholders

Our Consumer Advisory Group (shared with HDC) was gifted the ingoa Māori 'Whakawaha' in March.

Ki te waha i ngaa iwi
Ki te waha i te tikanga

To advocate for all people
To advocate for what is right.

Whakawaha provides incredibly valuable and insightful input into Council's work. Alongside doctors and other stakeholders, Whakawaha actively contributed to the review of several statements for the profession, enabling us to publish updated Council statements on 'Telehealth', 'Medical Certification', and 'Disclosure of Harm'.

Whakawaha also provided guidance relating to many other pieces of work underway by Council, such as the script and imagery for an animated video guide for consumers on 'Informed Consent'.

Te Pou Tuarua
Promote equity of health outcomes

Our newly established advisory group, Te Kāhui Whakamana Tiriti, has provided direction and advice for all our work relating to hauora Māori and health equity. This has included providing guidance on the review of Council's Statement on cultural safety, and the review of accreditation standards for prevocational medical training that demonstrates training providers' commitment to Te Tiriti o Waitangi, health equity and cultural safety.

A highlight of the year was the completion of Te Anga Whakamana Tiriti | Te Tiriti o Waitangi Framework (Te Anga) to document Council's commitment to, and aspirations for, giving effect to Te Tiriti o Waitangi.

Te Pou Tuatoru

Demonstrate proactive right-touch regulation in all we do

Over this past year, we worked together with the other responsible authorities that regulate prescribers to develop a joint set of prescribing principles. 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 joint RA prescribing 'Principles for quality and safe prescribing practice' was completed in June 2024.

In house, we developed a risk framework to support Council's decision-making, based on the principles of right-touch regulation.

Right-touch regulation means that regulation should be:

- proportionate
- targeted
- accountable
- consistent
- transparent
- agile.

We also implemented guidance and prompts to ensure that systematic consideration of right-touch regulation principles is embedded into Council briefing paper templates and is used consistently by Council staff.

Te Kaunihera Rata o Aotearoa
Medical Council of New Zealand

Te Tiriti o Waitangi
Our obligations under Te Tiriti o Waitangi

Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand (Council) is committed to giving effect to Te Tiriti o Waitangi (Te Tiriti) in its being, strategy, and operations. Te Anga Whakamana Tiriti | Te Tiriti o Waitangi Framework (Te Anga) details Council's commitment to, and its aspirations for, giving effect to Te Tiriti, and outlines the process of embedding these commitments and aspirations in Council's being, strategy and work.

In 2023–24

Te Kāhui Whakamana Tiriti (Te Kāhui) recommended, and Council adopted, Te Anga Whakamana Tiriti | Council's Te Tiriti o Waitangi framework.

- The brief of Te Kāhui expanded into other priority areas of work.
- We commenced the 5-year review of the Statement on cultural safety.
- We commenced the review of accreditation standards for prevocational and vocational medicine, including cultural safety and hauora Māori elements.
- We extended our staff capability development in te reo Māori, tikanga, and Aotearoa New Zealand history (including Te Tiriti).
- We broadened our use of te reo and tikanga Māori within the organisation.

Council is committed to giving effect to Te Tiriti o Waitangi (Te Tiriti) in its being, strategy, and operations. Te Anga Whakamana Tiriti | Te Tiriti o Waitangi Framework (Te Anga) states Council's commitment to, and its aspirations for, giving effect to Te Tiriti, and lays out the process of embedding these commitments and aspirations in Council's being, strategy and work.

Te Anga will develop alongside and inform Te Mahere Rautaki to ensure alignment and accountability for the changes we make.

Ngā Tohu Whakatutuki Statement of Service Performance

1 July 2023 to 30 June 2024

Entity information

Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand is established under the Health Practitioners Competence Assurance Act 2003. The Council's primary purpose is to protect the public health and safety of Aotearoa New Zealanders by ensuring doctors are competent and fit to practise. Whether it's assessing a doctor's performance or promoting good medical practice that reflects the expectations of Aotearoa New Zealand communities, all our decisions are based on the principles of right-touch regulation – an internationally tried and tested decision-making model for regulators. For more on our functions and how we make decisions, see pages 10-11.

Disclosure of judgements

The performance measures used in this report are based on the Medical Council's strategic priorities as shown in Te Mahere Rautaki 2022–27, the Strategic Plan of the Medical Council for 2022–27. Judgement is required to ensure the performance measures reflect a mix of qualitative and quantitative indicators, which are relevant to assessing progress towards the achievement of Council's strategic outcomes.

Comparative information

This is the second year we have prepared a Statement of Service Performance. Where comparative information is available, it has been included against those specific performance measures. However, the short-term outputs have generally had a two-year term with an intended completion date of 30 June 2024. Some short-term outputs were completed in the first year (2022–23), and some new short-term outputs have been added for 2023–24.

He Anga Putanga | Performance framework

Our Ngā Whakaarotau Rautaki | Strategic priorities comprise three pou:

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

The pou are supported by a foundation of:

- investing in organisational capability and culture, and
- using data to inform innovation and improvement.

The performance framework is structured as follows:

Ngā Hua | Outcomes are long term (enduring)

Our purpose is to protect the health and safety of the public by providing mechanisms to ensure doctors are competent and fit to practise. Our outcomes describe, at a high level, our desired future for Council and the medical profession in Aotearoa New Zealand.

Ngā Aronga | Intentions are medium term (three–five years)

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

Ngā Mahi Rautaki | Outputs are short term (one–two years)

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

The Statement of Service Performance information on pages 20-30 is audited and should be read in conjunction with the audit opinion on page 67-69 of this report.

1. **Te Pou Tuatahi**–Demonstrate accountability to the public, the profession and stakeholders			
Long term (enduring) Ngā Hua | Outcomes	Medium term (3–5 years) Ngā Aronga | Intentions		
The public have increased trust in the medical profession. The profession, stakeholders and government have increased trust in us as the medical regulator.	By 2027, we will achieve: • an increase in the public's trust in doctors, relative to other professions and international benchmarks • an increase in the public's understanding of how to make a notification • an increase in the profession's knowledge of Council standards.		
Short term (1–2 years) Ngā Mahi Rautaki | Outcomes	Commentary	Result previous year 2022–23	Result this year 2023–24
1.1 - Short video guides, a chatbot to answer questions, and spot surveys are available to the public on our website.	In 2022–23 we developed a video guide on Making a notification as a patient that was published on our website in April 2023. This year, we developed a video guide for consumers on 'Informed Consent' which was scheduled for Council review and approval in July 2024, prior to publication. An 'Informed Consent' video guide for doctors is well underway. A chatbot to help our website visitors find the information they need is under development. This has taken longer than expected due to needing to ensure that all content on our website is accurate and up to date in preparation for releasing the chatbot. We have also made progress with developing spot surveys (a few short questions on a topic of interest) and these are ready for launch in August.	On track for completion by 30 June 2024	**Partially**
1.2 - Feedback from Whakawaha (previously Consumer Advisory Group) has informed and is embedded into at least four standards for the profession.	Feedback from Whakawaha, our consumer advisory group, was sought and incorporated into the review of the following completed statements: • Doctors and health-related commercial organisations (February 2023). • Telehealth (August 2023) • Medical certification (August 2023). • Disclosure of harm (January 2024).	On track for completion by 30 June 2024	Achieved

1. **Te Pou Tuatahi**–Demonstrate accountability to the public, the profession and stakeholders			
Short term (1–2 years) Ngā Mahi Rautaki | Outcomes	Commentary	Result previous year 2022–23	Result this year 2023–24
	Whakawaha feedback has also been incorporated into the following statement reviews in progress: • Principles for quality and safe prescribing practice. • Cosmetic procedures. • Treating yourself and those close to you. • Good medical practice.	On track for completion by 30 June 2024	Achieved
1.3 - Baseline data about public trust, public understanding and the profession's knowledge of standards is captured and will be used in future evaluations to measure progress towards our medium and long-term goals.	We collected baseline data from health consumers and doctors in November/ December 2022 through a survey conducted for us by a market research company. This short-term output was completed in 2022–23.	Achieved	N/A

Long term (enduring) Ngā Hua | Outcomes	Medium term (3–5 years) Ngā Aronga | Intentions
We demonstrate increased accountability to Māori under Te Tiriti o Waitangi.	New systems identified in the plan set in partnership with Te Kāhui Whakamana Tiriti (Te Kāhui) are embedded across our work - demonstrating our accountability to Māori in all aspects of our work.

Short term (1–2 years) Ngā Mahi Rautaki | Outcomes	Commentary	Result previous year 2022–23	Result this year 2023–24
1.4 - Te Kāhui Whakamana Tiriti is established, provides input to our work and sets our plan for fulfilling our responsibilities to Māori under Te Tiriti o Waitangi.	Last year, we established a new advisory group, Te Kāhui Whakamana Tiriti, which met for the first time in July 2023. Te Anga Whakamana Tiriti | Te Tiriti o Waitangi Framework (Te Anga) was developed in partnership with Te Kāhui to document Council's commitment to, and aspirations for, giving effect to Te Tiriti o Waitangi. Council approved Te Anga in June 2024.	On track for completion by 30 June 2024	Achieved

1. Te Pou Tuatahi–Demonstrate accountability to the public, the profession and stakeholders			
Short term (1–2 years) Ngā Mahi Rautaki | Outcomes	Commentary	Result previous year 2022–23	Result this year 2023–24
	Te Kāhui also provided early input into: • The review of Council's Statement on cultural safety. • The review of accreditation standards for medical training providers with respect to Te Tiriti, cultural safety and health equity.		
Long term (enduring) Ngā Hua | Outcomes		Medium term (3–5 years) Ngā Aronga | Intentions	
The medical workforce in Aotearoa New Zealand is strengthened and supported by our leadership, in order to protect the public.		We monitor and respond to changes and trends in: • the medical workforce in Aotearoa New Zealand • workforce and regulation internationally.	
Short term (1–2 years) Ngā Mahi Rautaki | Outcomes	Commentary	Result previous year 2022–23	Result this year 2023–24
1.5 - Our stakeholder engagement emphasises Council's leadership in strengthening and supporting the medical workforce and supports accurate understanding of our workforce data and role.	We undertook ongoing active engagement with a range of key stakeholders, aimed at strengthening and supporting the medical workforce. These stakeholders included: Minister of Health, Te Whatu Ora | Health New Zealand, Manatū Hauora | Ministry of Health, doctor unions, Council of Medical Colleges, individual medical colleges and the Chief Medical Officer group. In addition, workforce initiatives were a main agenda item at the Annual Meeting with medical colleges and stakeholders held in June 2024. This was a one-day meeting, with 81 stakeholder attendees including, 7 attending online.	N/A new measure	Achieved
1.6 - Our registration processes are aligned with Immigration processes.	Immigration New Zealand has streamlined its processes for doctors seeking to live and work in New Zealand, and our registration processes have been aligned with these.	N/A new measure	Achieved

1. Te Pou Tuatahi–Demonstrate accountability to the public, the profession and stakeholders			
Short term (1–2 years) Ngā Mahi Rautaki | Outcomes	Commentary	Result previous year 2022–23	Result this year 2023–24
1.7 - Opportunities for joint work to improve international medical graduate (IMG) retention rates are explored with Te Whatu Ora.	We have carried out ongoing engagement with Te Whatu Ora | Health New Zealand medical workforce leadership, emphasising importance of addressing IMG retention rates and encouraging the roll-out of the 'Welcome to Practice in Aotearoa' workshops that Council developed in 2022.	N/A new measure	Achieved
1.8 - The extended scope practice model to strengthen and support the workforce is explored, including for provincial and rural areas.	An extended scope of practice framework has been developed as a possible approach to strengthening regulation in the area of cosmetic medicine. We established an Expert Advisory Group (EAG) to support this work and provide guidance to Council. The first meeting of the EAG was scheduled for July 2024.	N/A new measure	Achieved

Long term (enduring) Ngā Hua | Outcomes	Medium term (3–5 years) Ngā Aronga | Intentions
We are efficient and transparent in our registration, professional standards and doctors' health processes.	We will meet our published service standards for timeliness.

Short term (1–2 years) Ngā Mahi Rautaki | Outcomes	Commentary	Result previous year 2022–23	Result this year 2023–24
1.9 - 95% of general registration applications will be processed within 20 working days of receipt of completed application.	We achieved this service standard by processing 99% (compared to 99% in 2022–23) of general registration applications within 20 days.	Achieved	Achieved
1.10 - 90% of applications for assessment of eligibility for provisional vocational registration (international medical graduates) will be completed in 6 months.	We processed 89% (compared to 83% in 2022-23) of vocational registration applications (international medical graduates) within the timeframe. The shortfall was due to delays with medical college processes.	Partial completion expected by 30 June 2024	Not achieved

1. **Te Pou Tuatahi**–Demonstrate accountability to the public, the profession and stakeholders			
Short term (1–2 years) Ngā Mahi Rautaki | Outcomes	Commentary	Result previous year 2022–23	Result this year 2023–24
	The 6% improvement, compared to last year, is a result of working closely with colleges to support improvements in their timeliness.		

2. **Te Pou Tuarua**–Promote equity of health outcomes	
Long term (enduring) Ngā Hua | Outcomes	Medium term (3–5 years) Ngā Aronga | Intentions
Māori receiving health services from doctors have an improved experience of cultural safety. Our regulatory and non-regulatory levers support the achievement of health equity for Māori, Pasifika, disabled people and other groups who currently experience inequitable health outcomes. The medical workforce is diverse and inclusive.	An improvement in the current experience of cultural safety amongst Māori receiving health services from doctors, as demonstrated in an evaluation against the September 2020 report. 'Baseline data capture: Cultural safety, partnership and health equity initiatives'.

Short term (1–2 years) Ngā Mahi Rautaki | Outcomes	Commentary	Result previous year 2022–23	Result this year 2023–24
2.1 - The effectiveness of the 'Welcome to Practice in Aotearoa' trial workshops for IMGs delivered in 2021–22 is determined through evaluation.	An evaluation of the 'Welcome to Practice in Aotearoa' workshops for IMGs was completed in 2022–23.	Achieved	N/A
2.2 - Accreditation standards for training proficers across the medical education continuum are strengthened to demonstrate commitment to Te Tiriti o Waitangi, health equity and cultural safety. including: • all training providers demonstrate commitment to Te Tiriti o Waitangi through documented strategic priorities	Strengthened accreditation standards for prevocational medical training were drafted by an external contractor with expertise in Te Tiriti o Waitangi, health equity and cultural safety. The contractor is now working on the next draft based on feedback from Te Kāhui and Council's staff team. The accreditation standards for vocational medical training and recertification will be drafted in the first quarter of 2024-25.	Scheduled for 2023–24	Partially achieved

2. Te Pou Tuarua–Promote equity of health outcomes			
Short term (1–2 years) Ngā Mahi Rautaki | Outcomes	Commentary	Result previous year 2022–23	Result this year 2023–24
• all training providers include Māori on their governance and decision-making bodies • all vocational providers have policies in place that facilitate and support entry to training programmes for Māori trainees.			
2.3 - Cultural safety is embedded in Council's systems and processes for all regulatory functions.	In 2022–23, we delivered cultural safety and health equity training for the doctors and lay people who form the panels and committees that are fundamental to our regulatory processes. In 2023–24, we undertook a gap analysis to identify opportunities to further embed cultural safety in our regulatory functions. This cultural safety matrix was considered by Te Kāhui in December 2023 and February 2024. Work to address these gaps will be progressed in 2024-25, informed by Te Anga Whakamana Tiriti.	Partially achieved	Partially achieved
2.4 - Doctors' responsibilities under Te Tiriti o Waitangi are defined and incorporated in Council's statement on cultural safety and health equity.	Doctors' responsibilities under Te Tiriti o Waitangi have been defined and incorporated into a new draft statement on Hauora Māori. This new draft statement sits alongside new draft statements on cultural competency and cultural safety. The draft statements have been reviewed by Council's Policy Working Group and Te Kāhui, as well as being discussed by medical colleges and stakeholders at Council's Annual Meeting in June 2024. Further review, stakeholder engagement and extensive consulation will be undertaken in 2024-25.	Scheduled for 2023–24	Partially achieved
2.5 - A cultural safety and health equity symposium is delivered, to further advance the movement from understanding to action across the profession and stakeholders.	Planning for a cultural safety and health equity symposium was postponed due to cultural safety/health equity deliverables still being underway.	Scheduled for 2023–24	Not achieved

2. Te Pou Tuarua–Promote equity of health outcomes			
Short term (1–2 years) Ngā Mahi Rautaki | Outcomes	Commentary	Result previous year 2022–23	Result this year 2023–24
2.6 - Training providers are required to report on trainees' ethnicity and gender/gender identity.	Initially we identified training providers as the source of ethnicity and gender data for trainees. Due to the development of Council's data dashboard, this information was able to be accessed and reported by an alternative method.	Scheduled for 2023–24	Achieved

3. Te Pou Tuatoru–Demonstrate proactive, right-touch regulation in all we do	
Long term (enduring) Ngā Hua | Outcomes	Medium term (3–5 years) Ngā Aronga | Intentions
Medium education and training prepare and support a medical profession fit for practice in a transformative healthcare environment.	Accreditation systems and standards are responsive to a modern workforce and a transformative healthcare environment. Systemic themes arising from accreditations are reported annually and inform Council's strategic response. We carry out an annual survey of all doctors in training in Aotearoa, publish an analysis of the outcome, and take appropriate action from any lessons.

Short term (1–2 years) Ngā Mahi Rautaki | Outcomes	Commentary	Result previous year 2022–23	Result this year 2023–24
3.1 - There are explicit national, regional and local level requirements in a strengthened prevocational medical training accreditation framework, increasing the accountability of training providers.	Council undertook to refresh the accountability framework for accrediting prevocational medical training programmes. This work was supported by an Expert Design Group (EDG). The EDG was paused from October 2022 to October 2023 due to delays in implementation of the health reforms. When it reconvened, the EDG discussed the allocation of responsibility for the prevocational medical training accreditation standards. The next step is for Council staff to incorporate stakeholder feedback to develop a full model for consultation.	Partial completion expected by 30 June 2024	Partially achieved

3. Te Pou Tuatoru– Demonstrate proactive, right-touch regulation in all we do			
Short term (1–2 years) Ngā Mahi Rautaki | Outcomes	Commentary	Result previous year 2022–23	Result this year 2023–24
3.2 - A regional network of prevocational training providers undergoes accreditation.	Accreditation visits to the four Northern Region districts of Te Whatu Ora took place in 2023–24. A moderation exercise, looking at the consistency of the accreditation panels' conclusions, is underway.	Scheduled for 2023–24	Achieved
3.3 - Design and development of a medical training survey for all doctors in training in New Zealand is commenced.	The design and development of a medical training survey for doctors in training in New Zealand is underway. A steering group was established and held its first meeting in June 2024.	N/A new measure	Achieved
Long term (enduring) Ngā Hua | Outcomes	Medium term (3–5 years) Ngā Aronga | Intentions		
The principles of right-touch regulation are used in all Council's decision-making.	Right-touch regulatory impact analyses are routinely considered in Council's strategic, policy and operational decisions.		
Short term (1–2 years) Ngā Mahi Rautaki | Outcomes	Commentary	Result previous year 2022–23	Result this year 2023–24
3.4 - A right-touch impact analysis methodology is developed and trialled.	We developed a risk framework to support our decision-making, based on the principles of right-touch regulation. The principles are that regulation should be: • Proportionate. • Targeted. • Accountable. • Consistent. • Transparent. • Agile. The risk framework was trialled by Council in April 2024 and fully implemented by June 2024.	Partially achieved	Partially achieved
3.5 - Right-touch regulation is embedded in Council's briefing papers through systematic use of right-touch impact analysis methodology.	Guidance and prompts to ensure systematic consideration of right-touch regulation principles have been embedded into Council briefing paper templates and are used consistently by Council staff.	Scheduled for 2023–24	Achieved

3. Te Pou Tuatoru–Demonstrate proactive, right-touch regulation in all we do			
Long term (enduring) Ngā Hua | Outcomes		Medium term (3–5 years) Ngā Aronga | Intentions	
There is a demonstrated increase in inter-professional collaboration and cooperation in the regulation of health professionals and the delivery of health services.		At least three joint strategic initiatives with other Responsible Authorities (RAs) are carried out each year.	
Short term (1–2 years) Ngā Mahi Rautaki | Outcomes	Commentary	Result previous year 2022–23	Result this year 2023–24
3.6 - Completion of a joint RA prescribing statement.	We have actively participated with other RAs in developing a draft standard for all health professions that undertake prescribing. This is so that patients experience a consistent and high-quality approach to prescribing, no matter which health professional is involved. The joint RA prescribing statement 'Principles for quality and safe prescribing practice' was completed in June 2024. Publication and associated communications, led by Pharmacy Council, is planned for September 2024.	Partially achieved	Achieved
3.7 - The framework for our IMG 'Welcome to Practice in Aotearoa New Zealand' workshops is used for consideration of joint workshops with other RAs and other health professions.	In 2022-23, we shared the format, content and evaluation findings from our 'Welcome to Practice in Aotearoa New Zealand' workshops with the CEs and Registrars of the other RAs, to support the work they are doing with their international practitioners. This year we followed up by sending the evaluation report to the RAs, as well as Te Whatu Ora medical workforce team.	Partially achieved	Achieved
3.8 - Completion of at least one initiative that promotes RA alignment on cultural safety and health equity.	This was completed in 2022–23. We hosted an interactive workshop for RA governance members on the history of bicultural relations in Aotearoa New Zealand.	Achieved	N/A

3. Te Pou Tuatoru– Demonstrate proactive, right-touch regulation in all we do

Long term (enduring) Ngā Hua | Outcomes	Medium term (3–5 years) Ngā Aronga | Intentions
Our registration policies are fit for purpose and responsive to the changing nature of the medical workforce.	The IMG application process is streamlined to ensure that applicants are provided outcomes within the shortest possible time, and within a maximum of 6 months.

Short term (1–2 years) Ngā Mahi Rautaki | Outcomes	Commentary	Result previous year 2022–23	Result this year 2023–24
3.9 - The criteria for recognition of Comparable Health Systems (CHSs) are revised to ensure fit for purpose and appropriate thresholds.	Council adopted revised criteria for the recognition of Comparable Health Systems (CHSs) in December 2022.	Achieved	N/A
3.10 - Four additional jurisdictions and all current CHSs are assessed against the new criteria.	In April 2023, five additional jurisdictions were assessed against the new criteria: Argentina, Brazil, Cuba, Hong Kong and South Africa. Hong Kong was confirmed as a CHS. Following this addition, review of the existing 23 CHSs began. In May 2024, Council reviewed and retained 8 of the CHSs. The remaining 15 CHSs will be reviewed in 2024–25.	Partially achieved	Partially achieved

Kia toitū te noho
Sustainability

Te Moemoeā Oranga Tonutanga/ Sustainability vision

'Te Āraihaumaru as a kaitiaki (guardian) requires us to meet the needs of the present without compromising the resources of future generations'. Council is mindful and deliberate as we evolve to become an organisation that normalises environmental sustainability in public protection.

Te Kaupapa Oranga Tonutanga / Sustainability mission

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

He Whakaarotau me Ngā Paetae / Priorities and progress

During the year Council:

- Defined its environmental sustainability strategy and in doing so making a commitment to operating sustainably by measuring and minimising our impact on the environment as we carry out our public protection role.
- Identified our key emissions sources and independently verified of our carbon impact for the year ended 30 June 2024.
- Our impact was 482 tonnes of carbon dioxide equivalents (tCO_2e).
- Established and empowered an environmental sustainability working group to prioritise this work.

Toitū carbonreduce certification

TOITŪ
CARBON ZERO
ISO 14064-1
ORGANISATION

Council is delighted to report that in October 2024 we received Toitū carbonreduce programme certification in line with ISO 14064-1:2018 and Toitū requirements.

This is just the beginning of our sustainability journey as we embed these learnings into our procurement and purchasing decisions and work to reduce our carbon impact year-on year. We look forward to reporting progress with you in future reports.

Kotahitanga

We are a team

Te Whakaurunga

Registration

He Paetae Matua
Key Achievements

1 July 2023 to 30 June 2024

99% of international medical graduates' (IMGs) general and special purpose registration applications were processed within 20 working days.

We processed **89% of registration applications** in the provisional vocational scope of practice within our six-month service standard.

54 individuals who passed the NZREX Clinical gained registration in the provisional general scope of practice.

Principal activities

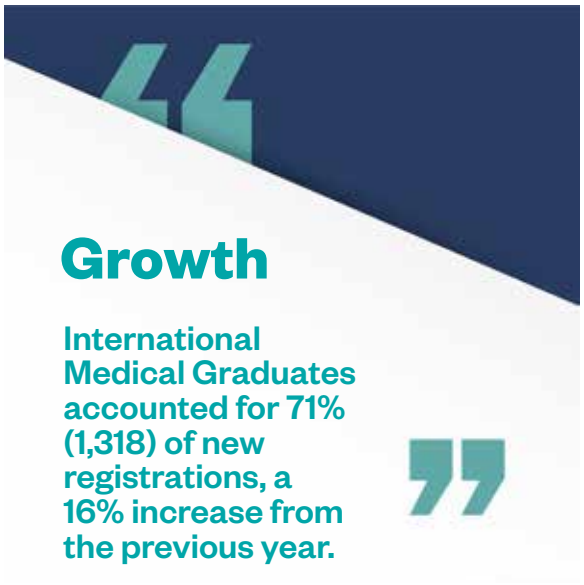
All doctors who practise medicine in Aotearoa New Zealand must be registered by the Council and hold a practising certificate. This ensures that a doctor is competent and fit to practise safely.

Practising doctors must comply with the Medical Council's recertification requirements, including continuing professional development to demonstrate that they are up to date and maintaining competence.

The Council registration team considers applications, renews practising certificates (PCs), issues certificates of professional status (COPS), and develops registration policies.

Service standards

- 99% of international medical graduates' (IMGs) general and special purpose registration applications were processed within the 20 working day timeframe during the 2023/2024 reporting period. We are committed to processing these applications within 20 working days of receiving a complete application.
- Applications for registration in the provisional vocational scope of practice take longer to process because they require more detailed assessment. As part of the assessment, we seek advice from the relevant specialist medical college. On average, it takes four to six months to confirm a doctor's eligibility for registration.
- We processed 89% of applications within our six-month service standard during the 2023–24 reporting period.
- 54 individuals who passed the NZREX Clinical gained registration in the provisional general scope of practice via the examinations pathway between 1 July 2023 and 30 June 2024.



Increase in registered doctors

The Medical Council is committed to meeting Aotearoa New Zealand's healthcare demands by enabling highly qualified international and locally trained doctors to join the workforce through flexible and efficient registration pathways.

- **2023/2024 growth –** The number of registered doctors rose by 3.4%, from 19,344 to 20,010 reflecting a positive trend in workforce expansion applications.
- **IMGs –** In 2023–24, IMGs made up 71% of new registrations (1,318), a 16% increase in registrations from the previous year.
- **NZ trained graduates –** Registered NZ trained medical graduates accounted for 29% of new registrations (535), a slight decrease of 4.5% from the number registered the previous year.
- **Global comparison –** IMGs represent 43.3% of Aotearoa New Zealand's medical workforce, the highest proportion among comparable developed countries.

Registrations by year and scope

Registrations issued by year and scope (1 July 2019 to 30 June 2024)					
	2019–20	2020–21	2021–22	2022–23	2023–24
General	88	75	91	87	80
Provisional general (IMGs)	679	499	630	741	903
Provisional general (NZ and Australian graduates)	521	527	569	548	529
Provisional vocational (IMGs)	110	154	199	168	173
Special purpose	178	132	110	160	197
Vocational (VOC1)	481	491	465	576	541
Vocational (VOC2)	80	91	111	56	53
	2,137	**1,969**	**2,176**	**2,327**	**2,476**

Registrations for new doctors have seen substantial recovery post-COVID, with a 17.4% increase from 2022–24. The increase for 2023–24 was 9.5%.

Retention rates

We register a significant number of IMGs each year; however, many only stay in Aotearoa New Zealand for a short period.

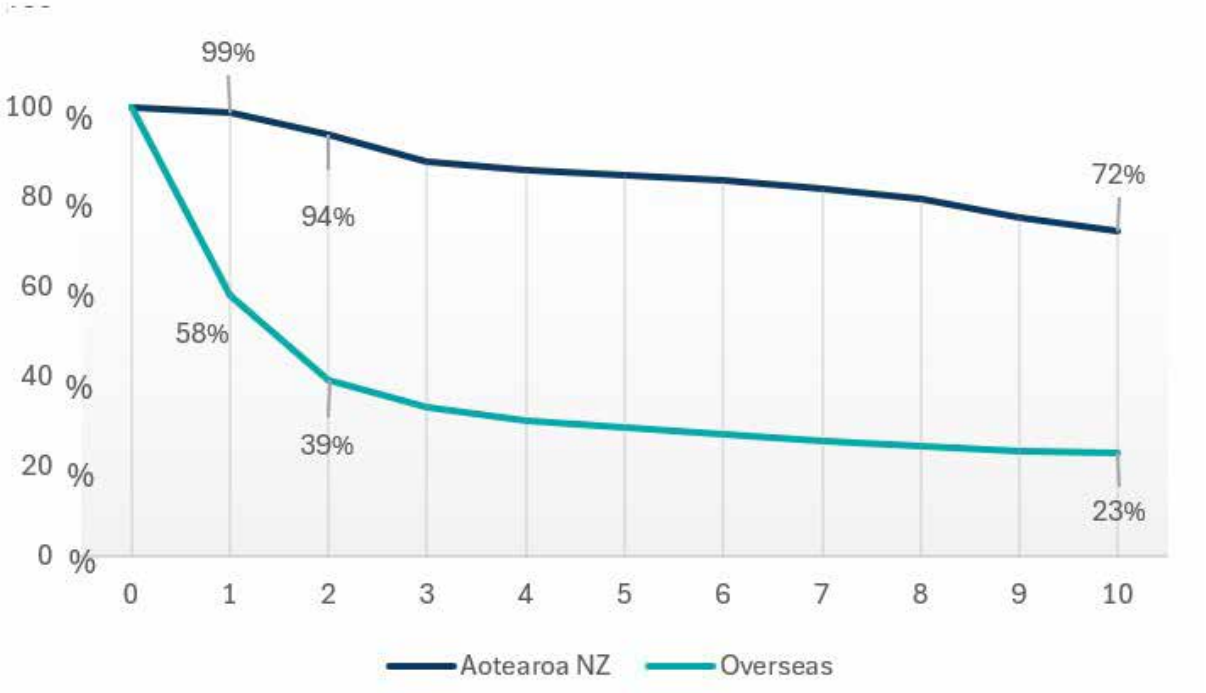
- 39% have left Aotearoa New Zealand one year after gaining registration.
- 58% have left Aotearoa New Zealand two years after gaining registration.

Retention of New Zealand graduates is significantly higher.

- 94% remain in Aotearoa New Zealand two years after gaining registration.
- 85% remain in Aotearoa New Zealand five years after initial registration.

Retention over 10 years

Retention rates of IMGs and NZ graduates after initial registration over 10 years.



Further development of online processes and policy review

Applications can now be made online for provisional general comparable health system registration applications. This has increased efficiency and reduced processing time. We also commenced a review of the 24 countries currently recognised as having a health system comparable to Aotearoa New Zealand to ensure that those countries still meet the standards to remain comparable health systems. A review of the first 8 countries was completed and all remain approved.

See more workforce data at pages 70 - 89

Manaakitanga

We support each other

Mātauranga me te Whakamataetae

Education | Examinations

Te Rōpū Mātauranga
Education Committee

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

Te Rōpū Mātauranga | Education Committee, is a standing committee of the Medical Council. Its primary purpose is to accredit and monitor medical education providers, including medical schools, prevocational medical training providers, and vocational training providers (medical colleges).

This ensures medical students and doctors receive high-quality education and training across the education continuum for their primary medical qualification, prevocational training as interns, and vocational training.

In the last 12 months, we have focused on restarting the accreditation cycle for prevocational training providers and assessing them against our accreditation standards. We visited the Northern region providers: Waitematā, Te Toka Tumai Auckland, Te Tai Tokerau, and Counties Manukau.

The themes identified as needing to be addressed across these providers included intern training programme resourcing, community-based attachment compliance, formal education attendance, informed consent, and orientation to clinical attachments. To the individual providers, commendations were given for the quality of their hauora Māori, tikanga Māori, and Māori health equity training, culturally safe environments, responsiveness to intern feedback, and night shift escalation protocols.

In August, we considered the July 2023-June 2024 annual reports from the other prevocational training providers, in the Te Manawa Taki, Central and Te Waipounamu regions. Key themes arising from these reports include workforce issues; uncertainty around Health New Zealand's strategic and organisational matters, including resourcing; the effects of these on intern welfare, support and morale; and an increase in the numbers of interns who had passed the NZREX Clinical, with programmes being put in place to help support these doctors.

Despite the challenges raised in these reports, it is clear that interns are continuing to receive excellent medical education and training.

Over the last year, we have welcomed three new members to the Education Committee: Dr Philip Morreau as a vocational member, Dr Jibi Kunnethedam as a vocational trainee, and Dr Kate Dunstall as an intern member.

We farewelled Dr Sarah Nicolson (vocational member), who was a valued member on several accreditation panels, and Dr Karleigh O'Connor (intern member), who, alongside being an accreditation panel member, was also named the 2023 Te Tāura Taiea, Aotearoa New Zealand Intern of the Year.

In the coming financial year, we will be carrying out prevocational accreditation visits to the Te Waipounamu region training providers: Southern, Nelson Marlborough, South Canterbury, and Waitaha Canterbury. We are also continuing our mahi to develop a strengthened prevocational medical training accreditation framework.

The Council has started work alongside the Australian Medical Council (AMC) to review the vocational training standards which are used to accredit the training programmes of the specialist medical colleges. This work will continue through the 2024–25 and 2025–26 financial years and will involve extensive consultation with specialist medical colleges both bi-national and New Zealand-only.

New Zealand doctors continue to participate in bi-national medical school and specialist medical college accreditations that are led by the AMC. I am grateful to Dr Ainsley Goodman, who sits on the Progress Monitoring Sub Committee and Prof Phillippa Poole, who sits on the Specialist Education Accreditation Committee, while I continue to sit on the Medical School Accreditation Committee.

I would like to recognise the ongoing contributions made by all those committed to medical education in Aotearoa New Zealand.

He Paetae Matua
Key Achievements

1 July 2023 to 30 June 2024

The percentage of interns undertaking community-based placements **increased from 59%** (320/541 interns) in 2023 **to 62%** (338/548 interns) in 2024.

46 new clinical attachments accredited—31 of which were community-based.

157 prevocational educational supervisors, with 21 appointed in 2023–24.

Education

- At the August 2023 Education Committee meeting, we considered the 2023 annual reports of prevocational training providers from across Aotearoa New Zealand. Key themes arising in these reports included embedding cultural safety and health equity into training programmes, providing a high-quality education experience and improving intern support and welfare despite workforce pressures, and quality improvement regarding commitment to engaging with intern representatives, holding regular intern forums, and conducting structured surveys to inform the improvement of training programmes.
- We assessed the four Northern region providers of prevocational medical training—Waitematā, Te Toka Tumai Auckland, Te Tai Tokerau, and Counties Manukau – against the Council's *Accreditation standards for training providers*.
- We also assessed The Royal New Zealand College of General Practitioners—the largest medical college in Aotearoa New Zealand—against the accreditation standards for New Zealand providers of vocational medical training and recertification programmes.
- We also collaborated with the Australian Medical Council (AMC) to assess the Royal Australasian College of Physicians against the AMC *Standards for assessment and accreditation of specialist medical training programs and professional development programs* and Council's Aotearoa New Zealand specific standards for assessment and accreditation of recertification programmes.
- We accredited 46 new clinical attachments—31 of which were community-based. Undertaken by interns in their PGY1 and PGY2 years, clinical attachments offer a range of high-quality clinical training and experience, and provide robust learning, supervision, and assessment.
- The number of interns completing prevocational training programmes who had undertaken at least one community-based attachment rose from 59% (320/541 interns) in 2022–23 to 62% (338/548 interns) in 2023–24.

- We appointed 21 new prevocational educational supervisors (PESs) from eight providers. There are now a total of 157. PESs are vocationally registered doctors who provide educational supervision, pastoral care, and support for up to 10 interns at a time.
- We ran a series of virtual lunchtime clinics for PESs, providing information and support on topics such as PES wellbeing, responsibilities, and ePort requirements.
- We held a training session for the Northern prevocational medical training providers ahead of their accreditation visits. This collegial meeting gave providers an overview of accreditation assessments and Council's prevocational accreditation standards, tips on writing their self-assessment, and the logistics of the accreditation visit.
- We also held a training session for accreditation panel members, which largely focused on how to review the provider self-assessment and write the accreditation report, as well as outlining Council's accreditation standards and the accreditation visit process.
- We celebrated our Te Ahorangi Taiea, Aotearoa New Zealand Clinical Educator of the Year, Dr Anny Yusuf, and our Te Tāura Taiea, Aotearoa New Zealand Intern of the Year, Dr Karleigh O'Connor.
- We participated in the 2023 Australian and New Zealand Prevocational Medical Education Forum. Plenary speakers at the forum included Poutoko | Chair of the Education Committee Dr Ken Clark and Education Committee intern member Dr Jacob Ward. Manukura Tuarua | Deputy Chief Executive Officer Ms Kiri Rikihana and Kaiwhakahaere – Mātauranga | Manager – Education Mr Chris Jenkinson presented in parallel sessions.

Examinations

- The New Zealand Registration Examination (NZREX Clinical) was held in September 2023 and March 2024, with 59 candidates sitting the examination and 59% passing.
- We made several changes to the NZREX Clinical to ensure it is in line with best practice in assessment and to better fulfil our commitment to cultural safety.

59%

Calendar year	Exam date	Candidates sat	Candidates passed	Pass rate	Gaining registration	Registration rate	Avg days to register
2024	9/03/2024	30	17	56.7	3	17.6	102.3
2023	2/09/2023	29	18	62.1	12	66.7	129.8
2023	25/03/2023	26	16	61.5	16	100.0	138.3
2022	10/09/2022	30	21	70.0	20	95.2	218.6
2022	18/06/2022	28	21	75.0	18	85.7	241.7
2021	19/06/2021	30	19	63.3	17	89.5	365.5
2021	27/03/2021	28	18	64.3	16	88.9	351.8
2020	31/10/2020	31	21	67.7	20	95.2	652.3
All		**232**	**151**	**65.1**	**122**	**80.8**	**308.9**

Whakamārama

We lead by listening

Te Hauora

Health

Te Rōpū Hauora
Health Committee

Dr Pamela Hale (Chair)
MBChB Otago 1982, FRACP

This is my final report as Chair of the Health Committee | Te Rōpū Hauora. I was appointed as an elected member to Council on 1 July 2015. Over the last 9 years I have served as a member of the Health Committee, the last 7 years as Chair.

The Committee, acting on behalf of Council, reviews all notifications/concerns about a doctor's health that may affect their ability to safely practise medicine. In the year ending 30 June 2024, we received 66 notifications of doctors with health problems - see table on page 48.

The Committee also considers applicants' health disclosures on applications for registration, as well as practising certificates (APCs), and gives advice to Council's Registrar and Council on these. In total, there were 333 disclosures reviewed.

Our role is to decide whether the doctor's health condition could adversely impact their work. If concerns are raised, we will arrange for assessments, usually by an independent practitioner in a specialty relevant to the illness of concern. These will inform the committee of any safeguards we need to put in place to protect both the public and the doctor themselves.

We meet monthly to discuss doctors who have been referred, and to regularly review the progress of doctors under our supervision. Conditions most likely to require the Committee's oversight include mental illnesses such as severe depression and bipolar illness, drug and alcohol dependence, neuropsychiatric conditions such as dementia, head injuries, and progressive physical conditions such as Parkinson's disease.

Working with the Health Committee has been one of the most rewarding roles in my career as a physician. I have had the privilege of working alongside other committee members and health team staff who have shared the careful balance of managing risks to patient safety, with compassionate management of the doctor.

Helping a doctor can be challenging at times, especially working with those lacking insight into the risks associated with their health condition. Protecting the public is our foremost goal. I have always applied this adage. "Would I be happy to have my mother treated by this doctor at this time?."

At the same time, we aim to help the doctor in their wellness journey and enable them to return to practice safely in the future. Despite their initial reactions, which are often fear or anger, many doctors ultimately express gratitude for the help they have received when they reach the point of no longer being under our supervision.

I would like to thank all those who have supported me in this work over the last 9 years.

He Paetae Matua
Key Achievements

1 July 2023 to 30 June 2024

This year **there were 66 new notifications**. While the number of notifications varies each year, there is no pattern. The majority came from doctors themselves, which aligns with other years.

44 new notifications came from doctors themselves. 6 came from a treating doctor, 8 from employers, 2 from a person involved in education, 5 from Council and 1 under s 67A.

There was one conviction referred to the committee under s 67A.

New notifications (1 July 2023 to 30 June 2024)

Source	HPCAA	New	Closed	Active
Health service	45 (1) a	0	0	0
Health practitioner (self)	45 (1) b	44	10	34
Health practitioner (treating doctor)	"	6	0	6
Employer	45 (1) c	8	3	5
Medical Officer of Health	45 (1) d	0	0	0
Any person	45 (3)	0	0	0
Person involved with education	45 (5)	2	0	2
Council		5	2	3
s 67A		1	0	1

This year, there were 66 notifications. While the number of notifications varies each year, there is no pattern. The majority came from doctors themselves, which aligns with other years.

There was one conviction referred to the Committee under S67a. This section gives Council two options when considering convictions that reach certain thresholds outlined in the HPCAA. It can send the conviction to a professional conduct committee or make an order to obtain health-related information before determining what action to take. The options are physical or mental health examinations, treatment, counselling, or therapy.

Council asks the Committee to determine what option is needed—examinations, treatment, counselling, or therapy. An order can be given only if the doctor consents to the Committee's proposal, and to a report being provided. With more information Council then has other courses of action it can take, not just referral to a professional conduct committee.

Health conditions notified this year	
Source	HPCAA
Physical health	24
Mental health	33
Dual diagnosis	3
Alcohol	3
Other substance	2
S67a	1

As in other years, most notifications concerned doctors' mental and physical health.

Health disclosures received	
New graduate disclosures	35
Practising certificate disclosures	196
Registration disclosures	102

333

This year there were 333 disclosures in total.

New graduate disclosures – 35

Seven of the 35 disclosures came from the Deans of the two medical schools. They were about students who have, or have had, health issues which have the potential to affect their practice. The main issues disclosed were about mental health.

There are fewer physical problems disclosed, which is consistent with the younger average age. The Committee can look at ways to ensure that these new graduates have the range of support needed to help ensure a successful PGY1/internship, both within and outside the workplace.

Disclosures from other registrants – 102

Doctors applying for registration for the first time are required to notify us of any health condition, now or in the past, that had the potential to impact on their ability to practise safely. There is a review of the history of any past condition to determine fitness to practise. If health conditions are current, up-to-date reports or assessments might be needed to determine fitness to practise and advice on any safeguards or supports needed as they transition to practice in Aotearoa New Zealand.

There is a higher percentage of physical health conditions in this older group, as would be expected given that new graduates are generally younger as a group.

Practising certificate disclosures – 196

We had 196 disclosures this year—119 from females and 77 from males. Sixty-four percent of the disclosures were about physical health and thirty-five percent about mental health. The age split is shown in the table below:

Age range	
26-40	74
41-55	65
56-80	57

No ongoing involvement of the Committee was needed for 135 of those cases. There was some follow up for 61 doctors, mostly at a very low level or when their sick leave was due to end.

Whakpono

We act with integrity

Te Āheinga me te Whanonga

Performance and Conduct

He Paetae Matua
Key Achievements

We received 263 notifications about doctors in 2023–24, a slight decrease from the 272 notifications recorded in the previous year.

25% of the total notifications received were referred to a Performance Assessment Committee, Preliminary Competence Inquiry or a Professional Conduct Committee.

16% of the total performance, conduct and mixed **notifications** received resulted in **no further action.**

The Professional Standards team:

- receive notifications and referrals of concerns
- support the Notifications Triage Team (NTT)
- maintain assessment tools and policy on performance assessment
- establish Performance Assessment Committees (PACs) and Professional Conduct Committees (PCCs)
- establish individual education programmes and recertification programmes, following performance assessments
- monitor doctors who are subject to conditions arising from competence and conduct concerns and disciplinary action.

Notifications are broadly categorised into whether they relate to a doctor's competence or conduct. Some cases will include a combination of competence and conduct concerns.

Notifications

Total notifications received by type [1] (1 July to 30 June of the year)					
Type	2020	2021	2022	2023	2024
Performance	130	146	103	142	129
Conduct	59	104	132	120	119
Mixed	-	-	2	10	15

[1]This only includes matters where the Medical Council processes were commenced. It does not include queries outside the Medical Council's jurisdiction or internally managed inquiries that did not proceed to NTT or the Medical Council.

Notifications

Competence and conduct processes ordered (1 July to 30 June of the year)					
Process	2020	2021	2022	2023	2024
Performance Assessment Committee (PAC)	23	18	19	17	21
Preliminary Competence Inquiry (PCI)[2]	09	21	08	16	13
Professional Conduct Committee (PCC)	26	30	33	39	32

[2] The Medical Council only holds data for PCIs ordered from partway through the 2019-2020 FY.

Performance

When receiving notifications or referrals that relate to a doctor's competence to practise, the Medical Council considers whether the circumstances raise questions about deficiencies in the doctor's competence.

- Where questions are raised about a doctor's competence, we will investigate through either a Preliminary Competence Inquiry (PCI) or Performance Assessment Committee (PAC).
- Of the total number of notifications received in 2022–23 the Medical Council referred 13 performance-related notifications to a PCI and 21 notifications to a PAC.

The Health and Disability Commissioner (HDC) is responsible for investigating specific incidents in the first instance, but sometimes notifications are made to both organisations. In these cases, we will often await the outcome of the HDC's investigation.

- This outcome occurred for 41 performance-related notifications in 2023–24.
- Tables 1-3 show (on page 53) the number of cases considered by the Medical Council during the year that related to a doctor's competence to practise, and our decisions as to how those cases should be addressed. The table shows the number of processes during the year rather than the number of individual doctors, as many doctors may have been the subject of more than one decision or process.

There were 96 notifications about the performance of doctors or mixed with conduct notifications from eight sources

- ACC 9
- Colleague 5
- MOH, HNZ, College 3
- Employer 5
- HDC 55
- MCNZ 1
- Notifier 16
- Health Professional 2

Outcomes

1. PAC Outcomes	
2023–24	
Doctors met the required standard of competence (Category 1).	5
Doctors did not meet the required standard of competence (Category 2 or 3).	6
Educational programmes were ordered in relation to the above.	6

2. Performance and mixed notification outcomes	
2023–24	
No further action	39
Education letter after first consideration	41
Awaiting outcome from HDC after first consideration	41
Request for Preliminary Competence Inquiry (PCI)	11
Refer to Health Committee	3

3. PCI Outcomes	
2023–24	
Refer to Medical Council	6
No Further Action	4

Conduct

The Medical Council's Conduct team handles notifications that relate to the appropriateness of a doctor's conduct, or the safety of a doctor's practice.

The Medical Council refers these notifications to a Professional Conduct Committee (PCC) where further investigation is required.

As with performance-related notifications there is some overlap between the Medical Council's role and that of the HDC. With conduct-related notifications the Medical Council is not legally allowed to take action against a doctor under Part 4 of the Act (conduct-related action) while the Health and Disability Commissioner is conducting an investigation.

The Medical Council may take interim action where it considers the doctor poses a risk of harm to the public while an HDC, PCC or criminal investigation is undertaken. This can include imposing conditions on the doctor's practice or suspending the doctor's practising certificate.

PCC's investigations ordered by type.*			
(1 July to 30 June of the year)	2022	2023	2024
Criminal	2	3	4
Breach of conditions/VU	0	0	2
Records	1	4	2
Misrepresentation	0	1	2
Covid-19	14	5	2
Sexual boundaries	1	4	8
Unprofessional behaviour	19	11	14
Prescribing	7	16	7

*Some investigations involve multiple types of concerns.

15

Among PCC's ordered in 2023–24 15 were about prescribing concerns and sexual boundaries.

Outcomes

PCC investigation outcomes			
(1 July to 30 June of the year)	2022	2023	2024
Review of fitness to practise	2	3	1
Review of competence	0	4	0
NFA	1	3	2
Counselling	13	27	20
Tribunal	8	5	11

HPDT prosecution outcomes*			
(1 July to 30 June of the year)	2022	2023	2024
HPDT hearings held	9	12	7
HPDT charges proven	9	10	7
Awaiting decision on charge	0	2	1
Withdrawn	2	0	0

HPDT prosecution penalties			
(1 July to 30 June of the year)	2022	2023	2024
Censure	9	10	5
Fine	3	3	3
Conditions	8	10	5
Suspension	1	3	2
Cancellation	3	3	2
Awaiting decision on penalty	-	-	1

* Includes some matters currently under appeal.
** All proved matters resulted in censure.

See more workforce data at pages 70-89

Te Pūrongo Pūtea ā-Tau
Annual Financials

Te Rōpū Arotake Pūtea me te Tūraru
Audit and Risk Committee

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

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

Notable work of the Committee over the last year includes:

Budget and fees

Consideration of the 2024/2025 annual budget and fees and recommending these to Council for final approval. Council applies an activity-based costing methodology to ensure that there is transparency and equity across all fees charged by Council. The methodology was comprehensively reviewed this year, including to ensure that cross-subsidisation amongst fees is minimised. The outcome of this review found existing fees remain appropriate, valid and relevant and as a result there were minimal changes to Council's fees . Pleasingly, this has resulted in no overall change to the combined practising certificate fee and disciplinary levy for the second year in a row.

Business transformation

The Committee is supporting Council with oversight of the development and implementation of the business transformation programme. This programme aims to enhance the resilience and security of IT infrastructure while ensuring systems and processes continue to be more streamlined, efficient, and remain aligned with the Council's strategic goals and operational needs.

By also fostering innovation and adaptability, the programme is designed to position the Council operationally for long-term success in achieving its objectives.

Risk management

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

- Oversight of the risk management programme including a clean sheet risk identification exercise and environmental scan with Council.
- Actively engaging on health, safety, and wellbeing matters, with a particular focus on risks to Council and staff from dealing with sensitive and challenging subject matter and risks from online threats and misinformation. The Committee remains informed about these challenges and supports efforts to promote the wellbeing of staff and Council members through targeted mitigations.
- Monitoring Council's legislative compliance and privacy programme. The Committee wishes to acknowledge the contribution of Kiri Rikihana, Deputy CEO to the Poupou Matatapu | Office of the Privacy Commissioner's workshops to develop national guidance for privacy best practice which can be applied at Council.

Statement of service performance and financial statements

The Committee reviewed the statement of service performance and financial statements and liaised with the external auditors during the audit process. An unqualified audit opinion was issued by the external auditors.

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

Statement of Comprehensive Revenue and Expenses

For the year ended 30 June 2024

	Notes	2024 (000's)	2023 (000's)
Revenue from non-exchange transactions			
Practising certificate (PC) fees and disciplinary levies		16,629	16,055
Disciplinary recoveries		667	413
Total non-exchange revenue		**17,296**	**16,468**
Revenue from exchange transactions			
Fees received		4,907	3,904
Interest income		650	326
Other income		687	583
Total exchange revenue		**6,244**	**4,813**
Total revenue		**23,540**	**21,281**
Expenses per schedules	**5**		
Administration expenses		14,602	12,424
Council and profession expenses		4,702	3,757
Disciplinary expenses		3,026	3,278
Examination expenses		137	144
Total expenses		**22,467**	**19,603**
Total surplus for the year		**1,073**	**1,678**
Other comprehensive revenue and expense for the year		-	-
Total comprehensive revenue and expense for the year		**1,073**	**1,678**

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

Statement of Changes in Net Assets

For the year ended 30 June 2024

	General Reserve (000's)	Disciplinary Reserve (000's)	Examination Reserve (000's)	Total Equity (000's)
Opening equity balance 1 July 2023	9,409	4,115	166	13,690
Total surplus / (deficit) for the year	(396)	1,444	25	1,073
Closing equity balance 30 June 2024	**9,013**	**5,559**	**191**	**14,763**
Opening equity balance 1 July 2022	8,552	3,321	139	12,012
Total surplus for the year	857	794	27	1,678
Closing equity balance 30 June 2023	**9,409**	**4,115**	**166**	**13,690**

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

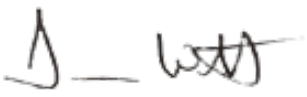
Statement of Financial Position

As at 30 June 2024

	Notes	2024 (000's)	2023 (000's)
Current assets			
Cash and cash equivalents		1,568	1,441
Short term investments		11,000	9,000
Prepayments		547	829
Receivables from exchange transactions	**7**	594	312
Receivables from non-exchange transactions	**7**	244	43
Total current assets		**13,953**	**11,625**
Non-current assets			
Intangible assets	**8**	2,180	3,024
Work in progress	**9**	82	-
Property, plant and equipment	**10**	1,308	1,372
Total non-current assets		**3,570**	**4,396**
Total assets		**17,523**	**16,021**
Current liabilities			
Payables	**11**	1,535	1,350
Employee entitlements	**12**	567	566
Revenue received in advance		589	350
Total current liabilities		**2,691**	**2,266**
Non-current liabilities			
Employee entitlements	**12**	69	65
Total non-current liabilities		**69**	**65**
Total liabilities		**2,760**	**2,331**
Net assets		**14,763**	**13,690**
Equity			
General reserve		9,013	9,409
Disciplinary reserve		5,559	4,115
Examination reserve		191	166
Total Equity		**14,763**	**13,690**

Authorised for issue for and on behalf of the Council on 3 December 2024

Rachelle Love
Chair



Simon Watt
Deputy Chair

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

Statement of Cash Flows

For the year ended 30 June 2024

	2024 (000's)	2023 (000's)
Cash flows from operating activities		
Receipts		
Receipts from PC fees (non-exchange)	11,789	11,378
Receipts from disciplinary levies (non-exchange)	4,844	4,677
Receipts from other non-exchange transactions	400	212
Receipts from exchange transactions	5,671	4,440
Payments		
Payments to suppliers and employees	(20,510)	(18,412)
GST	(61)	(57)
Net cash flows from operating activities	**2,133**	**2,238**
Cash flows from investing activities		
Receipts		
Interest received	536	176
Redemption of investments	12,000	9,000
Payments		
Purchase of property, plant and equipment	(305)	(145)
Purchase of intangible assets	(237)	(535)
Investments in short term deposits	(14,000)	(11,000)
Net cash flows from investing activities	**(2,006)**	**(2,504)**
Net (decrease)/increase in cash and cash equivalents	**127**	**(266)**
Cash and cash equivalents at 1 July	1,441	1,707
Cash and cash equivalents at 30 June	**1,568**	**1,441**
Represented by:		
ANZ Bank Account - General	2	1
ASB Bank Account - General	565	440
ASB Bank Account - Call	1,000	1,000
KiwiBank Account - General	1	
	1,568	**1,441**

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

Notes to the financial statements

For the year ended 30 June 2024

1. Reporting entity

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

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

These financial statements have been approved and were authorised for issue by the Council on 3 December 2024.

2. Statement of compliance

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

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

3. Changes in accounting policies

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

3.1 Basis of measurement

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

3.2 Functional, presentational currency and rounding

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

3.3 Revenue

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

Revenue from non-exchange transactions

Practicing certificate (PC) fees and disciplinary levies

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

Disciplinary recoveries

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

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

Revenue from exchange transactions

Fees received

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

- New Zealand registration examination fees which are recognised when the examination is held.
- Vocational registration income is recognised at the time of invoicing, however a portion equivalent to 3 months (2023: 3 months) is assessed and held as payments in advance.

3.3 Revenue (continued)

Interest income

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

Other income

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

3.4 Financial instruments

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

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

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

Financial assets

Financial assets within the scope of PBE IPSAS 41 *Financial Instruments* are initially recognised at fair value plus transaction costs unless they are measured at fair value through surplus or deficit, in which case the transaction costs are recognised in the surplus or deficit. The Council classifies financial assets as subsequently measured at amortised cost, fair value through other comprehensive revenue and expense, or fair value through surplus or deficit based on requirements as per PBE IPSAS 41 *Financial Instruments*.

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

Receivables from exchange and non-exchange transactions

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

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

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

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

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

Impairment of financial assets

There were no amounts written off from the provision for doubtful debts during the year. Additional amounts were recovered from specific debtors during the year which were previously doubtful. There were no other impairments of financial assets for the year.

3.4 Financial instruments (continued)

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

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

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

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

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

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

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

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

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

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

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

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

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

3.8 Intangible assets (continued)

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

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

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

	Useful life	*Amortisation rate*	*Remaining useful life (average)*
• Medsys (Practitioner registration database and workflows)	5 to 10 years	10% - 20% p.a.	1.5 years
• MyMCNZ (Practitioner & Council agent portal)	5 to 10 years	10% - 20% p.a.	2.4 years
• Document management system	5 years	20% p.a.	6 months
• Website	5 years	20% p.a.	Fully amortised
• Purchased software	10 years	10% p.a.	2.8 years

3.9 Leases

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

3.10 Work in progress

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

3.11 Employee entitlements

Short term employee entitlements

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

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

Long term employee entitlements

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

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

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

3.12 Provisions

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

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

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

3.13 Income tax

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

3.14 Goods and services tax (GST)

These financial statements have been prepared on a GST exclusive basis except for receivables and sundry creditors which include GST.

The net amount of GST recoverable from, or payable to, the Inland Revenue is included as part of receivables or payables in the Statement of Financial Position.

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

3.15 Equity

Equity is the professions' interest in the Council and is measured as the difference between total assets and total liabilities. Equity is classified into the following categories which fulfil a specific purpose:

General reserve

General reserves are used to separate all funding and expenditure related to the operational activities of the Council and excludes any disciplinary and examination activities.

Disciplinary reserve

Disciplinary reserves are used to separate all funding and expenditure related to disciplinary matters known or anticipated in any one year.

Examination reserve

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

4. Significant accounting judgements, estimates and assumptions

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

Judgements

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

Estimates and assumptions

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

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

Accrued expenses

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

Useful lives and residual values

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

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

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

Recoverability of receivables

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

Long service leave

The measurement of long service lease was based on a number of assumptions. An assessment of 94 eligible employees employed at 30 June 2024 was undertaken as to which employees would reach the long service criteria. 7 employees had entitlements and this is reflected as the current portion. The non-current portion reflects the assessment of the probability of employees earning long service leave in the future. Due to the number of employees affected and relatively low length of service, discount rates and salary inflation factors were not incorporated into the calculation.

Notes to the financial statements

For the year ended 30 June 2024

5. Expenses

2024	Administration (000's)	Council and profession (000's)	Disciplinary (000's)	Examination (000's)	Total (000's)
Administration	407	-	-	-	407
Amortisation	998	-	-	-	998
Communication	112	-	-	-	112
Council	-	769	-	-	769
Depreciation	368	-	-	-	368
Disciplinary and legal	-	307	1,126	-	1,433
Education committee	-	77	200	-	277
Education general	-	1,183	-	-	1,183
Health committee	-	67	-	-	67
Health general	-	219	-	-	219
HPDT disciplinary	-	-	550	-	550
Insurance	56	-	-	-	56
IT & systems	1,557	-	-	-	1,557
NZRex clinical	-	-	-	119	119
Premises	1,411	-	-	-	1,411
Professional standards	-	438	-	-	438
Registration	-	1,433	-	-	1,433
Staff general	939	-	10	-	949
Staff remuneration	8,754	-	1,140	18	9,912
Strategy	-	209	-	-	209
Total expenses	**14,602**	**4,702**	**3,026**	**137**	**22,467**
2023					
Administration	309	-	-	-	309
Amortisation	1,071	-	-	-	1,071
Communication	51	-	-	-	51
Council	-	553	-	-	553
Depreciation	336	-	-	-	336
Disciplinary and legal	-	232	1,412	-	1,644
Education committee	11	64	10	-	85
Education general	-	981	-	-	981
Health committee	-	56	-	-	56
Health general	-	214	-	-	214
HPDT disciplinary	-	-	899	-	899
Insurance	75	-	-	-	75
IT & systems	1,051	-	-	-	1,051
NZRex clinical	-	-	-	88	88
Premises	1,301	-	-	-	1,301
Professional standards	-	391	-	-	391
Registration	-	1,131	-	-	1,131
Staff general	435	-	8	-	443
Staff remuneration	7,784	-	949	56	8,789
Strategy	-	135	-	-	135
Total expenses	**12,424**	**3,757**	**3,278**	**144**	**19,603**

6. Auditor's remuneration

Baker Tilly Staples Rodway Audit Limited provide audit services to the Council on behalf of the Auditor-General. The total amount recognised for audit fees is $34k (2023: $34k). No non-audit services have been provided by the auditor.

7. Receivables

	2024 (000's)	2023 (000's)
Interest receivable - exchange	305	191
Receivables from exchange transactions	298	136
Provision for doubtful debts - exchange	(9)	(15)
Receivables from exchange transactions	**594**	**312**
Receivables from non-exchange transactions	365	98
Provision for doubtful debts - non-exchange	(121)	(55)
Receivables from non-exchange transactions	**244**	**43**
Total receivables	**838**	**355**

8. Intangible assets

2024	Cost (000's)	Accumulated amortisation (000's)	Net book value (000's)
Medsys	8,110	(7,486)	**624**
MyMCNZ	4,626	(3,083)	**1,543**
Document management system	464	(456)	**8**
Website	278	(278)	**-**
Purchased software	30	(25)	**5**
Total	**13,508**	**(11,328)**	**2,180**
2023			
Medsys	8,110	(7,151)	**959**
MyMCNZ	4,472	(2,445)	**2,027**
Document management system	464	(437)	**27**
Website	278	(273)	**5**
Purchased software	30	(24)	**6**
Total	**13,354**	**(10,330)**	**3,024**

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

2024	Opening balance (000's)	Additions (000's)	Disposals (000's)	Amortisation (000's)	Closing balance (000's)
Medsys	959	-	-	(335)	624
MyMCNZ	2,027	154	-	(638)	**1,543**
Document management system	27	-	-	(19)	**8**
Website	5	-	-	(5)	**-**
Purchased software	6	-	-	(1)	**5**
Total	**3,024**	**154**	**-**	**(998)**	**2,180**

9. Work in progress

	2024 (000's)	2023 (000's)
Developed Software	82	-
Total work in progress	**82**	**-**

10. Property, plant and equipment

2024	Computer hardware (000's)	Equipment, furniture and fittings (000's)	Office alterations (000's)	Total (000's)
Cost	1,434	1,211	2,509	5,154
Less: Accumulated depreciation and impairment	(1,305)	(871)	(1,670)	(3,846)
Net book value	**129**	**340**	**839**	**1,308**
2023				
Cost	1,366	975	2,509	4,850
Less: Accumulated depreciation and impairment	(1,198)	(783)	(1,497)	(3,478)
Net book value	**168**	**192**	**1,012**	**1,372**

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

2024	Computer hardware (000's)	Equipment, furniture and fittings (000's)	Office alterations (000's)	Total (000's)
Opening balance	168	192	1,012	1,372
Additions	68	236	-	304
Disposals	-	-	-	-
Depreciation	(107)	(88)	(173)	(3680)
Impairment	-	-	-	-
Closing balance	**129**	**340**	**839**	**1,308**

11. Payables

	2024 (000's)	2023 (000's)
Creditors	474	30
Accrued expenses	1,046	1,245
GST payable	15	75
	1,535	**1,350**

12. Employee entitlements

	2024 (000's)	2023 (000's)
Current portion		
Accrued salaries and wages	118	107
Annual leave	413	434
Long service leave	36	25
Total current portion	**567**	**566**
Non-current portion		
Long service leave	69	65
Total non-current portion	**69**	**65**
Total employee entitlements	**636**	**631**

13. Categories of financial assets and liabilities

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

	2024 (000's)	2023 (000's)
Financial assets		
Cash and cash equivalents	1,568	1,441
Short term investments	11,000	9,000
Prepayments	547	829
Receivables from exchange transactions	594	312
Receivables from non-exchange transactions	244	43
Total financial assets	**13,953**	**11,625**
Financial liabilities		
Payables	1,520	1,275
Employee entitlements	567	566
Total financial liabilities	**2,087**	**1,841**

Notes to the financial statements

For the year ended 30 June 2024

14. Related party transactions

Remuneration paid to the Council members

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

The total fees earned by Council members attending Council, committee, accreditation, working party meetings and participating in other forums are disclosed below:

Fees paid to Council members

	2024 (000's)	2023 (000's)
K Clark	68	44
S Child	42	32
T Fonua-Faeamani	-	33
A Goodman	69	37
P Hale	47	44
C Hornabrook	46	38
D Ivory	55	20
R Love (Chair from Feb 2024)	90	36
H Lutui	27	-
G Mclachlan	-	13
K Ngarimu	35	39
R Paterson	30	-
C Walker (Chair to Feb 2024)	61	77
C Walker (Te Whatu Ora}	54	77
S Watt *(Deputy Chair}*	88	21
Total fees paid to Council members	**712**	**511**

Key management personnel

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

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

	2024 (000's)	2023 (000's)
Total key management personnel remuneration	**1,759**	**1,702**
Number of persons	8	8
Full time equivalents basis (FTE)	7.70	7.70

15. Capital and other commitments

During the reporting period, the Council has renewed a contract with an IT vendor to support and develop our information systems. The Council is committed to incur $989k (2023: $881k) during the financial year ending 30 June 2025.

The Council has no other capital commitments at the reporting date (2023: None).

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

	2024 (000's)	2023 (000's)
Not later than 1 year	1,389	1,305
Later than 1 year no later than 5 years	3,899	4,964
Later than 5 years	-	-
Total minimum lease payments	**5,288**	**6,269**

The non cancellable operating lease relates to the lease of Level 24 and 25, AON Centre, 1 Willis Street, Wellington, and Fuji Xerox printing equipment. The building lease expires in April 2028, with one right of renewal and an escalation clause allowing for annual rent increases of 2.25% and market rent reviews in 2025 and 2028 (if the lease is renewed).

16. Contingent assets and liabilities

There are no contingent assets or liabilities at the reporting date (2023: None).

17. Events after the reporting period

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

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INDEPENDENT AUDITOR'S REPORT

TO THE READERS OF THE MEDICAL COUNCIL OF NEW ZEALAND'S FINANCIAL STATEMENTS AND SERVICE PERFORMANCE INFORMATION FOR THE YEAR ENDED 30 JUNE 2024

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

Opinion

We have audited the financial statements and the service performance information of the Council that comprise the statement of financial position as at 30 June 2024, the statement of service performance, the statement of comprehensive revenue and expense, statement of changes in net assets/equity and cash flow statement for the year ended on that date and the notes to the financial statements that include accounting policies and other explanatory information.

In our opinion, the financial statements of the Council:

- present fairly, in all material respects:
  - its financial position as at 30 June 2024; and
  - its financial performance and cash flows for the year then ended; and
- comply with generally accepted accounting practice in New Zealand in accordance with Public Benefit Entity Standards Reduced Disclosure Regime.

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

- presents fairly, in all material respects, the Council's performance for the year ended 30 June 2024 in accordance with the service performance criteria adopted by the Council; and
- comply with generally accepted accounting practice in New Zealand in accordance with Public Benefit Entity Standards Reduced Disclosure Regime.

Our audit was completed on 13 December 2024. This is the date at which our opinion is expressed.

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

Basis for our opinion

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

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

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

Responsibilities of the Council members

The Council members are responsible for preparing financial statements and the service performance information that are fairly presented and that comply with generally accepted accounting practice in New Zealand.

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

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

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

Responsibilities of the auditor

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

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

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

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

- We identify and assess the risks of material misstatement of the financial statements and the statement of service performance, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient

and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- We obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Council's internal control.
- We evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Council.
- We conclude on the appropriateness of the use of the going concern basis of accounting by the Council and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Council's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements and the statement of service performance or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Council to cease to continue as a going concern.
- We evaluate the overall presentation, structure and content of the financial statements and the statement of service performance, including the disclosures, and whether the financial statements and the statement of service performance represent the underlying transactions and events in a manner that achieves fair presentation.

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

Our responsibilities arise from the Public Audit Act 2001.

Independence

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

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

Chrissie Murray
Baker Tilly Staples Rodway Audit Limited

On behalf of the Auditor-General
Wellington, New Zealand

He Raraunga Kaimahi
Workforce Data

Table 1: Scopes of practice – summary of registration status (1 July to 30 June of the year)					
	2020	2021	2022	2023	2024
Provisional general - NZ graduates	558	582	667	648	621
Provisional general - IMGs	443	445	526	621	770
General	6,081	6,206	6,311	6,450	6,706
Provisional vocational	129	191	199	199	199
Vocational	10,332	10,713	11,000	11,323	11,585
Special purpose	108	110	70	104	130
Total on register					
Total practising	17,653	18,247	18,773	19,345	20,011
Suspended	10	9	9	9	10

Note: Doctors holding more than one scope of practice concurrently have been counted once for this table. To achieve this, doctors are allocated to the first scope they hold in this order of priority:

1. Suspended
2. Vocational
3. General
4. Provisional vocational
5. Provisional general
6. Special purpose

Table 2: Registration activities (1 July to 30 June of the year)					
	2020	2021	2022	2023	2024
Provisional general/vocational registrations					
New Zealand graduates (interns)	521	527	566	547	528
Australian graduates (interns)	1	2	3	1	1
Passed NZREX Clinical	30	18	38	61	55
Australian General Registrant	8	4	8	3	3
Graduate of a competent authority accredited medical school	493	325	402	500	636
United Kingdom general registrant	-	-	-	-	5
Worked in comparable health system	150	160	182	177	204
Non-approved postgraduate qualification - vocational assessment	77	118	125	125	127
Non-approved postgraduate qualification - vocational eligible	95	108	92	92	61
Special purpose scope registrations					
Visiting Expert	10	-	2	11	18
Research	1	5	2	1	1
Postgraduate training or experience	45	19	15	34	53
Locum Tenens in specialist post	109	92	63	100	99
Emergency or other unpredictable short-term situation	5	-	-	-	-
Pandemic	8	15	23	-	-
Teleradiology	-	2	5	14	26
General scope registrations, after completion of supervised period					
Australian General Registrant	1	2	2	5	3
New Zealand / Australian graduates (interns)	483	506	502	566	558
Passed NZREX Clinical	33	20	26	29	64
Graduate of a competent authority accredited medical school	398	250	244	311	379
Worked in comparable health system	75	82	62	85	88

	2020	2021	2022	2023	2024
Vocational scope registrations, after completion of supervised period					
Non-approved postgraduate qualification - vocational assessment	40	45	66	67	92
Non-approved postgraduate qualification - vocational eligible	86	74	92	77	54
General scope registrations					
New Zealand graduates	3	2	6	6	1
Overseas Graduates	85	72	83	81	79
Restorations	12	19	8	3	6
Vocational scope registrations					
Approved postgraduate qualification (VOC1)	481	491	465	567	541
Approved postgraduate qualification (VOC2)	-	2	1	1	1
Suspensions of registration					
Suspension or interim suspension	7	4	7	7	8
Revocation of suspension	3	2	7	4	5
Numbers of doctors who had conditions imposed on scope of practice[1]					
Imposed	91	114	124	122	141
Revoked	52	100	79	53	69
Cancellations under the HPCAA					
Death - s 143	36	43	43	41	45
Discipline order - s 101(1)(a)	3	1	3	2	4
False, misleading, or not entitled - s 146	1	-	-	-	1
Revision of register - s 144(5)	256	527	2	4	4,488
At own request - s 142	120	80	148	132	269

Table 3: Doctors registered in vocational scopes of practice (1 July 2023 to 30 June 2024)		
Vocational scope	1 July 2023	30 June 2024
Anaesthesia	1257	1184
Cardiothoracic surgery	55	52
Clinical genetics	22	23
Dermatology	99	95
Diagnostic & interventional radiology	1026	981
Emergency medicine	573	554
Family planning & reproductive health	41	32
General practice	5016	4693
General surgery	463	450
Intensive care medicine	147	152
Internal medicine	1831	1779
Medical administration	50	41
Musculoskeletal medicine	31	31
Neurosurgery	33	30
Obstetrics & gynaecology	504	473
Occupational medicine	79	72
Ophthalmology	222	207
Oral & maxillofacial surgery	44	48
Orthopaedic surgery	409	383
Otolaryngology head & neck surgery	166	157
Paediatric surgery	35	32
Paediatrics	609	586

[1] Includes doctors who may currently be inactive (have no practising certificate).

[2] Includes 657 doctors with registration in two vocational scopes and 19 doctors with registration in three vocational scopes.

Vocational scope	1 July 2023	30 June 2024
Pain medicine	40	42
Palliative medicine	108	92
Pathology	474	434
Plastic & reconstructive surgery	106	98
Psychiatry	998	927
Public health medicine	243	227
Radiation oncology	103	93
Rehabilitation medicine	36	36
Rural hospital medicine	159	163
Sexual health medicine	27	25
Sport and exercise medicine	47	46
Urgent care	340	359
Urology	100	92
Vascular surgery	50	43
Total	15543	14732

[1] Includes doctors who may currently be inactive (have no practising certificate).

[2] Includes 634 doctors with registration in two vocational scopes and 17 doctors with registration in three vocational scopes.

Table 4: Doctors registered in vocational scopes of practice (1 July to 30 June of the year)					
Vocational scope	2020	2021	2022	2023	2024
Anaesthesia	1,109	1,152	1,198	1,257	1,184
Cardiothoracic surgery	47	51	53	55	52
Clinical genetics	20	20	22	22	23
Dermatology	87	91	93	99	95
Diagnostic & interventional radiology	771	852	969	1,026	981
Emergency medicine	453	503	533	573	554
Family planning & reproductive health	39	42	42	41	32
General practice	4,615	4,734	4,863	5,016	4,693
General surgery	415	423	441	463	450
Intensive care medicine	128	134	140	147	152
Internal medicine	1,547	1,629	1,711	1,830	1,779
Medical administration	46	47	48	50	41
Musculoskeletal medicine	27	26	30	31	31
Neurosurgery	31	30	33	33	30
Obstetrics & gynaecology	445	465	487	504	473
Occupational medicine	76	77	78	79	72
Ophthalmology	205	203	211	222	207
Oral & maxillofacial surgery	33	34	38	44	48
Orthopaedic surgery	375	385	400	409	383
Otolaryngology head & neck surgery	148	151	159	166	157
Paediatric surgery	31	33	33	35	32
Paediatrics	519	543	566	608	586
Pain medicine	35	39	40	40	42

Vocational scope	2020	2021	2022	2023	2024
Palliative medicine	97	101	104	108	92
Pathology	424	432	456	474	434
Plastic & reconstructive surgery	90	93	99	106	98
Psychiatry	907	915	960	998	927
Public health medicine	230	231	235	243	227
Radiation oncology	93	96	102	103	93
Rehabilitation medicine	32	33	34	36	36
Rural hospital medicine	135	141	152	159	163
Sexual health medicine	25	26	27	27	25
Sport and exercise medicine	36	39	41	47	46
Urgent care	277	301	326	340	359
Urology	89	94	97	100	92
Vascular surgery	46	46	48	50	43
Total	13,683	14,212	14,869	15,541	14,732

Table 5: Registration granted, by country of primary qualification (1 July 2023 to 30 June 2024)				
	Provisional general	Provisional vocational	Special purpose	Total
New Zealand	528	-	1	529
England	418	30	13	461
United States of America	58	66	79	203
Ireland	90	5	2	97
Scotland	72	5	5	82
South Africa	4	21	28	53
Wales	37	3	3	43
India	17	6	10	33
Netherlands	22	5	-	27
Canada	10	3	8	21
Israel	11	10	-	21
Northern Ireland	20	-	-	20
Germany	10	6	2	18
Belgium	13	2	-	15
Australia	2	1	11	14
Fiji	3	-	10	13
China	10	-	1	11
Other[1]	107	25	24	156
Total	1,432	188	197	1,817

[1] Other represents 51 countries that had fewer than 10 registrations in the reporting period.

Table 6: Registration granted, by country of primary qualification (1 July to 30 June of the year)					
	New registrations by year				
Country	2020	2021	2022	2023	2024
New Zealand	530	537	583	549	529
England	359	258	294	366	461
United States of America	145	171	137	174	203
Ireland	79	48	46	53	97
Scotland	87	61	94	94	82
South Africa	51	65	47	46	53
Wales	22	15	32	25	43
India	36	45	35	35	33
Netherlands	30	19	31	28	27
Canada	26	20	24	19	21
Israel	4	9	6	11	21
Northern Ireland	7	10	12	8	20
Germany	12	7	17	20	18
Belgium	9	11	12	13	15
Australia	14	3	5	7	14
Fiji	7	5	6	10	13
China	6	4	6	6	11
Other	125	101	138	173	156
Total	1,549	1,389	1,525	1,637	1,817

Table 7: Vocational registration granted, by vocational scope of practice (1 July 2023 to 30 June 2024)			
Vocational scope	New Zealand	Overseas	Total
Anaesthesia	24	32	56
Cardiothoracic Surgery	0	1	1
Clinical Genetics	1	1	2
Dermatology	2	1	3
Diagnostic & Interventional Radiology	22	44	66
Emergency Medicine	13	22	35
General Practice	131	77	208
General Surgery	16	15	31
Intensive Care Medicine	3	12	15
Internal Medicine	39	62	101
Musculoskeletal Medicine	1	2	3
Neurosurgery	0	3	3
Obstetrics & Gynaecology	12	15	27
Occupational Medicine	0	1	1
Ophthalmology	5	6	11
Oral & Maxillofacial Surgery	1	3	4
Orthopaedic Surgery	14	2	16
Otolaryngology Head & Neck Surgery	5	3	8
Paediatric Surgery	1	0	1
Paediatrics	16	16	32
Pain Medicine	2	1	3
Palliative Medicine	3	2	5
Pathology	7	14	21

Vocational scope	New Zealand	Overseas	Total
Psychiatry	15	20	35
Public Health Medicine	10	2	12
Radiation Oncology	2	2	4
Rehabilitation Medicine	0	1	1
Rural Hospital Medicine	3	4	7
Sexual Health Medicine	0	1	1
Sport and Exercise Medicine	1	0	1
Urgent Care	15	15	30
Urology	2	2	4
Total	366	382	748

Table 8: Outcomes of applications for vocational registration assessments (1 July 2023 to 30 June 2024)							
Scope	Incomplete applications	Pending	Withdrawn /lapsed	Supervision path	Assessment	NZREX*	Total
Anaesthesia	17	0	17	11	13	0	58
Cardiothoracic surgery	3	0	1	0	0	0	4
Clinical genetics	1	0	0	0	1	0	2
Dermatology	3	0	3	0	1	0	7
Diagnostic & interventional radiology	17	1	16	13	7	2	56
Emergency medicine	10	2	4	11	2	0	29
General practice	22	0	8	0	1	0	31
General surgery	11	1	6	2	0	2	22
Intensive care medicine	9	1	2	0	0	0	12
Internal medicine	41	2	21	8	22	1	95
Medical administration	0	0	1	0	0	0	1
Neurosurgery	3	0	2	1	0	0	6
Obstetrics & gynaecology	6	0	5	2	5	1	19
Occupational medicine	0	0	1	0	0	0	1
Ophthalmology	10	1	6	0	0	0	17
Oral & maxillofacial surgery	2	0	1	0	0	0	3
Orthopaedic surgery	8	0	9	1	4	1	23
Otolaryngology head & neck surgery	5	0	2	1	0	0	8
Paediatric	0	0	1	0	1	0	2
Paediatrics	12	1	11	1	2	1	28

Scope	Incomplete applications	Pending	Withdrawn /lapsed	Supervision path	Assessment	NZREX*	Total
Pain medicine	0	0	0	1	0	1	2
Palliative medicine	1	1	0	0	0	0	2
Pathology	16	3	5	2	0	0	26
Plastic & reconstructive surgery	4	0	2	0	1	2	9
Psychiatry	30	0	4	0	4	0	38
Public health medicine	0	0	1	0	1	0	2
Radiation oncology	5	0	3	1	1	0	10
Rehabilitation medicine	0	2	0	0	0	0	2
Sexual health medicine	0	0	1	0	0	0	1
Sport and exercise medicine	0	1	0	0	0	0	1
Urology	**6**	**0**	**1**	**0**	**2**	**0**	**9**
Vascular surgery	**4**	**0**	**2**	**0**	**1**	**0**	**7**
Total	246	16	136	55	69	11	533
Percentages based on total number of outcomes (%)				40.7	51.1	8.1	

* Doctors who are assessed as not meeting the required standard for registration within a vocational scope must apply for registration via the NZREX pathway.

Table 9: Practising doctors on the NZ medical register, by country of primary qualification (as at 30 June 2024)						
Country	Provisional general	General	Provisional vocational	Vocational	Special purpose	Total
Aotearoa NZ	621	4,259	-	6,475	-	11,355
England	320	786	15	1,495	7	2,623
Australia	1	330	1	473	-	805
South Africa	6	75	30	644	34	789
Scotland	56	192	3	391	3	645
India	18	124	7	397	13	559
United States of	52	73	60	309	34	528
Ireland	63	210	3	110	1	387
Germany	14	48	6	139		207
Wales	29	64		68	1	162
Netherlands	29	36	6	78	-	149
Sri Lanka	4	26	1	86	4	121
Pakistan	13	53	-	48	1	115
Iraq	2	24	-	81	-	107
China	11	31	1	46	2	91
Canada	11	8	4	57	5	85
Fiji	3	14	-	48	16	81
Northern Ireland	12	22	-	31	-	65
Russia	6	29	-	26	1	62
Philippines	10	24	1	27	-	62
Israel	8	14	11	19	-	52
Bangladesh	6	13	-	30	-	49
Egypt	1	12	1	34	-	48
Belgium	11	13	2	17	-	43
Poland	4	6	1	31	-	42
Singapore	8	14	-	19	-	41

Country	Provisional general	General	Provisional vocational	Vocational	Special purpose	Tota
Spain	7	10	-	18	-	35
Zimbabwe	1	1	-	32	-	34
Romania	5	7	2	16	1	31
Italy	8	6	-	16	-	30
France	2	14	4	10	-	30
Hungary	4	6	4	14	1	29
Malaysia	1	15	-	11	-	27
Czech Republic	4	8	-	14	-	26
Sweden	1	7	5	9	-	22
Nigeria	2	8	1	10	-	21
Ukraine	2	7	2	9	-	20
Myanmar	3	7	1	9	-	20
Serbia	-	3	-	16	-	19
Brazil	1	4	3	11	-	19
Hong Kong	-	1	5	10	-	16
Iran	1	10	-	5	-	16
Argentina	2	5	1	7	-	15
Austria	1	7	-	7	-	15
Switzerland	3		1	9	1	14
Libya	-	3	1	10	-	14
Bulgaria	-	3	-	10	-	13
Sudan	-	3	-	9	-	12
Grenada	1	5	3	3	-	12
Denmark	4	3	-	4	-	11
Mexico	1	4	1	3	2	11
Other	18	58	12	134	3	225
Total	1,391	6,705	199	11,585	130	20,010

[1] Other represents 71 countries with fewer than 12 registered doctors.

Table 10: Doctors on the New Zealand medical register, by country of primary qualification (1 July to 30 June of the year - Doctors with a current practising certificate)					
	June 2020	June 2021	June 2022	June 2023	June 2024
Aotearoa NZ	10182	10568	10865	11143	11355
England	2289	2289	2324	2433	2623
Australia	650	707	800	808	805
South Africa	746	767	776	782	789
Scotland	620	623	631	625	645
India	519	536	533	544	559
United States of America	410	461	470	483	528
Ireland	320	316	308	322	387
Germany	193	187	189	205	207
Wales	121	131	141	144	162
Netherlands	121	129	132	145	149
Sri Lanka	117	120	120	122	121
Pakistan	89	92	97	114	115
Iraq	105	106	107	107	107
China	78	78	83	86	91
Canada	79	84	79	86	85
Fiji	65	63	64	73	81
Northern Ireland	57	59	61	60	65
Russia	54	53	55	57	62
Philippines	45	46	53	56	62
Israel	17	25	29	39	52
Bangladesh	44	43	44	44	49
Egypt	49	49	53	51	48
Belgium	**29**	**34**	**36**	**39**	**43**
Poland	**36**	**37**	**39**	**40**	**42**
Singapore	31	33	35	42	41

	June 2020	June 2021	June 2022	June 2023	June 2024
Spain	30	30	33	34	35
Zimbabwe	34	33	34	32	34
Romania	23	25	26	27	31
Italy	24	23	27	25	30
France	19	20	23	30	30
Hungary	20	22	21	26	29
Malaysia	23	25	26	27	27
Czech Republic	18	22	24	23	26
Sweden	14	19	18	23	22
Nigeria	14	16	17	19	21
Ukraine	17	17	17	19	20
Myanmar	14	15	17	17	20
Brazil	12	15	16	20	19
Serbia	20	18	19	22	19
Iran	10	11	15	17	16
Hong Kong	8	9	12	14	16
Austria	14	13	16	15	15
Argentina	10	11	13	13	15
Switzerland	11	10	9	14	14
Libya	8	11	12	12	14
Bulgaria	15	14	12	13	13
Grenada	5	7	9	11	12
Sudan	14	14	14	12	12
Denmark	14	7	8	10	11
Mexico	6	7	7	10	11
Other	189	196	203	209	225
Total	17,652	18,246	18,772	19,344	20,010

[1] Other represents countries with less than 15 registered doctors in 2022/2023.

Table 11: Candidates sitting and passing NZREX Clinical (1 July 2023 to 30 June 2024)										
		Attempt					Attempt			
Country	# sitting	1	2	3	4	# passed	1	2	3	4
Argentina	1	1	-	-	-	1	1	-	-	-
Bangladesh	2	2	-	-	-	1	1	-	-	-
Belarus	1	1	-	-	-	-	-	-	-	-
Belize	1	1	-	-	-	-	-	-	-	-
China	6	5	-	1	-	2	2	-	-	-
Colombia	1	1	-	-	-	1	1	-	-	-
Egypt	1	1	-	-	-	1	1	-	-	-
Ethiopia	2	1	1	-	-	2	1	1	-	-
Fiji	1	1	-	-	-	1	1	-	-	-
Georgia	1	1	-	-	-	-	-	-	-	-
Ghana	1	1	-	-	-	1	1	-	-	-
Grenada	1	1	-	-	-	-	-	-	-	-
India	11	7	2	2	-	3	1	-	2	-
Malaysia	2	2	-	-	-	2	2	-	-	-
Pakistan	4	3	1	-	-	4	3	1	-	-
Peru	1	1	-	-	-	-	-	-	-	-
Philippines	5	5	-	-	-	3	3	-	-	-
Poland	1	1	-	-	-	1	1	-	-	-
Russia	3	1	2	-	-	3	1	2	-	-
Samoa	1	1	-	-	-	1	1	-	-	-
Seychelles	1	1	-	-	-	-	-	-	-	-
South Africa	3	3	-	-	-	3	3	-	-	-
Sri Lanka	5	4	1	-	-	4	4	-	-	-
Ukraine	2	1	1	-	-	1	1	-	-	-
Total	58	47	8	3	-	35	29	4	2	-

Table 12 : Referral sources for performance and mixed-related notifications	
(1 July 2023 to 30 June 2024)	
ACC	9
Ministry of Health, Health NZ, College	3
Colleague[1]	5
Employer	5
HDC	55
Internally referred within the Medical Council	1
Notifier[2]	16
Health professional	2
Total	96

[1] Includes colleagues and peers
[2] Includes notifiers who were members of the public

Table 13 : Performance and mixed-related Medical Council processes	
(1 July 2023 to 30 June 2024)	
No further action	39
Educational letter after first consideration	41
Awaiting outcome from HDC after first consideration	41
Preliminary Competence Inquiry (PCI) requested	11
Refer to Health Committee	3
Total	135

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