

14 May 2026

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Via email: [standardsreview@amc.org.au](mailto:standardsreview@amc.org.au)

Tēnā koe Marguerite,

The Council of Medical Colleges | Te Kaunihera o Ngā Kāreti Rata o Aotearoa (CMC) is writing to endorse the submission that the Council of Presidents of Medical Colleges (CPMC) is making on the Australian Medical Council's (AMC) draft program accreditation standards (standards). We also have a few comments of our own for you to consider.

CMC is a New Zealand body that provides a collective voice for the 18 Medical Colleges of Aotearoa New Zealand. While we are a New Zealand organisation that aims to serve the best interests of the Aotearoa New Zealand community, some of our Australasian members have asked us to respond on the basis that these changes will impact on them and the accreditation they hold here in Aotearoa New Zealand.

### Endorsement of CPMC submission

CPMC has met with the Australian and Australasian Colleges and we agree with their general and specific feedback on the standards. In particular, we support the intent and direction of reform – but express some concern about clarity, feasibility, the balance of objectives and that some standards may be outside the scope of Colleges to implement.

CMC is particularly pleased to see the emphasis that the new standards put on both trainee wellbeing, and cultural competence and safety. We agree that these are critical areas of focus in the post-graduate training space, and that positive change is needed to both ensure trainee safety and to improve the quality of care that Māori, Pacific, Aboriginal, Torres Strait Islander and other at-risk communities receive.

In relation to cultural safety, you may be aware that CMC has developed a *Cultural Safety Training Plan for Vocational Medicine* to support the consistent integration of culturally safe practice – from an Aotearoa New Zealand perspective - across vocational training. The plan provides a structured framework for vocational trainees to embed cultural safety into everyday clinical practice, with a specific focus on improving health equity for Māori patients and whānau.

The Training Plan defines clear cultural safety proficiencies for trainees and is supported by practical assessment tools, including a teaching and assessment rubric for supervisors and a self-assessment tool for registrars to monitor their development in clinical settings. While designed for vocational medical training, the framework and proficiencies are adaptable across medical specialties and training contexts.

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)

This approach reflects the New Zealand context and aligns cultural safety with accreditation, training, and assessment processes, supporting Colleges to meet contemporary expectations for culturally safe and equitable healthcare delivery.

## New Zealand-specific feedback

CMC would like to raise a couple of additional comments in terms of how the standards might apply in a New Zealand context. We are conscious that New Zealand branches of Australasian Colleges will be accredited against these standards, and also that the Medical Council of New Zealand (MCNZ) may in future consider applying them in a New Zealand-only context.

Firstly, we would like standards to strengthen the recognition of the unique position of bi-national medical colleges operating across Aotearoa New Zealand and Australia, and the importance of respecting the sovereignty of both nations within their governance and operations.

Standards for bi-national Colleges should explicitly require a partnership-based approach that reflects the distinct constitutional, cultural, and health system contexts of each country. This includes the expectation of strong, transparent bi-national governance and operational management structures that ensure equitable representation and influence, shared decision-making, and accountability across both jurisdictions.

Furthermore, these standards should mandate measurable outcomes that demonstrate how Colleges uphold and protect the unique identity, cultural frameworks, and priorities of each nation - particularly in relation to cultural safety, equity, and responsiveness to Indigenous populations, including Māori as tangata whenua in Aotearoa New Zealand.

Such an approach will ensure that bi-national colleges not only operate effectively across borders but also honour their obligations to both nations in a way that is balanced, respectful, and culturally appropriate.

Secondly, employment arrangements in New Zealand are different to those in Australia. While we agree that Colleges and College policies can make a meaningful difference for trainees, for example for ensuring that training programmes avoid harmful workloads and that pastoral support is available, you may need to check that standard 6.1.1 fully aligns with the requirements of New Zealand law, including the Health and Safety at Work Act 2015.

Our final comment is to note that we work closely with MCNZ, and are confident that they will appropriately engage with New Zealand-only Colleges should they decide to extend use of the AMC accreditation requirements to this country. As the previous point highlights, New Zealand provides a different context and standards developed for use in Australian Colleges will need to be adapted to meet the needs of New Zealand patients and the requirements of New Zealand law.

## An invitation

As a final remark, Michael Thorn and I have discussed this submission with Joan Simeon at MCNZ. We think a catch-up between the three of us and Philip Pigou would be valuable, and we are happy to meet at a time that is convenient to him. We would also like to extend an invitation to Philip to attend a CMC hui later this year to talk to the great work that AMC is doing.

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Thank you again for the opportunity to comment on your proposals. If you have any questions or concerns, please do not hesitate to reach out to Michael at [Michael.thorn@cmc.org.nz](mailto:Michael.thorn@cmc.org.nz).

Nāku noa, nā



Dr Samantha Murton

Chair  
Council of Medical Colleges

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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