Aide-Mémoire

Meeting with the Royal Australasian College of Physicians

Date due to MO:	2 December 2025	**Date of Event:**	4 December 2025
Security level:	IN CONFIDENCE	**Reference:**	H2025072505
To:	Hon Simeon Brown, Minister of Health		
Proactive release:	This **title** is proposed by the Ministry of Health for proactive release: ☒		

Contact for telephone discussion

Name	Position	Telephone
Rosie Moore	Group Manager, Clinical Quality and Safety, Strategy and Policy, Ministry of Health	s 9(2)(a)

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About the Event

Purpose of meeting	You have accepted an invitation to meet with the Royal Australasian College of Physicians (RACP). Talking points for your meeting are attached as **Appendix One**.
Details of meeting	**Date:** Thursday, 4 December 2025 **Time:** 2.10pm – 2.30pm **Venue:** This is an online meeting at the Auckland Policy Office (Level 7, 167b Victoria Street West, Auckland)
Attendees	• Dr Janak de Zoysa, member of the RACP's Board, RACP's Aotearoa New Zealand President-elect, Chair of Aotearoa NZ Policy & Advocacy Committee • Dr Matthew Wheeler, Chair of the RACP's Māori Health Committee. Their biographies are attached as **Appendix Two**.
Organisation	RACP represents over 30,000 medical and trainee specialists from 33 different specialties across Australia and New Zealand. More information is provided in this brief.
Ministry representatives	Dr Jin Russell, Clinical Chief Advisor Child and Youth Health, Clinical Quality and Safety, Strategy and Policy

Purpose of the meeting

1. RACP requested a meeting to discuss their role in delivering better health outcomes for New Zealanders and how wait times for specialist appointments could be reduced.
2. RACP may also raise issues that are of interest to their members, such as workforce shortages, challenges with recruitment and retention of RACP fellows, especially considering the significant pay and conditions differential between Australia and New Zealand.

Background and context

3. RACP are a medical professional specialist organisation for training and educating physicians and paediatricians across Australia and New Zealand. They represent over 30,000 medical specialists and trainees from 33 different specialities.
4. RACP comprise two Divisions (Adult Medicine, and Paediatrics and Child Health) and three Faculties (Occupational & Environmental Medicine, Public Health Medicine and Rehabilitation Medicine). Each Division has a number of Chapters.
5. RACP accredit specialist training and professional development, assess overseas trained physicians who wish to practise in New Zealand or Australia, hold conferences, and connect physicians and trainees as a community.
6. RACP are governed by a Board of Directors supported by a range of committees and councils, including New Zealand based committees.

Topics that may be raised

Governance

7. In November 2025 you received correspondence from Dr John O'Donnell, past chair of RACP, expressing concern about the governance of RACP.
8. In August 2025 the Board of RACP passed a vote of no-confidence in the President-elect, Dr Sharmila Chandran. Several board members have subsequently resigned.
9. RACP are currently in the process of resolving their governance and elected leadership issues.

Workforce shortages

10. New Zealand has significantly fewer specialists per capita compared to Australia (71 physicians per 100,000 people vs. 99 in Australia). Rural access is critically low: only 0.6% of physicians work in rural areas, creating "specialist deserts" in regions like the West Coast and parts of the South Island. Low medical graduate rates (10.4 per 100,000 vs. 14 in Australia) exacerbate shortages. RACP are likely to raise the urgent need for a long-term strategic workforce plan to address shortages and improve distribution.
11. Potential trainees are leaving New Zealand before starting specialist training due to limited training locations and opportunities. RACP advocate for an integrated pipeline approach: from secondary school through tertiary and onto specialist training, with a focus on Māori and Pacific recruitment.
12. Budget 2024 allocated $16.68 billion for retention and training, including $22 million for 25 more medical school places annually from 2025. In addition, Government raised the cap on

first-year medical school enrolments by 50 places (from 539 to 589) to grow domestic doctor numbers and reduce reliance on overseas-trained doctors.

Remuneration

13. RACP are likely to raise concerns about remuneration linked to retention and competitiveness with Australia. RACP are advocating for addressing physician wellbeing and reducing burnout through better pay and conditions.
14. Budget 2024 included $1 billion for pay rate increases across health professions. Bonding scheme provides after-tax financial incentives for hard-to-staff regions and specialties.

Rural

15. Inequities in rural areas exist, with some communities having no access to physicians within 100 km. RACP will likely discuss incentives for rural practice and telehealth expansion to bridge gaps.
16. The new medical school at University of Waikato will bring an increased focus and new opportunities for rural medical training, along with the existing rural undergraduate medical programs currently at Otago and Auckland Medical School.

Specialist training

17. Limited training sites and opportunities are driving graduates overseas for some specialties. RACP may advocate for training capacity to be expanded to ensure equitable access for Māori and Pacifica trainees.
18. Trainee retention at the end of the specialist training pipeline is linked to the avaiability of Senior Medical Officer (SMO) jobs within Health NZ. Newly qualified specialists leave for permanent roles overseas if there are limited SMO roles available in their chosen specialty.
19. The Mental Health Workforce Plan (September 2024) increased psychiatry registrar places by 50% from 2025 onwards and boosted clinical psychology internships.

First Specialist Assessments

20. Workforce shortages directly impact First Specialist Assessment (FSA) wait times, leading to delayed diagnoses and treatment. RACP will likely mention that better planning and funding are required to reduce wait times and improve patient outcomes.

Access

21. Māori and Pacific representation in the physician workforce remains very low (4.6% Māori vs. 16.5% population; 2.2% Pacific vs. 8.1% population). RACP may advocate for targeted recruitment, support and training pathways to address these inequities.

Rosie Moore
Group Manager Clinical Quality and Safety
Strategy and Policy

2 December 2025

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Appendix Two: Brief biographies

Associate Professor Dr Janak De Zoysa

Member of the RACP Board, Aotearoa New Zealand President-elect, Chair of Aotearoa NZ Policy & Advocacy Committee

He is a Nephrologist at the Waitemata Renal Service, is Associate Professor of Medicine at the University of Auckland and the Assistant Dean of the Waitemata Clinical Campus.

He is interested in medical education, vasculitis, and home haemodialysis.

He trained in Nephrology in Christchurch, New Zealand and the John Walls Renal Unit, Leicester, UK.

He is Chair of the Aotearoa Adult Medicine Division Committee and has previously chaired the specialist advisory committee in Nephrology, the New Zealand Adult Medicine Self-Assessment programme and the RACP's New Zealand Clinical Exams Committee.

Dr Matthew Wheeler

Chair of the RACP's Māori Health Committee, Fellow representative - Haematology, General and Acute Care Medicine

A leading Māori haematologist, physician, and tireless advocate for health equity.

With dual Fellowships in Internal Medicine and Pathology, he serves as Clinical Equity Lead, Head of Department of General Medicine, previously on secondment as Associate Chief Medical Officer at Te Whatu Ora Hauora a Toi Bay of Plenty and leads the thrombosis service at Tauranga Hospital.

He co-leads Te Minenga - a support network for Māori junior doctors - focusing on Māori leadership of the future.