



**ANZCA**  
FPM

*Te Whare Tohu o  
Te Hau Whakaora*

10 April 2026

Fee Consultation  
Medical Council of New Zealand  
PO Box 10509  
Wellington 6143

Email: [feeconsultation@mcnz.org.nz](mailto:feeconsultation@mcnz.org.nz)

Tēnā koe

### Proposed Council fees and disciplinary levy

Thank you for the opportunity to provide feedback on the above. The college has consulted with our national committees (National Committee NZ and FPM NZ) and education and policy advisors in Australia and Aotearoa.

The registration fees for doctors, including the annual CPI increase, which includes a contribution toward modernising the Medical Council's (the Council) core regulatory technology system, are reasonable and supported.

Concern was expressed about the first fee schedule for Physician Associates (PAs) which, from the numbers indicated (50 current and 75 anticipated), may not be sufficient to cover costs, undermining the principle that fees should reflect the costs of regulatory services.

The college is disappointed that the title Physician Associates doesn't reflect Council's earlier consultation where alternative titles were offered (and submitted), though the results of the consultation have not been published. It is even more disappointing that Council again appears to be embracing the development of this profession which lies outside health practitioner training and education in Aotearoa New Zealand and which evidence-based opposition from medical colleges (which Council previously shared) has remained firm.

In referring to proposed fees as reflecting "the early phase of regulation for a developing profession, with careful management of costs to support financial sustainability as the profession grows" Council is pre-emptively indicating its decision that there will be further regulation of this introduced workforce, without indicating what that will involve in terms of costs or timing, without presenting evidence to support it. ANZCA recommended the medical council's sole focus should be on providing an entry point for overseas trained PAs to practice safely within well-defined boundaries, so that they can subsequently be supported into training for recognised scope of practices in Aotearoa such as nurse practitioner, anaesthetic technician, or paramedic. ANZCA's preferred title for the scope is "clinical assistant". We suggest that until Council has considered and published the results of its consultation on Physician Associates/Physician Assistants, anticipating further regulation is inappropriate.

Finally, "factoring a reduction in disciplinary reserves toward Council's long term reserve level" suggests that the budgeted \$1.3m deficit is being used as a deliberate tool to reduce reserves, but the detail and scale of this reduction are not clearly explained; can MCNZ confirm this interpretation and provide a reconciliation between current reserves, target reserves, and the role of the deficit in moving between the two?

Once again, thank you for the opportunity to comment on the proposed fees and disciplinary levies.

Nāku noa, nā



Rachel Dempsey  
Chair, New Zealand National Committee



Brendan Little  
Deputy Chair, New Zealand National Committee

Australian and New Zealand  
College of Anaesthetists  
& Faculty of Pain Medicine



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For further information please contact: Michele Thomas, Executive Director New Zealand  
[mthomas@anzca.org.n.nz](mailto:mthomas@anzca.org.n.nz), Ph +64 27 570 4963