



ANZCA
FPM

*Te Whare Tohu o
Te Hau Whakaora*

25 March 2026

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Tēnā koe

Draft Memorandum of Understanding (MoU)

Te Whare Tohu o Te Hau Whakaora | The Australian and New Zealand College of Anaesthetists (ANZCA), which includes the Faculty of Pain Medicine (FPM) and Chapter of Perioperative Medicine, thanks you for the extended opportunity to provide feedback on the *draft MoU* between the Medical Council and ANZCA, some of which relates to the *Communication Protocol: Accreditation of specialist medical training settings in Aotearoa New Zealand public hospitals and health facilities*. We are aware that medical colleges have been consulted on the MoU in other fora but we have some comments and recommendations for your consideration.

ANZCA is the professional organisation responsible for postgraduate training programs of anaesthetists and specialist pain medicine physicians, and for setting the standards of clinical practice throughout Australia and Aotearoa New Zealand. Our collective membership comprises around 10 000 fellows and trainees in anaesthesia and pain medicine, 1300 of whom work in Aotearoa New Zealand.

The short timeframe for both documents (MoU and Communications Protocol) precluded extensive consultation, however we have had a consistent response from experienced staff and members that the relationships that both these documents seek to establish and maintain are highly valued and critical to the delivery of safe health care and working towards achieving equitable health outcomes.

Overview

ANZCA is a member of Te Kaunihera o Ngā Kāreti Rata o Aotearoa | Council of Medical Colleges (CMC) and fully endorses its recent submission that currently neither document “captures the heart of the relationship between the Council and the colleges”, namely “the shared purpose of ensuring that people across Aotearoa New Zealand, including Māori and all communities who have historically experienced inequitable access to care, receive health care that is culturally and clinically safe delivered by practitioners who are competent, accountable and fit to practise in Aotearoa.”

To engage meaningfully in order to achieve equitable outcomes for Māori, and for all New Zealanders, the MoU and Communication Protocol must be approached “not as administrative agreements, but as living expressions of the partnership that is relational, evidence-based and conducted in good faith on both sides”. Suggested amendments to the MoU for your consideration follow.

Recommended amendments to the MoU

Purpose

- As articulated in the overview, the purpose needs to be stated

Shared values and principles

- The shared values and principles should be described rather than merely listed. 1.2 in the Communication Protocol is a good example.
- A four (minimum) to six-week timeframe for consultations should be specified to give meaning to the 'no surprises' approach.

Duration and review

- The MoU should be reviewed annually.

Vocational Training programme participation

- In the second paragraph, delete the word "appropriately" which is superfluous in this context.
- Specify the information that Council requires about doctors in the vocational training programme in Aotearoa New Zealand.
- In terms of the college providing reports to Council, we recommend quarterly reporting only since these data can be challenging to collect because of:
 - late notification of changes in training status by trainees or hospitals
 - identification of NZ-based trainees in ANZCA's database (trainees move between countries and this reporting only pertains to NZ-based and registered trainees).

Confirmation of holding Fellowship

- The 10-day timeframe to notify Council when awarding Fellowship to a New Zealand doctor can be challenging for ANZCA to meet because of the difficulties of identifying doctors, from the several hundred eligible each year, who might apply to be registered in Aotearoa. Some trainees do their provisional fellowship (final) year in Australia before returning to Aotearoa. We note that the Medical Council occasionally emails ANZCA's New Zealand office to confirm fellowship of an applicant, which is easy for us to do. We suggest amending this section to require the college to confirm fellowship on request from Medical Council within 10 days.

Fees for service

- Fees need to be reviewed annually.
- Current fees need to increase.

Annual meetings

- Many medical colleges, like ANZCA, are binational; we suggest consideration is given to including or having a separate meeting with college executives from Australia from time to time.

Thank you again for the opportunity to provide feedback on the MoU which provides the foundation for the trusted and highly valued relationship ANZCA has with the Medical Council.

Nāku noa, nā



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