

7 April 2026

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Via email: Strategic@mcnz.org.nz

Tēnā koe Joan,

The Council of Medical Colleges | Te Kaunihera o Ngā Kāreti Rata o Aotearoa (CMC) is writing to provide feedback on both the update to the 2021 Memorandum of Understanding (MoU) between the Council and the Colleges, and the proposed new Communications protocol (protocol).

We are pleased to see that both documents appropriately reinforce procedural fairness, transparency, trainee wellbeing, and a shared commitment to Te Tiriti o Waitangi. CMC also acknowledges and values the Council's leadership in developing these documents, and sees a strong opportunity for them to articulate the depth and strength of the relationship between the Council and the Colleges. The strength of this relationship was demonstrated in the fruitful and positive discussion with you and your team on the new protocol. Our relationship is grounded in a shared purpose: ensuring that all people across Aotearoa New Zealand - including Māori and communities who have historically experienced inequities in access to care - receive health care that is both clinically safe and culturally safe, delivered by practitioners who are competent, accountable, and fit to practise.

This is an interdependent and mutually accountable relationship. The Council brings essential statutory authority in the registration and regulation of practitioners, while the Colleges contribute deep specialist expertise in defining, assessing, and upholding professional standards. Together, these roles form an integrated system that supports high-quality, equitable care for all New Zealanders.

The interdependence between the Council and the Colleges is a key strength of the health system in Aotearoa New Zealand. It enables a robust, responsive, and contextually grounded approach to ensuring practitioner competence and public safety, underpinned by shared commitment and mutual respect.

CMC therefore asks that both the MoU and protocol be approached not as administrative agreements, but as living expressions of that relationship - one that is mutually accountable, relational, evidence-based, and conducted in good faith on both sides. This means that where a College has provided a considered, evidence-based determination about a practitioner or a training programme, that determination must be given genuine weight. Consultation that does not meaningfully influence decisions is not consultation - it undermines the very system of checks that protects the public.

Our view is that both documents need to be amended to:

- Describe the nature of the interdependent and mutually accountable relationship between CMC and the Council up front

Australasian College for Emergency Medicine (ACEM)	College of Intensive Care Medicine of Australia and New Zealand (CICM)	New Zealand College of Sexual and Reproductive Health (NZCSRH)	Royal Australasian College of Medical Administrators (RACMA)	Royal Australian and New Zealand College of Obstetricians and Gynecologists (RANZCOG)	Royal College of Pathologists of Australasia (RCPA)
Australasian College of Sport and Exercise Physicians (ACSEP)	New Zealand College of Musculoskeletal Medicine (NZCMM)	Royal Australasian College of Physicians (RACP)	Royal Australasian College of Surgeons (RACS)	Royal Australian and New Zealand College of Psychiatrists (RANZCP)	Royal New Zealand College of General Practitioners (RNZCGP)
Australian and New Zealand College of Anesthetists (ANZCA)	New Zealand College of Public Health Medicine (NZCPHM)	Royal Australasian College of Dental Surgeons (RACDS)	Royal Australian and New Zealand College of Ophthalmologists (RANZCO)	Royal Australian and New Zealand College of Radiologists (RANZCR)	Royal New Zealand College of Urgent Care (RNZCUC)

- Articulate the Council's responsibility, within that relationship, to engage meaningfully with Colleges before making policy changes that will have an impact on them.

We note that giving effect to these amendments will require greater clarity about how engagement between MCNZ and Colleges occurs in practice. In particular, the commitment to a “no surprises” approach should rely on early, transparent, and genuinely two-way engagement on policy or process changes that may affect Colleges.

A sense of parity in the relationship - where both parties feel equally valued and able to express what they need - naturally fosters more genuine engagement and encourages open, honest dialogue.

This clarity would be welcomed by many Colleges who have expressed a concern that, although the Council sets clear timeframes and expectations for Colleges, there is limited visibility of corresponding expectations on it. Greater clarity around responsiveness and timeliness on both sides, while recognising the Council's statutory role, would support transparency, mutual accountability, and trust in the relationship. Without this, changes risk being experienced as unexpected and transactional, which is inconsistent with the intent of the documents and the relationship they seek to reflect.

Thank you for taking the time to consider the concerns we have raised. If you have any questions or concerns, please do not hesitate to reach out to Michael Thorn at Michael.thorn@cmc.org.nz.

Nāku noa, nā



Dr Samantha Murton

Chair
Council of Medical Colleges

CC: Chris Jenkinson, Kaiwhakahaere – Mātauranga
Nisha Patel, Director, Regulatory Operations

Australasian College for Emergency Medicine (ACEM)	College of Intensive Care Medicine of Australia and New Zealand (CICM)	New Zealand College of Sexual and Reproductive Health (NZCSRH)	Royal Australasian College of Medical Administrators (RACMA)	Royal Australian and New Zealand College of Obstetricians and Gynecologists (RANZCOG)	Royal College of Pathologists of Australasia (RCPA)
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