

Aide-Mémoire

Meeting with the Medical Council of New Zealand

Date due to MO: 26 March 2026 **Date of Meeting:** 2 April 2026

Security level: IN CONFIDENCE **Reference:** H2026079521

To: Hon Simeon Brown, Minister of Health

Consulted: Health New Zealand:

Proactive release: This **title** is proposed by the Ministry of Health for proactive release:

Contact for telephone discussion

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About the Meeting

Purpose of Meeting The Medical Council of New Zealand has requested this meeting to update you on its recent public consultations on key aspects of regulating the Physician Associate profession, and on its draft statements on cultural competence and cultural safety and on Māori health and wellbeing.

Details of Meeting

Date:	2 April 2026
Time:	9:00 to 9:30 am
Venue:	Your office (6.6EW)

Attendees Joan Simeon, Chief Executive (in person)
Dr Rachelle Love, Chairperson (in person)

Organisation The Medical Council of New Zealand (the Council) is the responsible authority for the regulation of medical practitioners and physician associates. The Council is appointed as an authority under the Health Practitioners Competence Assurance Act 2003.

Ministry representatives Dr Joe Bourne, Chief Medical Officer, Ministry of Health (on Teams)

Update on the regulation of physician associates

1. The Council's consultation on key aspects of regulating the Physician Associate (PA) profession included proposals for:
 - a. two scopes of practice (ie, what PAs can do)
 - b. the qualifications required for registration
 - c. a supervision framework
 - d. cultural safety requirements
 - e. a title for scopes of practice.
2. The consultation closed on 16 February 2026. We expect that the Council will provide you with a high-level overview of consultation submissions and of the decisions it intends to make at its upcoming meetings (28-29 April 2026).
3. Council is also currently working on:
 - a. continuing professional development requirements (expected early 2027)
 - b. accreditation standards for training programmes (expected late 2027)
 - c. standards of clinical competence, cultural competence, and ethical conduct (publication expected October 2026)
 - d. establishing fees for applications for registration and for practising certificates. (Gazettal expected May 2026)
4. The Council's current intention is to open regulation for PAs in October 2026.
5. You may wish to ask the Council:
 - a. how it will ensure that the scope of practice for PAs manages risk but also – in balance – maximises the contribution PAs can make to our health workforce
 - b. when it will explore including qualifications from a wider range of jurisdictions in its registration pathways
6. You may also wish to remind the Council that any change to the name of the PA profession would require an Order in Council process, and as such would be for you and Cabinet to consider.

Consultation on practice standards for cultural competence, cultural safety, and hauora Māori

7. Under the Health Practitioners Competence Assurance Act 2003 (HPCA Act), responsible authorities must set standards of clinical competence, cultural competence, and ethical conduct for the professions they regulate. The Council's current 'Statement on cultural safety' was published in October 2019 and was scheduled for review in 2023.
8. In 2019, amendments to the HPCA Act introduced an additional requirement for standards of cultural competence to include 'competencies that enable effective and respectful interaction with Māori.' The Government has proposed to remove this requirement through upcoming amendments later this year, while retaining the broader requirement for authorities to set standards of cultural competence.

9. The Council recently consulted on two draft replacement statements:
 - a. a *Statement on Cultural Competence and Cultural Safety*, for all patients and communities, and
 - b. a *Statement on Hauora Māori (Māori Health and Wellbeing)* that sets out more explicit expectations in relation to Māori health and equity.
10. The consultation opened on 27 February and closed on 24 March 2026.

Clarifying cultural competence and cultural safety

11. In its consultation material, the Council noted that ‘both cultural competence and cultural safety are essential to all aspects of a doctor’s practice’ and that they apply broadly across all communities.
12. The draft statement emphasises that while cultural competence is a necessary foundation, it is not sufficient on its own; culturally safe care depends on how clinical practice is experienced by patients. The Council notes in its consultation that ‘developing cultural safety is one strategy to correct bias in health care delivery to improve health outcomes for patients and communities across multiple cultural dimensions.’
13. In practical terms:
 - a. **Cultural competence** focuses on what doctors need to know and do – including skills, knowledge, and professional behaviours – to work respectfully and effectively with people from different cultural backgrounds.
 - b. **Cultural safety** focuses on the outcome of care – including providing care in a way that feels respectful, inclusive, and responsive to the person receiving it, recognising that their background, identity, and life circumstances shape how they experience care.

Hauora Māori statement – rationale and alignment

14. The Council has indicated that the Hauora Māori statement is intended to support clearer and more consistent expectations across clinical, leadership, and governance roles, and to give practical effect to the specific cultural competence requirements introduced in the 2019 HPCA Act amendments.
15. Given the upcoming amendments to the HPCA Act, the Council’s consultation and final decisions may need to be considered in light of any changes to requirements for standards of cultural competence.
16. The proposed *Statement on Hauora Māori (Māori Health and Wellbeing)* sets more explicit expectations for doctors in relation to Māori health. It reflects the statutory recognition of Māori as tangata whenua and the need for the health system to improve equity in outcomes.
17. The statement outlines expectations that doctors:
 - a. understand the rights of Māori to good health and self determination
 - b. understand and respect Māori cultural practices
 - c. contribute, within their scope of practice, to improving equity for Māori.

Support and Questions

18. There has been broad support previously from speciality Colleges, and Māori health advocacy groups for the intent of improving health equity, increasing clarity about cultural competence and cultural safety expectations, and strengthening respectful and culturally safe care.
19. At the same time, there are practical questions about:
 - a. how cultural safety would be assessed in practice
 - b. whether the draft standards may place disproportionate responsibility on individual doctors for what are system-level inequities
 - c. how will these draft standards be implemented and be proportionate across different specialties and settings.

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PROACTIVELY RELEASED

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Ruihua Gu

Group Manager, Quality Assurance and Safety

Regulatory Services

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