30 NOVEMBER 2023

CMC MEETING AGENDA

Te Kaunihera o Ngā Kāreti Rata o Aotearoa
Council of Medical Colleges in New Zealand

9:30am – 4:00pm (NZST)

RACS Boardroom, Level 3, 8 Kent Terrace, Wellington

And online via Microsoft Teams meeting

Click here to join the meeting

Meeting ID: 420 591 176 76
Passcode: 4VHnPQ

AGENDA

	Item	Action	Time	Duration
1	Governance / Procedural Business			
1.1	Welcome and Karakia, Attendance and Apologies	Note	9.30 am	10 mins
1.2	Minutes of the last meeting	Approve	9.40 am	1 min
1.3	Matters arising	Noting	9.41 am	1 min
1.4	Chair's Report	Noting	9.42 am	10 mins
1.5	RACDS - Membership Application	Decision	9.52 am	8 mins
2	Stakeholder Engagement			
2.1	Liability for Shared Results - Dr Anna Skinner Clinical Chief Advisor, Ministry of Health, Dr Sarah Clarke – National Clinical Director, Te Whatu Ora	Discuss	10:00 am	30 mins
2.2	Artificial Intelligence - Prof Robyn Whittaker - AI and Algorithm Expert Advisory Group for Health	Discuss	10:30 am	30 mins
	Morning Tea		11.00 am	15 mins
	Stakeholder Engagement (cont.)			
2.3	Forum on Public Health - Dr Nick Chamberlain, Te Whatu Ora - Selah Hart, Te Aka Whai Ora - Dr Andrew Old, Ministry of Health	Discuss	11:15am	30 mins
2.4	Ora Taiao – Dr Dermot Coffey	Discuss	11:45 pm	30 mins
	Lunch		12:15 pm	45 mins
	Stakeholder Engagement (cont.)			
2.5	Te Ohu Rata O Aotearoa – Professor David Tipene-Leach and Te Aniwa Reedy	Discuss	1:00pm	30 mins
2.6	Medical Council of New Zealand– Joan Simeon and Dr Curtis Walker	Discuss	1:30pm	30 mins
2.7	Council Of Presidents Of Medical Colleges – Dr Vijay Roach and Francesca Manglaviti	Discuss	2:00pm	30 mins
	Microbreak		2:30pm	15 mins
	Advocacy			
3.1	CMC Position Statements - Workforce - Climate Change	Discuss	2:45 pm	10 mins
3.3	Colleges Round Up	Discuss	2:55 pm	30 mins
	Stakeholder Engagement (cont.)			
3.4	NZMSA – Indira Fernando		3:25 pm	30 mins
	Close of Meeting			
	Review of meeting	Discuss	3.45 pm	4 mins
	Date & venue of next meeting and karakia to close	Note	3.49 pm	1 min
	Break		3.50 pm	10 mins

1.1 Welcome and Karakia

PURPOSE:

To welcome the members to the meeting by creating a culturally safe meeting space.

ACTION: NOTING

That the CMC Board notes the attendees of the Council meeting and accepts apologies.

STRATEGIC IMPLICATION: GOVERNANCE
To ensure the CMC has a sound governance structure that adheres to the legal requirements the Trusts Act 2019.

INFORMATION:

New Council members of the CMC are:

Dr Anne Stevenson – NZCPHM

New College Chairs attending are:

Dr Gill Gibson – RANZCOG

Apologies have been received from:

Dr Susan Fleming
Dr Gabriel Lau
Debra Graves

APPENDICES:

1.1.1 CMC Strategic Plan 2023-2026

1.2 - Minutes of the Last Meeting

PURPOSE:

This report presents the minutes of the last CMC meeting on 17 August 2023 for approval.

ACTION: DECISION

That the minutes are approved as a true and correct record of the meeting held 17 August 2023.

STRATEGIC IMPLICATION: GOVERNANCE

To ensure the CMC has a sound governance structure that upholds the legal requirements the Trusts Act 2019.

INFORMATION

The minutes of the last meeting are attached in appendix 1.2.1 for checking and endorsement.

APPENDICES:

1.2.1 - Minutes of the Last Meeting

1.3 - Matters arising – review of actions

PURPOSE:

This report presents the matters arising from the last CMC meeting for noting.

ACTION: NOTING

That the CMC Board notes the matters arising from the last CMC meeting

STRATEGIC IMPLICATION: GOVERNANCE

That Council members are updated on the progress made on matters arising from previous meetings to achieve the objectives of the council.

INFORMATION:

The action lists from 16 August CMC Board meeting and 17 August CMC Council meeting are attached as appendix 1.3.1

APPENDICES:

1.3.1 - Matters Arising

1.4. - Chair's Report

PURPOSE:

This report updates the Council of Medical Colleges in New Zealand (CMC) on the work of CMC in the last quarter.

ACTION: NOTING

That the CMC Council notes the CMC Chair's report for the past quarter.

STRATEGIC IMPLICATION: GOVERNANCE

That Council members are updated on the work undertaken to achieve the strategic objectives of CMC in the past quarter.

CHAIRS REPORT

The national general election loomed large this quarter, and many of the usual consultations did not eventuate and advocacy work with Government bodies slowed. The Council of Medical Colleges instead predominantly focused on internal work after adopting our Trust Deed in May 2023, completing an audit of our finances, consolidating and refreshing operational policies, continuing to pursue NZMA Benevolence Funds for CMC Wellbeing Fund purposes, drafting a Briefing to Incoming Ministers, and continuing business-as-usual work with the Policy Network, developing climate change and workforce statements, and Cultural Safety Rōpū efforts to support colleges as they incorporate the Cultural Safety Training Plan into their curricula.

CULTURAL SAFETY IMPLEMENTATION REVIEW

As part of our Strategic Plan 2023-2026, CMC has committed to the following strategic goals:

- Review the CMC-Te ORA collaboration agreement and Interdisciplinary Māori Advisory Group (IMAG) terms of reference by the end of 2023.
- Coordinate the IMAG to meet at least twice annually to discuss issues relating to workforce; optimal health for Māori, and cultural safety.
- Allocate budget annually to undertake projects on cultural safety, health equity or workforce development alongside Te ORA and the IMAG.
- Support colleges to implement the CMC-Te ORA cultural safety framework in vocational training and recertification programmes by promoting the framework with college leaders at CMC and CPMC, and by co-ordinating an annual workshop for college education staff and fellows to share progress and resources.
- Commence an evaluation of how the cultural safety framework has been implemented in 2026.

CMC has sought feedback from the Rōpū attendees, and this is presented as Appendix 1.4.1

Coordination is now underway for the 2024 wānanga for college education staff and fellows to share progress and resources – hui-a-tinana - in Wellington on 26 June 2024.

POLICY UPDATE

The CMC Policy Network hui met on 23 August and 11 October, but did not on 16 November as we awaited the formation of the new Government. The attedees were relieved to hear the Ministry of Health's proposal to regulate Physician's Assistants-was put on hold – this has since been reinstated, with an addendum (which can be provided if you wish) and a new close date of 21 December 2023. CMC is now gathering additional feedback from the Colleges to update our collective submission to the Ministry of Health (the original draft can also be provided)

The next CMC Policy hui are scheduled for December 2023 and February 2024. During the last quarter, CMC also provided feedback on the Medical Council Draft Statement, Disclosure of Harm following an Adverse Event – this is attached as appendix 1.4.2

POLITICAL CHANGE

As I write this, the new government has just announced their Ministers and outlined the agreements between the respective parties. The Minister of Health is now Dr Shane Reti, with Associate Ministers Matt Doocey (who is also Minister for Mental Health), David Seymour, and Casey Costello.

The coalition agreement between the Act Party and the National Party details the following priorities for Health:

- Disestablish the Māori Health Authority.
- Repeal the Therapeutic Products Act 2023.
- Broaden the terms of reference of the Royal Commission into the Covid-19 response, subject to public consultation.
- Update Pharmac's decision making model to ensure it appropriately takes patient voice into account and reform the funding model to account for positive fiscal impacts on the Crown of funding more medicines.
- Require the Ministry of Health to publish a Medicines Strategy every three years.
- Require Medsafe to approve new pharmaceuticals within 30 days of them being approved by at least two overseas regulatory agencies recognised by New Zealand.
- Better recognise people with overseas medical qualifications and experience for accreditation in New Zealand including consideration of an occupations tribunal.
- Investigate build and lease-back arrangements for new hospitals.
- Allow the sale* of cold medication containing pseudoephedrine.
  Note – elsewhere this is reported as over-the-counter or non-prescription sale of pseudoephedrine
- Allow appropriately qualified pharmacists to directly prescribe certain treatments.
- Agree the terms of reference for the statutory requirement to review the End of Life Choice Act 2019 following consultation between the Parties, with any potential future changes to be progressed by way of a member's bill, recognising this is a conscience issue.
- Examine the Māori and Pacific Admission Scheme (MAPAS) and Otago equivalent to determine if they are delivering desired outcomes.
- Repeal the Smokefree Environments and Regulated Products (Smoked Tobacco) Amendment Act 2022 to remove the requirements for denicotinisation and the reduction in retail outlets.
- Introduce serious penalties for selling vapes to under 18s, and consider requiring a liquor licence to sell vapes.

The coalition agreement between the New Zealand First Party and the National Party details the following priorities for Health:

- Abolish the Māori Health Authority.
- Update Pharmac's decision making model to ensure it appropriately takes "patient's voice" into account and increase funding for Pharmac every year.
- Require Medsafe to approve new pharmaceuticals within 30 days of them being approved by at least two overseas regulatory agencies recognised by New Zealand.
- Better recognise people with overseas medical qualifications and experience for accreditation in New Zealand.
- Progress the adoption of digital technology in harder to staff areas and make greater use of Nurse Practitioners.
- Repeal the Therapeutic Products Act 2023.
- Fund Gumboot Friday/I Am Hope Charity to $6 million per annum.
- Renegotiate the Crown funding agreement with St John with a view to meeting a greater portion of their annualised budget.
- Ensure Plunket is funded to do their job properly.
- Ensure proper funding for birthing units and maternity care, including providing for a three day stay for new mothers.
- Repeal amendments to the Smokefree Environments and Regulated Products Act 1990 and regulations before March 2024, removing requirements for denicotisation, removing the reduction in retail outlets and the generation ban, while also amending vaping product requirements and taxing smoked products only.
- Reform the regulation of vaping, smokeless tobacco and oral nicotine products while banning disposable vaping products and increasing penalties for illegal sales to those under 18.

An occupations tribunal, as outlined in the Act-National agreement has the potential to be disruptive for the Medical Council and Medical Colleges.

The Māori and Pacific Admission Scheme and Otago equivalent should be protected – CMC supports efforts to over-represent Māori and Pacifica medical students and trainees to balance the effects of international medical graduates and to make sure we have a health system as diverse as the communities we serve.

The Governments' commitment to repeal the Therapeutic Products Act presents another opportunity for CMC to advocate for a legislative ban of direct to consumer advertising of prescription medicines. Minister Reti is supportive of such a ban, and lodged a supplementary order paper during the passage of the Bill to have the ban enacted in legislation.

CMC's Briefing to the Incoming Minister is attached as a draft here in Appendix 1.4.3 for your feedback.

OTHER CMC ACTIVITY

The work of CMC continues regardless. The CMC Chair attended the CPMC Stakeholders meeting on 23 August and 21 November 2023, and the Medical Deans conference on 7-8 September

Additionally, the Executive Director and CMC Chair Presented to the National Council of Medical Educators Cultural Competency and Cultural Safety Symposium on Thursday 24th August 2023 – via zoom as the hui

was held in Australia. This was a useful opportunity to share about the progress we're making here in Aotearoa, and hear more about what is happening in regards to Cultural Safety in Australia.

The audit is now complete, and presented in Agenda Item 1.5. Conversations with the Ministry of Health regarding Direct to Consumer Advertising are ongoing, as are legal preparations for application to the courts to repurpose the former NZMA Benevolence Funds within a new CMC Wellbeing Fund. We reviewed, consolidated and updated CMC Operational Policy – particularly bringing six finance policies into one – to make them easier to follow and ensure CMC is a well-run and well-governed organisation. Our Position Statement development was slower this quarter, they are presented for further feedback and consultation in the Agenda for the CMC Council meeting on 30 November. The CMC Survey 2023 had a handful of responses, all positive, they are presented here in Appendix 1.4.4

The date for the Medical Council Annual Colleges meeting has been confirmed for 27 June 2024. As such the CMC will hold our Council meeting and AGM on 26 June as many people – especially our colleagues from across the Tasman – fly into Wellington for the Medical Council event.

PERSONEL CHANGES

Additionally, it has been during this last quarter that Dr Nat Anglem from the College of Sport and Exercise Physicians has resigned from his role on the CMC Board and Council. His thoughtful contributions will be sorely missed, and we wish him well. A process to identify and appoint to the Board is underway.

Similarly, Esther Munro has resigned from the role of Executive Director of CMC, as overseas adventures pull her away from Aotearoa. Esther's last day with CMC will be January 4 2024.

The job ad for the Executive Director role was live for two weeks, and in that time garnered 59 hugely varied and hugely talented applicants. Seven were shortlisted, four were interviewed by the Chair, NZ Manager/ College CEO Board Member, and Executive Director, and two met the remainder of the Board to make the final call. After reference checks, the Board has appointed Ms Alexandra Marett to the role, and she will start officially with CMC on 11 December.

Alexandra's skills lie in strategic operations management, policy design and stakeholder engagement. She spent 11 years working in a variety of health roles in Parliament – including as Hon Annette King's health researcher and more recently as Special Advisor for COVID-19 Response to Hon Chris Hipkins, which required 24/7 strategic operations and political management during the Covid elimination strategy. She has strong relationships and intelligence networks across the political spectrum and public service. Alexandra has a Master of Arts in Political Science and received a Wallace Scholarship from the Electoral Commission. Alexandra is re-entering the workforce after taking some time to recover after coordinating the COVID response, have a baby, and project-manage major home renovations.

APPENDICES:

1.4.1 Cultural Safety Implementation Update
1.4.2 MCNZ Submission
1.4.3 Draft Briefing to the Incoming Minister
1.4.4 College Survey Feedback

1.5 – RACDS Application to Join CMC

PURPOSE:

To present to the Council the application received from the Royal Australasian College of Dental Surgeons (RACDS) application to become a member of CMC.

ACTION: APPROVE

That the CMC Council approves the RACDS application to become a member of CMC.

STRATEGIC IMPLICATION: GOVERNANCE

With the addition of RACDS to its membership, CMC would now represent all medical colleges in Aotearoa New Zealand.

BACKGROUND:

The RACDS Oral and maxillofacial surgeons specialise in the diagnosis and treatment of diseases affecting the mouth, jaws, face, and neck. They work alongside other specialists such as orthodontists, prosthodontists, radiologists, pathologists, oncologists, ENT surgeons, neurosurgeons, and plastic surgeons.

RACDS is a member-based organisation comprising of 3000+ dentists and surgeons from Australasia and beyond. A not-for-profit organisation, the aim and purpose of RACDS is to provide a community for exceptional dentists to gain access to ongoing development of their clinical skills, forge a supportive network of peers, mentors, and mentees, and to promote the improvement of oral health in the community.

RACDS has applied to join CMC, which, if accepted, would mean CMC includes all MCNZ endorsed medical colleges operating in New Zealand.

APPENDICES:

1.5.1 RACDS Application to Join CMC
1.5.2 RACDS Letter of Support RCPA
1.5.3 RACDS Letter of Support RACMA

2.1 Stakeholder Engagement

PURPOSE:

This report presents the stakeholder speakers for this quarters' CMC meeting.

ACTION: NOTING

That the CMC notes the stakeholder speakers

STRATEGIC IMPLICATION: ADVOCACY

To facilitate effective two-way information sharing and collaboration between medical colleges and external stakeholders.

STAKEHOLDER SPEAKERS:

MANATŪ HAUORA – DR ANNA SKINNER AND DR SARAH CLARKE

Dr Skinner and Dr Clarke are joining CMC to discuss transfer, follow up and liability for Shared Results

Dr Skinner is Clinical Chief Advisor Primary Care for Manatū Hauora. She is also a general practitioner with Kauri Healthcare in Palmerston North.

Dr Sarah Clarke has the role Te Whatu Ora's National Clinical Director, Primary and Community Care, tasked with ensuring nationally consistent models of care and equity outcomes in primary and community health. She is based in Te Tai Tokerau and has Fellowships in both Urgent Care and Rural Hospital Medicine. Previously, Sarah has taken on the Manatū Hauora's Clinical Chief Advisor Rural Health role, and Te Tai Tokerau's Clinical Director for Rural Hospitals. She has been the Chair of the Rural Hospital Clinical Leaders' forum and Clinical Lead and Mentor for Wahine Connect.

TE WHATU ORA - PROF ROBYN WHITTAKER

Professor Robyn Whittaker is a public health physician and adjunct Professor at the National Institute for Health Innovation, School of Population Health, University of Auckland (previously Clinical Trials Research Unit). She is the Chair of the AI and Algorithm Expert Advisory Group for Health.
Professor Whittaker will be presenting to CMC on the subject of Artificial Intelligence in Health.

FORUM ON PUBLIC HEALTH - DR NICK CHAMBERLAIN, TE WHATU ORA; SELAH HART, TE AKA WHAI ORA; DR ANDREW OLD, MINISTRY OF HEALTH

Dr Nick Chamberlain is the National Director of the National Public Health Service. He was Northland DHB Chief Executive for nearly 12 years and has specialist qualifications in Medical Administration and General Practice.

Selah Hart is Maiaka Hāpori | Deputy Chief Executive Public and Population Health of Te Akai Whai Ora. Selah is of Ngāti Kuia, Ngāi Tahu, Ngāti Toa Rangatira, Ngāti Apa Ki Te Ra To, and Ngāti Kahungungu ki Wairarapa whakapapa. She has worked for many years for Hāpai Te Hauora, the largest Māori public health organisation in Aotearoa.

Dr Andrew Old: Deputy Director-General, Public Health Agency | Te Pou Hauora Tūmatanui. Andrew is a public health physician and previously held positions as Associate Chief Medical Officer for Waitematā District Health Board (DHB), and as Clinical Director, Health Gain for Auckland and Waitematā DHBs.

ORA TAIAO – DR DERMOT COFFEY

Dr Dermot Coffey is co-convener of Ora Taiao: The NZ Climate and Health Council. Ora Taiao is a not-for-profit, politically non-partisan incorporated society – a collective of health professionals calling for urgent and fair climate action, for real health gains - now, and for the future.

CMC is a signatory to Ora Taiao's Climate Change and Health - Health Professionals Joint Call for Action.

Dr Coffey is a General Practitioner based in Christchurch. His interests include the role of GPs as environmental advocates, the social determinants of health, and active transport.

TE OHU RATA O AOTEAROA – PROFESSOR DAVID TIPENE-LEACH AND TE ANIWA REEDY

Prof Tipene-Leach is the Kaihautū | Chairperson, and Te Aniwa Reedy is the Manager, of Te Ohu Rata o Aotearoa, Māori Medical Practitioners Association. Te ORA's mission is to:

- Increase the Māori medical workforce towards population parity
- improve access of Māori to medical and health education, research and knowledge
- influence the agenda for Māori health development
- develop and engage with clinical leaders to support long term responsiveness to Māori health.

MEDICAL COUNCIL NEW ZEALAND - JOAN SIMEON AND DR CURTIS WALKER

Dr Curtis Walker (Te Whakatōhea and Ngāti Porou) and Ms Joan Simeon are the Chair and Chief Executive of the Medical Council of New Zealand.

Last time Curtis and Joan presented to CMC, they shared the new MCNZ data dashboard. The user-friendly interface is designed to assist health sector stakeholders and researchers, the media, and the public with valuable information . Users can explore key data and trends over time about registered doctors. Medical workforce data includes a detailed view of International Medical Graduates, doctors in training and other workforce trends.

COUNCIL OF PRESIDENTS OF MEDICAL COLLEGES – DR VIJAY ROACH AND FRANCESCA MANGLAVITI

Dr Vijay Roach is the Chair, and Francesca Mangalviti the CEO, of the Council of Presidents of Medical Colleges based in Australia. CPMC is the peak body for medical colleges, in a similar format to CMC.

This article was discussed at the CPMC forum last week, where a doctor was banned for discriminatory, offensive and culturally behaviour. It is a landmark outcome in support of the goal to eliminate racism from Australian healthcare.

NEW ZEALAND MEDICAL STUDENT'S ASSOCIATION - INDIRA FERNANDO

Indira Fernando is a fifth-year medical student and newly appointed president of the New Zealand Medical Student's Association. They will join CMC to give an update on work underway at NZMSA, challenges and opportunities on the horizon.

3.1 - CMC Position Statement Update

PURPOSE

To present an update on the CMC Workforce and Climate Change Position Statements

ACTION: DECISION

That the CMC approves the CMC Workforce and Climate Change Position Statements for publication

STRATEGIC IMPLICATION: ADVOCACY

To enable CMC to advocate for a robust, well-trained, culturally safe health workforce that meets the needs of patients and whānau in Aotearoa New Zealand and to enable CMC to advocate for action to reduce medicines impact on climate change.

BACKGROUND:

The draft Workforce position statement has been drafted from the feedback generated over past CMC Meetings. In August 2023 the Council decided that the statement needed to be a broader higher-level statement and was subsequently revised, and it is presented here for further discussion.

The draft Climate change position statement has been revised following the August CMC Meeting and feedback from colleges through the CMC policy network. It too is presented here in draft for discussion.

APPENDICES

3.1.1 CMC Draft Workforce Position Statement
3.1.2 CMC Draft Climate Change Position Statement

3.3 - CMC Colleges Round Up

PURPOSE:

A 2-minute update from each of the 17 CMC Colleges

ACTION: NOTING

STRATEGIC IMPLICATION:

Facilitate effective information sharing and collaboration between medical colleges.

BACKGROUND:

This was a suggestion in the recent survey to foster a broader understanding between colleges.

APPENDICES

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Appendix 1.1.1: CMC Strategic Plan 2023-2026

Introduction

This strategic plan sets the direction for the Council of Medical Colleges over the next three years. The plan is underpinned by CMC's purpose as a unifying organisation and its aim to collaborate to serve the best interests of patients in Aotearoa. These are further defined in CMC's Deed of Trust. The plan identifies five strategic priorities to guide CMC's work:

1. Pae Ora
2. Workforce
3. Advocacy
4. Collaboration
5. Sustainability of the organisation.
6.

The strategic priorities are within the sphere of influence of the CMC and its members and contribute to CMC's aim of a workforce that serves the best interests of the Aotearoa New Zealand population. The priorities are supported by objectives that outline what CMC needs to achieve; and measurable actions to take.

The Strategic Plan should be read in conjunction with the CMC's Statement on Te Tiriti o Waitangi and equitable health outcomes for Māori, and the CMC and Te ORA Cultural Safety Framework for Vocational Medical Training. Both provide context for priority one of the plan: Pae Ora. The plan recognises specific focus is needed to progress optimal health outcomes for Māori, and that there are specific actions CMC and its members can take to eliminate institutional racism and bias within the health sector. This includes addressing the cultural safety of CMC itself. CMC and its members will have greatest influence and potential for transformative action by examining the cultural safety of their own organisations, and actions that can be taken to redress structural barriers to health equity.

Te Tiriti o Waitangi		
Principles	**Articles**	**Ritenga**
Partnership 1. Tino rangatiratanga 2. Active Protection 3. Options 4. Equity	Article 1 – Kawanatanga 1. Article 2 – Tino Rangatiratanga 2. Article 3 – Ōritetanga 3. Article 4 – Wairuatanga, te reo and tikanga Māori.	Mana whakahaere 1. Mana Motuhake 2. Mana tangata 3. Mana Māori

The CMC is committed to the principles, articles and ritenga encompassed in Te Tiriti o Waitangi, which must therefore underpin CMC's strategic priorities; objectives and actions. For context, the principles, articles and ritenga encompassed in Te Tiriti are presented below. The table has been adapted from the Te Manawa Taki Regional Equity Plan 2021-2022.

Purpose	Aim	Strategic priorities	Strategic objectives
To be the unifying organisation of and educational support structure for the medical colleges in Aotearoa New Zealand.	To provide a forum for the collective support of individual colleges in their provision of an adequate, well-qualified, experienced, capable and culturally safe medical workforce to serve the best interests of patients and whānau in Aotearoa New Zealand.	**Pae Ora** Bring about pae ora (healthy futures) and equitable health outcomes for Māori, by aligning with Te Tiriti o Waitangi and partnering with major stakeholders in Māori health.	• Foster a strong, collaborative relationship with Te Ohu Rata o Aotearoa (Te ORA), Te Aka Whai Ora, Te Whatu Ora, the Ministry of Health and other stakeholders in Māori health. • Support colleges to train culturally safe medical practitioners. • Advocate for a Te Tiriti compliant, culturally safe health system that supports equitable health outcomes for Māori. • Acknowledge racism as a social determinant of health, and advocate for institutional racism and bias within health system structures to be eliminated.
		Workforce Promote the role of colleges to develop a well-trained, safe, and healthy medical workforce	• Develop productive, collaborative relationships with key stakeholders in health workforce development. • Advocate for a robust, well-trained, culturally safe health workforce that meets the needs of patients and whānau in Aotearoa New Zealand. • Advocate for and collaborate on initiatives to support workforce well-being.
		Collaboration Provide a forum to support collaboration and knowledge-exchange between colleges and with external stakeholders.	• Facilitate effective information sharing and collaboration between medical colleges. • Facilitate effective two-way information sharing and collaboration between medical colleges and external stakeholders.
		Advocacy Enable colleges to provide meaningful input into health policy.	• Develop productive, collaborative relationships with key stakeholders in health policy. • Regularly meet with such stakeholders and provide feedback to help them create effective policy
		Governance Ensure CMC is a sustainable organisation	• Ensure CMC has a sound governance structure to enable effective oversight of CMC's strategic direction, compliance and risk management, and to support succession planning and diversity of Board membership. • Ensure CMC operates efficiently and effectively.

CMC Action Plan 2023 - 2026

Bring about Pae Ora (healthy futures) and equitable health outcomes for Māori, by aligning with Te Tiriti o Waitangi and partnering with major stakeholders in Māori health.
Strategic objectives
• Foster a strong, collaborative relationship with Te Ohu Rata o Aotearoa (Te ORA), Te Aka Whai Ora, Te Whatu Ora, the Ministry of Health and other stakeholders in Māori health. • Support colleges to train culturally safe medical practitioners. • Advocate for a Te Tiriti compliant, culturally safe health system that supports equitable health outcomes for Māori. • Acknowledge racism as a social determinant of health, and advocate for institutional racism and bias within health system structures to be eliminated.
Actions
• Review the CMC-Te ORA collaboration agreement and Interdisciplinary Māori Advisory Group (IMAG) terms of reference by the end of 2023. • Coordinate the IMAG to meet at least twice annually to discuss issues relating to workforce; optimal health for Māori, and cultural safety. • Allocate budget annually to undertake projects on cultural safety, health equity or workforce development alongside Te ORA and the IMAG. • Support colleges to implement the CMC-Te ORA cultural safety framework in vocational training and recertification programmes by promoting the framework with college leaders at CMC and CPMC, and by co-ordinating an annual workshop for college education staff and fellows to share progress and resources. • Commence an evaluation of how the cultural safety framework has been implemented in 2026. • Invite other health sector organisations working towards optimal health for Māori to speak at CMC meetings annually. • Advocate for cultural safety and equitable health outcomes for Māori in CMC publications, documents and in submissions to government. • Utilise CMC publications, documents and submissions to government as an opportunity to acknowledge racism as a social determinant of health and advocate for the elimination of institutional racism and bias within health system structures.
2. Promote the role of colleges to develop a well-trained, safe, and healthy medical workforce.
Strategic objectives
• Develop productive, collaborative relationships with key stakeholders in health workforce development. • Advocate for a robust, well-trained, culturally safe health workforce that meets the needs of patients and whānau in Aotearoa New Zealand. • Advocate for and collaborate on initiatives to support workforce well-being.

Actions

- Develop productive, collaborative relationships with Te Aka Whai Ora (Māori Health Authority); Te Whatu Ora (Health New Zealand) and the Medical Council of New Zealand via regular meetings at the governance and staff level to engage on workforce strategy and planning.
- Advocate for the collection of Māori health workforce data, and for the workforce having an equitable representation of Māori.
- Collate a stocktake of initiatives colleges are undertaking to support workforce well-being, to share between members.
- Provide clear feedback to government on regulatory and policy documents to do with workforce planning and development, including Pae Ora legislation; the New Zealand Health Plan; the Health Charter; workforce development plans; and proposals for health workforce regulatory reform.
- Maintain a collaborative relationship with the Medical Council of New Zealand via regular meetings at the governance and staff level, and monitor developments in recertification, accreditation, and regulation of specialist international medical graduates.
- Maintain a clear, user-friendly website that provides public information on the role and membership of CMC, and the work it undertakes.

3. **Enable colleges to provide meaningful input into health policy.**

Strategic objectives

- Develop productive, collaborative relationships with key stakeholders in health policy.
- Regularly meet with such stakeholders and provide feedback to help them create effective policy.

Actions

- Run four meetings annually where members can engage with key government decision makers on issues impacting the health of the Aotearoa New Zealand population. Key decision makers include Government Ministers and opposition spokespeople; Director-General of Health; Board members and Chief Executives of the Te Aka Whai Ora and Te Whatu Ora; and senior staff from other government and non-government agencies.
- Collaborate with colleges to develop submissions on key health sector consultations to influence public policy, with a particular focus on health equity; eliminating racism and bias within health system structures; standards of care; and health workforce development. Coordinate quarterly meetings of college policy staff.

4. **Provide a forum to support collaboration and knowledge-exchange between colleges and with external stakeholders.**

Strategic objectives

- Facilitate effective information sharing and collaboration between medical colleges.
- Facilitate effective two-way information sharing and collaboration between medical colleges and external stakeholders.

Actions
• Invite government decision-makers and leaders from non-governmental health organisations to Board meetings, Executive meetings and advocacy meetings to enable two-way information-sharing and collaboration on issues of mutual interest. • Facilitate discussion on sector issues of interest to members at each Board meeting in a member-only forum, including how colleges can support workforce well-being; support their members with culturally safe practice; and redress institutional racism and bias within their own college structures as well as within the wider health system. • Provide a Briefing to the Incoming Minister of Health following the 2023 general election, highlighting CMC's priorities for the health sector. • Maintain a strong relationship with the Council of Presidents of Medical Colleges in Australia via regular meetings and sharing information on projects of mutual interest.
5. **Ensure CMC is a sustainable organisation.**
Strategic objectives
• Ensure CMC has a sound governance structure to enable effective oversight of CMC's strategic direction, compliance and risk management, and to support succession planning and diversity of Board membership. • Ensure CMC operates efficiently and effectively.
Actions
• Co-ordinate a working group of staff and/or fellows from member colleges to develop options for a revised CMC governance structure for the Board to vote on by March 2023. • Undertake a full review and revision of CMC's Deed of Trust to support the revised governance structure and clarify CMC's purpose and mission by August 2023. • Ensure Te Tiriti o Waitangi is referenced in CMC's governing documents, and institutional racism and bias within CMC's own structure is redressed. • Review the co-opted position to ensure Māori representation is included on the governance structure, with appropriate voting rights and mechanisms for input by August 2023 • Develop a transparent and equitable subscriptions structure for member colleges by December 2023.

Appendix 1.2.1: Minutes of the Last Meeting

Council of Medical Colleges in New Zealand

Te Kaunihera o Ngā Kāreti Rata o Aotearoa

Unconfirmed Minutes | 17 August 2023

Held at 9:30am (NZST) via Teams Videoconferencing and in person at The Angus Rooms, Te Papa Tongarewa,

Te Whanganui o Tara | Wellington

1. Governance / Procedural Business

1.1. Welcome, attendance and apologies.

The meeting commenced at 9:30am (NZST) Dr Samantha Murton welcomed everyone with a karakia to open the meeting.

Kia ora tātou	Greetings everyone
E ngā maungā kōrero	To the speaking mountains
E ngā wai tapu o te motu	To those assembled from various parts of the country
E ngā hau e whā	To the waterways and four winds of this land
Tēnā koutou, Tēnā koutou, Tēnā koutou katoa	Greetings, salutation, acknowledgements to you all.

The Chair thanked members for attending the meeting which is being hosted both face to face and on Teams videoconferencing. Dr Murton welcomed new member, Dr Liz Roberts from RCPA.

The following attended the CMC meeting:

College Representative	Member college	College staff
Dr Samantha Murton	Council of Medical Colleges in NewZealand (CMC)	Esther Munro (Executive Director) Melissa Ewart (Administration Assistant)
Dr Kate Allen	Australasian College of EmergencyMedicine (ACEM)	Rachel Nicholls (Online)
Dr Nat Anglem	Australasian College for Sport and Exercise Physicians (ACSEP)	

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	Australian and New Zealand College of Anaesthetists (ANZCA)	Stephanie Clare
	College of Intensive Care Medicineof Australia and New Zealand (CICM)	Daniel Angelico (online)
Dr Jenny Keightley	The New Zealand College of Musculoskeletal Medicine (NZCMM)	Brenda Evitt (online)
	New Zealand College of Public Health Medicine (NZCPHM)	Pam Watson
Dr Andrew Simpson	Royal Australasian College of Medical Administrators (RACMA)	Helen Parsons Cris Massis (Online)
	Royal Australasian College of Physicians (RACP)	Rameela Patel
Dr Andrew MacCormick	Royal Australasian College of Surgeons (RACS)	Michele Thomas
Dr Peter Hadden Dr Liz Insull	Royal Australian and New Zealand College of Ophthalmologists (RANZCO)	
Dr Susan Fleming	Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)	Catherine Cooper
Dr Hiran Thabrew (Online)	Royal Australian and New ZealandCollege of Psychiatrists (RANZCP)	Katherine Minnett
Dr Gabriel Lau (Online)	Royal Australian and New Zealand College of Radiologists (RANZCR)	Charlotte Provan
Dr Liz Roberts	Royal College of Pathologists ofAustralasia (RCPA)	
	Royal New Zealand College of General Practitioners (RNZCGP)	Lynne Hayman
	New Zealand College of Sexual and Reproductive Health (NZCSRH)	
Kelvin Ward (Online)	Royal New Zealand College of Urgent Care (RNZCUC)	
Guests		
Prof. Tony Blakely (online) John Whitehead And secretariat staff	The Royal Commission of Inquiry into Covid 19 – Lessons Learned	
Mary Cleary- Lyons	Te Whatu Ora	
Joan Simeon	Medical Council of New Zealand	
Dr Peter Jansen	Health Quality Safety Commission	
Dr Di Safarti	Director General of Health Ministry of Health	
Steve Osbourne Dr Joe Borne (online) Ruihua Gu	Ministry of Health	
Apologies		

Apologies were received from the following college fellows and staff:

Jo Murray	ACEM	Sir Collin Tukuitonga	NZCPHM

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Kate Simkovic	ACSEP	Dr Jo Lambert	NZCSRH
Diana Quinn	ACSEP	Simon Hodge	RACP
Dr Graham Roper	ANZCA	Dr Kerin Fielding	RACS
Nigel Fidgeon	ANZCA	Dr Vase Jovanoska	RANZCOG
Dr Jonathon Albrett	CICM	Assoc. Prof. Vinay Lakra	RANZCP
Dr Rob Bevan	CICM	Adrian Metcalfe	RNZCUC
Dr Vijay Roach	CPMC		

1.2. Minutes of the last Board meeting –1 June 2023

Motion: That the CMC Council confirm the minutes from the CMC board meeting on 1 June March 2023.

Decision: Approved by consensus with no changes requested.

1.3. Matters Arising

All matters arising completed and no issues were raised. The CMC performance review is due so a brief survey will be handed out to members and sent to colleges. This will provide CMC with feedback to ensure CMC is headed in the right direction.

ACTION: **Send the survey in electronic form to colleges.**

1.4. Proposed CMC Meeting Dates for 2024

All meetings except 30 May can be confirmed and accepted.
30 May is still to be confirmed as CMC is trying to align with the MCNZ meeting of the Colleges to ensure travel and cost efficiency for colleges. The MCNZ meeting date has been found to clash with CPMC meeting date, so all parties are working to align dates.
The Council discussed if meeting on an alternative day, e.g., the days leading into or directly after the MCNZ meeting was acceptable. In general Council members were agreeable to this but CMC may need to consider the timing with the King's Birthday weekend. The Chair asked the Council to consider if it needed to meet in the same way in May given the nature of the MCNZ meeting or would it be opportune to use the May date to discuss strategic direction.
Decision: Council agreed to the dates as proposed in the table below and agreed to continue to discuss the May meeting date further once other organization dates were confirmed.

ACTION: **Email placeholder for confirmed meeting dates to members**

CMC Board	CMC	Cultural Safety Rōpū	Policy Network Hui
29 November 2023	30 November 2023	28 September 2023 9 November 2023 1 February 2024	24 August 2023 12 October 2023 30 November 2023 18 January 2024
28 February 2024	29 February 2024	14 March 2024 25 April 2024	7 March 2024 25 April 2024
29 May 2024	30 May 2024	13 June 2024	13 June 2024

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	(TBC with MCNZ College Meeting)	1 August 2024	1 August 2024
28 August 2024	29 August 2024	19 September 2024 7 November 2024	19 September 2024 7 November 2024
20 November 2024	21 November 2024	13 February 2025	13 February 2025

1.5. Chair's Report

The new board met on 16 August and its members are:

Dr Sam Murton (Chair) | RNZCGP
Dr Nat Anglem | ACSEP
Dr Jessica Keepa | RNZCGP
Dr Andrew Simpson | RACMA
Catherine Cooper | RANZCOG
Dr Peter Hadden | RANZCO

The current CMC strategic plan was reviewed to ensure that CMC is working to achieve its goals.
Board planning was also discussed, and it was decided that the board will convene online to discuss emergent issues and the next council agenda at least 2 weeks prior to the council meeting.
The board are keen to hear from members on who they want to hear from or specific issues they would like discussed in council, this will help ensure that CMC meets the purpose it was set up for.
The DTCA advocacy yielded a good result, with the act being amended to include the ability for the regulator to ban DTCA. CMC's next step is to work with the regulators and make sure the collective voice is heard.
The Executive Director briefed the meeting on the past quarter's Cultural Safety Rōpū hui. Cultural safety still carries a sense of mystery for many, especially those at the beginning of their journey of understanding. Council members recognized the importance of cultural safety and offered suggestions for how cultural safety can be de-mystified. Sue Fleming from RANZCOG shared that to deepen her understanding she attended AIDA Cultural Safety training in Australia and found that stories and case studies shared made the experiences real and were a particularly successful tool for increasing understanding.
Andrew MacCormick highlighted that Mataroria Lyndon at Auckland Medical School is developing material of this nature, and highlighted the importance that content is tailored for people at different parts of the cultural safety continuum.

ACTION**: SMO stories – colleges to collect and feedback to CMC for publication on website.** ACTION: **Assemble stories and case studies alongside patient experience stories of what Cultural Safety means in action.**

Council Members acknowledged that those belonging to the dominant worldview need to reflect on their role in ensuring cultural safety and be supported to do so.
Andrew Simpson shared that RACMA is hosting a workshop in October on Cultural Safety and there is a possibility that attendance will be open to other colleges.

ACTION**: Andrew Simpson to confirm RACMA Cultural Safety workshop is open to all colleges and share information with CMC.**

2. Stakeholder Engagement

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2.1. The Royal Commission of Inquiry into Covid 19 – Lessons Learned

The RCOI shared the focus of the inquiry. This is with a view to future pandemics by identifying the lessons learned from Covid-19 experiences. The commission is non adversarial and encourages colleges to share their views and experiences freely and frankly. The RCOI reminded the Council that the contents of this meeting with the RCOI were private and that there was a non-publication order in place.
All CMC Colleges were invited to provide high level feedback to the RCOI. RACP, RNZCGP, RACS & NZPHM were specifically identified as colleges the RCOI expected to hear from.
The Council discussed at length with the RCOI their varied experiences and learnings from the pandemic.

ACTION: **CMC to share contact information for RCOI into Covid 19 with colleges. Colleges to give feedback directly to RCOI into Covid 19 before the end of the year.**

2.2. Te Whatu Ora – Mary Cleary-Lyons – National Clinical Network

Mary Cleary -Lyons presented information on the National Clinical Networks.
The National Clinical Networks have been set up as Te Whatu Ora recognized the value of existing networks in driving positive change, an opportunity was seen to build on existing networks to develop a framework for networks to be embedded in the running of the health system.
The National Clinical Networks are mandated to drive change with a focus on equity and access, through national standards and determining models of care. The networks will be enabled by clear terms of reference with dedicated support and access to data to ensure evidence-based decision making. The networks will be drivers to achieving a national consistency of care and sit within the System Delivery team of Hospital and Specialist Services to inform planning priorities.
Working within a co-leadership model, the networks aim to be a collaboration across different clinical spaces with interprofessional leadership including nursing, allied health alongside medical specialties and primary care. Te Whatu Ora recognises the need for services and support to be more interconnected.
Networks also need to be representative of the regions, the voice from clinicians in different parts of the country will be important as it is known that the experience of service delivered varies across the country. The networks have a specific mandate to look at what the health system delivers for people in rural communities.
There is a programme oversight group setting the terms of reference for the networks. This is co-chaired by Dr Rawiri Jansen and Dr Richard Sullivan and consists of professional leadership from nursing, allied health, commissioning amongst others. It was recommended that CMC consider inviting Richard Sullivan to speak on the programme oversight group.
Questions were taken from the floor:
The Council noted some groups missing from the proposed networks, particularly Osteoarthritis, Ms. Cleary-Lyons agreed that there was a need to look at other groups such as musculoskeletal and chronic pain management. and that there may be some networks that are short purpose groups to address a crisis, e.g., lack of paediatric surgeons. Ms. Clearly- Lyons cautioned that there are lots of issues to address and networks won't sort out everything, but MOH is keen to identify what needs a national piece of work and a national intervention to sort out and what is operational and solvable at a regional and local level.
RACS voiced a concern that the trauma network is now less effective than it was. Mary Clearly-Lyons expressed that she was keen to keen to converse on that topic with RACS.

ACTION: **CMC to share contact information for Mary Cleary-Lyons with Colleges.**

2.3. Medical Council of New Zealand – Joan Simeon

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Joan Simeon presented the Medical Council Data Dashboard and demonstrated how the dashboard could be used. The dashboard will continue to be developed and greater functionality will be added over time. The Medical Council is keen to learn from the Colleges what they would like to see included on the dashboard. The dashboard will be updated quarterly and will show historical data. Snapshots at distinct points in time and trends over time will also be available. The data is pulled from practicing certificates and eventually Workforce survey data will be included.
The Council identified the following as items or functionalities they wished to see on the dashboard.

- Make the completion rate of the Workforce survey visible on the dashboard.
- Distribution of registrars between the professions / no. of doctors in each of the training programmes.
- Explanatory note that Doctors may not be working full time or may be clinically facing rather than patient facing.
- A way of refining those who have done their base medical qualification overseas and those who have done their specialist medical qualification overseas.
- A chart that compares percentages across the years, across scopes and against population.

Joan Simeon requested that if there are additional items that CMC members would like to see, please let MCNZ know.
MCNZ's view of the PA Consultation process was then briefly discussed. They are equally concerned by the form and content of the consultation and question the drivers behind the sudden need for regulation.

ACTION: **Colleges to give feedback to MCNZ on Data Dashboard**

2.4. Health Quality Safety Commission – Dr Peter Jansen

Dr Jansen presented his perspective of Te Tāhū Hauora | HQSC's role in NZ after 3 months as Chief Executive and briefed the Council on the recommendations from the recent independent review of the Te Tāhū Hauora | HQSC.
The review assessed how Te Tāhū Hauora can enhance its contribution to improving the health system, through advancing Māori health, Te Tiriti o Waitangi, and health equity.
The review recommendations were:

- Ongoing work to embed and apply the principles of Te Tiriti o Waitangi.
- Expand further on consumer engagement.
- Establish evidence-based process for prioritization of initiatives.
- Advance from 'shining a light' on issues to 'leading out with influence' – by
  Looking at the recommendations Te Tāhū Hauora | HQSC makes, to ensure they are implementable and useful.
  Clarify what success will look like through measures of impact.

Dr Jansen discussed the specific targets outlined in Te Tāhū Hauora | HQSC's SPE

1. Consumer health forum Aotearoa
2. Consumer engagement (implementation of the code of expectations)
3. Understanding how we support localities to achieve health equity for Māori (including understanding the needs of IMPBs)
4. Providing publications that report on the quality, safety and improvement of health services and the health system.
5. Providing tools to allow the health system and the public to explore the quality and safety of health services.

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6. Refreshed National Mortality Review function.
7. Quality improvement science capability building
8. Leading and supporting quality improvement efforts (e.g., rollout of the paediatric early warning system)

The Pae Ora Health Future Act states that Te Tāhū Hauora | HQSC in performing its functions is required to work collaboratively with the whole sector including professional associations such as CMC. The system will work better with all parts working collaboratively with the end user in mind. Expert consumers alongside expert providers, alongside the expert data analysts
Dr Jansen concluded his presentation by answering questions from the attendees.

2.5. Ministry of Health – Dr Diana Safarti

Dr Safarti presented on the challenges currently facing the NZ (and global) Health system.

In brief these are:

- Climate Change –
- Economic, Political & Social Climate
- Healthcare Disruption –
- Global workforce shortages
- Expectations in health are ever increasing and at the same time health investment is experiencing greater costs per unit of care delivered.
- Drastic demographic change – Ongoing health issue of aging population, over 65-year-olds are the biggest users of healthcare services except paediatrics. A smaller proportion of the population will be paying for delivering healthcare.
- Pandemic, Covid 19 Hangover, distrust over immunization, expectations

Dr Safarti outlined the long-term objectives of the current heath reforms, these are:

- Good Partnerships, particularly with Māori
- Health Equity reducing gaps between people who experience poorer health outcomes and those who don't.
- Financial and Environmental Sustainability
- Patient and Whanau Centred Healthcare
- Excellent Healthcare

There are no easy solutions and Dr Safarti laid down the challenge to the Council to generate ideas for radically different and disruptive things we can do to start addressing these problems.

Discussion was wide ranging and key points made were:

- The Council highlighted the issue that the social contract of clinicians is different to previous generations. Today's medical students and recent graduates do not want to work the 70+ hours weeks of their predecessors.
- Should there be a wider definition of the health workforce, given the (global) shortage of clinicians.
- Ensure rules and regulations do not create bureaucratic inefficiencies.

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- Public Health messaging could be better used as a tool to empower patients to look after themselves in the community setting, maintaining a balance between self-care and safety.
- Genuinely empowering all people in the system – Patients, allied health, and clinicians
- Can you change the problem – we are still trying to deliver an aspirational goal maybe we need to be more realistic about what can and can't be achieved. The lack of achievability of what is on the table currently is always going to lead to failure.
- Look to learn from the no-blame culture of the Aviation industry-to identify mistakes and reduce risk.
- Are we using resources appropriately by directing care to the right people at the right time Is it right to use resources to prolong life because we can keep people alive longer.
- AI &: patient self-directed care, AI not necessarily the answer but can be part of the solution.

Dr Safarti summed up that the challenges are recognised but nothing will improve or get easier unless we do something disruptive.
Dr Safarti was asked her thoughts on CMC releasing a Climate Change position statement. Dr Safarti believes that there is a clear role for medical profession to be advocating on Climate change initiatives – global warming is the greatest health risk on a global perspective.

2.6. Ministry of Health – Steve Osbourne & Dr Joe Borne, Ruihua Gu– Proposal to Regulate Physicians Assistants

Steve Osbourne presented the reasoning behind the current MOH Physician's Associate Consultation and the consultation process. The primary consideration of the consultation is 'Does this profession pose a risk to the public?' Secondary considerations are the benefits, practicalities, and possibilities of having this workforce in NZ, what are the workforce implications.

The MOH believes that based on risk this profession should be regulated. Mr. Osbourne acknowledged a lot of concern around workforce issues and the impact on other professions e.g., nurse practitioners. Dr Borne acknowledged that we already have this group working in Aotearoa, and across the health sector people are asking do we want them and is this profession appropriate in an NZ context especially given consideration of the equity implications of a health profession that is trained exclusively overseas. The consultation is not the end of the process, and robust feedback from the wider community will inform the recommendations made to government regarding regulation.
There are 33 PA's currently working in NZ and there will be 50 by the end of year. NZPAS receive considerable interest from overseas, but PA's do not feel it is safe and question whether they will be able to work to the full scope in which they were trained. There is recognition that the profession will always need medical oversight/supervision. Hesitant PA's will be encouraged to come to NZ by regulation and there is interest from a university in setting up an NZ training programme, but this will only be considered if the profession is regulated.

Concerns were raised by the CMC Council over the variability in training, the cost of regulating such a small part of the workforce, where the profession sits within the NZ model of care and the large issue of not yet having identified scopes of practice alongside addressing lines of supervision and responsibility. The council felt that not enough work had been done yet to understand what are the gaps we need to fill in new and different ways in New Zealand?
Mr. Osbourne shared that the MOH believes that regulation will protect the public from risk and the other items such as cultural safety will follow on from regulation and was keen to hear ideas for alternative mechanisms to statutory regulation. There is a clear proposal to regulate the workforce as it currently exists in NZ, the intention is not to promote or grow the profession, but to protect the public. Members were invited to contact Mr. Osbourne or Dr Borne with any questions they might have.

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Following the presentation, the room discussed their thoughts. The overarching feeling was one of concern, particularly around the responsibility for supervision of Physician Associates
It was felt that regulation causes some assumptions such as increased supervision, when in reality PAs are likely to be less supervised once regulation is in place and this will increase risk to the public. Additionally, regulation is being sought before there has been a clear establishment of the scope of practice for the profession.
Urgent Care shared that the workforce that exists with urgent care has created problems around who is responsible for PA practice and supervision. They are concerned that if the profession is regulated, it will act as an endorsement leading to an increase in numbers.

ACTION: **CMC to develop PA submission with feedback from colleges**

3. Advocacy

3.1. CMC Workforce Position Statement

The current draft workforce statement has been reviewed by the CMC Board and their recommendation is to bring the statement up to a higher level by identifying the key principles. The Chair invited comments on how the attendees viewed that path.

The Council would like the statement to include a principle on vocational training which is a core part of CMC member's business, vocational. Increasing the workforce must be a key principle – Colleges agree that increasing the number of homegrown clinicians is a priority for workforce, overseas recruitment is not sustainable. Achieving funding parity for all CMC vocational providers (e.g. ACSEP NZCMM, CUCM, NZCSRH) was also important to members. The council noted that extra funding is needed to fund the extra costs of rural training, and additional funding for medical schools to operate at or near capacity.

The Chair invited members to join the working group, Andrew Simpson & Samantha Murton and Andrew MacCormick agreed to form a working group.

ACTION: **Sam Murton, Andrew Simpson & Andrew MacCormick to develop CMC Workforce Position Statement into high level principles, including vocational elements, for approval by the council and then publication**

3.2. CMC Climate Change Position Statement

Australian Colleges have released a position statement on Climate change considering the impact of health on climate change and vice versa. Should CMC as a peak body also have a statement on Climate change. In principle, the council agreed that a statement was desirable within the CMC mandate of health and keeping to high level principles.

ACTION: **CMC to form a small climate change working group to draft a high-level statement for review by the council at the next meeting. 4-5 people from colleges are needed.**
CMC to contact & work with Ora Taiao, Rhys Jones (who may be able to support with a Te Ao Māori perspective on Climate change) and Rob Burrell.

3.3. CMC Wellbeing Fund Proposal (NZMA Benevolent Fund)

The CMC Wellbeing Fund Proposal was a non-agenda item, brought to the Council from the CMC Board

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The CMC Well Being Fund would be made possible through CMC taking on responsibility for the former NZMA Benevolent fund. The NZMA fund was previously offered to CMC but was still governed by restrictive fund rules, which did not fit within CMC's remit.

The fund's criteria have now been removed with the dissolution of the NZMA. Repurposing the fund for the health and wellbeing of members aligns with CMC's strategic goals. Specifically, the fund would achieve this through the granting of scholarships for research into doctor's wellbeing and to fund vocational training. CMC believes this aligns well with the intent of the original fund. A funding committee would need to be established to look at applications and distribute grants bi-annually. CMC would look to adapt processes used by member colleges for distribution of their funds. The council acknowledged that there is a great volume of need and so strict guidelines and criteria around the application process would be necessary.

The council discussed the long-term intentions of the fund, growing the fund or running it down. The consensus was that the fund should be run down over several years to achieve CMC strategic objectives. It was important to members that the fund should not distract from CMC's core role.
The ED cautioned that the CMC proposal may need to change in negotiations with liquidator and asked the council what the bottom line was for them.

This was identified as:

- Admin costs are to be funded from the fund itself; and
- CMC is allowed to spend down the principle not just the interest.

Motion: CMC to pursue obtaining the former NZMA Benevolent fund under the current proposal with the proviso that the administration costs are to be funded from the fund itself; and that CMC is allowed to spend down the principle not just the interest.
Decision: All in favour - Carried

ACTION: **ED to finalise draft of proposal to obtain the NZMA Benevolent Fund and submit.**

Meeting Close

There followed a review of the meeting and suggestions were made for topics and speakers at the next meeting.

- Data and digital registry, informatics, or development of registries.
- NCN Co-leads to speak to CMC & share their thinking.
- Health Minister (New)
- Mortality Review Committee
- Health & Disability Commission

The Executive Director confirmed that the next Board meeting is on 30 November 2023 at 9:30am and will be held at the RACP Rooms, Level 10, 3 Hunter Street, Wellington.

There being no further items listed for discussion, Dr Samantha Murton shared a karakia and concluded the meeting at 3.40pm

Approval of Minutes

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Signed: .....

Dr Samantha Murton, Chair

Date _____

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Appendix 1.3.1: Matters Arising

Action Points at 30 November 2023
These are cumulative lists for the Board and Council Meetings.
Items are removed once completed.

	Issue	Date required	Action by	Status
Actions List from 16 August Board Meeting				
	AA to complete draft Board minutes for review	30/08/23	AA	Completed 21/08/23
	ED / AA to revise the wording on the risk register.	31/10/23	ED/AA	Completed 14/09/23
1.7	Catherine Cooper to share RANZCOG Expense / Delegated Authority policy with ED /AA to inform the development of CMC policy including, process for approval of credit card transactions.	31/08/23	CC	Completed 4/09/23
1.7	Development CMC Expense / Delegated Authority policy including process for approval of credit card transactions.	30/09/23	ED/AA	In progress
1.7	AA to send a copy of the Trustees individual insurance declarations to them to review update if necessary (will also include interest register declaration).	ASAP	AA	Completed 29/08/23
1.8	AA to confirm with Marsh in writing that the insurance will cover key items as detailed. If Marsh are unable to confirm then the Cyber Insurance will not be purchased and will undergo further review at the next meeting.	ASAP	AA	Confirmed & completed 6/09/23
2.1	ED/ AA to develop plan for orientation/ buddy system for new board members	10/11/23	ED/AA	In progress
2.1	ED to propose inflation adjusted subscription structure at November CMC meeting	10/11/23	ED	Drafted
2.1	Jess Keepa to provide feedback on induction/ welcome pack.	15/09/23	JK	Completed
2.1	Board members to identify any anti racism and Te Ao Māori presentations that may be useful for presentation across the council.	22/09/23	BOARD	In progress

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2.1	ED to follow up with DTL re CMC assisting with Cultural Loading work	30/09/23	ED	In progress
2.1	ED to facilitate a wider discussion by contacting Te ORA, LIME, HQSC, NZ Medical Council, Medical College Deans about the next steps for CMC in continuing Cultural Safety work.	30/10/23	ED	In progress
2.1	ED to prepare annual reports for CMC to reflect on Medical Council data on where the membership or the workforce is in relation to gender and ethnic representation.	TBC	ED	In progress
2.1	ED to prepare a high-level Briefing for the Incoming new Health Minister (BIM) following the results of the Election in October.	14/10/23	ED	Drafted
2.2	The board to reflect on what percentage of the meeting will be given over to unscheduled discussion of emergent issues.	10/11/23	BOARD	To be reviewed 29/11/23
2.2	ED to invite Therapeutics Bill Officials to the November CMC meeting.	1/09/23	ED	Unavailable for Nov. Invite for Feb 24
2.2	Date to be found & set for pre quarterly Board online meeting.	30/09/23	AA	Complete 31/08/23
3.1	ED to develop CMC proposal for the NZMA Benevolent Fund for presentation to the Council on 17 August.	17/08/23	ED	Complete 17/08/23
3.2	Proposal for Climate Change working group be taken to the Council Meeting on 17 August.	17/08/23	ED	Complete 17/08/23
3.3	Samantha Murton and Andrew Simpson to pull current draft workforce statement up to a higher-level principles document, this to be reviewed by CMC Board and refined for distribution to colleges for review week ending 1 September 2023.	1/09/23	SM & AS	In progress
4	AA to contact RACP to book RACP rooms for 30 November Council Meeting to enable confirmation of venue at Council Meeting 17 August.	17/08/23	AA	Complete 17/08/23
Actions List from 17 August 2023 CMC Council Meeting				
	AA to complete draft Council Minutes for review	31/08/23	AA	Completed 28/08/23
1.3	Send survey in electronic from to colleges	25/08/23	ED	Completed
1.4	Email Placeholders for finalised meeting dates to Members	ASAP	AA	Completed 29/08/23
1.5	SMO stories – colleges to collect and feedback to CMC for publication on website.	29/09/23	COLLEGES	Request sent to colleges
1.5	Assemble stories and case studies alongside patient experience stories of what Cultural Safety means in action.	13/01/23	ED/AA	Awaiting College Response

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1.5	Andrew Simpson to confirm RACMA Cultural Safety workshop is open to all colleges and share with CMC.	7/09/23	AS	Completed 8/9/23
2.1	CMC to share contact information for RCOI into Covid 19 with colleges	25/08/23	ED	Completed
2.3	Colleges to give feedback to MCNZ on Data Dashboard	31/10/23	COLLEGES	Completed
2.6	CMC to develop PA submission with feedback from colleges – note new Closing date 21/12/23	25/08/23	ED	In progress
3.1	Workforce Statement working group (Samantha Murton, Andrew Simpson & Andrew MacCormick to develop CMC Workforce Position Statement into High level principles for publication	01/09/23	SM/AS/AM	In progress
3.2	Climate Change working group (Samantha Murton, Andrew Simpson & Andrew MacCormick) to develop high level principles - CMC Climate Change Statement for next meeting	01/10/23	SM/AS/AM	In progress
3.2	CMC to contact Rob Burrell, Rhys Jones, ask they advise on CMC Climate Change Statement	25/09/23	ED	In progress
3.3	CMC Wellbeing Fund Proposal to go ahead with the provisos that CMC can spend down the principle & admin costs to be funded from the fund itself	ASAP	ED / SM	In progress – see Chair's report
4	Topic requested for next meeting: Data & Digital – Registries	18/09/23	ED	Invite for February 2024
4	Speakers requested for next meeting: NCN Co-leads x 2 to discuss thinking and process.	18/09/23	ED	Unavailable for Nov 23. Invite for February 24

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Appendix 1.4.1 Cultural Safety Training Plan Implementation Update

CMC has supported Colleges to implement the Cultural Safety Training Plan through contracting lead Kaupapa Māori researcher Shirley Simmonds to facilitate a regular hui with the cultural safety rōpū made up of college members involved in education and training to discuss Cultural Safety and share knowledge, information and experiences to help support and inform implementation and integration into training curricula.

Shirley is contracted to deliver 9 hui through to March 2024 and to date the rōpū has met 4 times. The overall aims for the Cultural Safety Rōpū, are to:

- socialise the Cultural Safety training plan, reinforcing the distinction between Cultural Safety, Cultural competency and hauora Māori,
- workshop and embed the four key proficiencies,
- discuss teaching and assessment activities, and use of the self-assessment tool.

The intention is that after a year, the rōpū will be well established and able to maintain momentum through its membership without the need for a specialist facilitator.

CMC has also developed a resource portal for Cultural Safety on the CMC Website, where individual colleges can share cultural safety resources for the benefit of all colleges.

HOW COLLEGE COLLEGES ARE UTILISING THE TRAINING PLAN

Across the board, Colleges are utilising the cultural safety training plan to develop a better understanding of cultural safety, and identifying how they can improve cultural safety within their people, systems and processes.

Some colleges are embedding the Training Plan into CPD – and from next year, for both trainees and fellows, one of their CPD requirements will be to complete 2 hours of CPD in an area of cultural safety of their choice. This is in acknowledgment that everyone is on a different part of their cultural safety journey.

Some colleges are taking a structured approach to incorporating cultural safety by mapping the different roles across the college from trainees, supervisors of trainees all the way up to college governance and thinking about the different types of cultural safety training that those different groups will require.

Some trans-tasman colleges have been on a journey to formally recognised Te Tiriti O Waitangi in their colleges, and also thinking about the cultural safety training plan and its potential to be adapted to the Australian context with Aboriginal and Torres Strait Islanders consultants.

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Some colleges are initiating research into recruitment and retention of Māori fellows into their vocation and are starting by looking at the self-reflection tool from the cultural safety training plan. They are also in the process of thinking about and planning for a cultural safety workshop for trainees and fellows next year. Other colleges have provided workshops.

Some of the smaller colleges feel that they struggle particularly in the area of cultural safety.

Some colleges have contracted Shirley Simmonds directly. Others have used cultural safety training plan as a framework for developing a peer group learning programme which is currently underway. Others have used the Training Plan to map other resources to find areas of overlap or gaps.

One college in particular is utilising the cultural safety training plan in an auditing process for the organisation, as well as implementing activities into education and training. They have undertaken a clinical audit using the cultural safety training plan and have realised that while the college has a lot of skills and knowledge on offer - it's not cultural safety.
The college is focussing on 3 initial areas of the curriculum - clinical governance, medico legal and indemnity and is considering how to embed the cultural safety training plan into the framework of learning so that cultural safety is grounded into genuine areas of the medical registration/ administration.
Doing an audit and asking the college personnel where they believe cultural safety features in the college, giving people the space to talk about what they perceive to be cultural safe practices and then asking the question: "How does that (what the person described) demonstrate cultural safety for the patient?" is a worthwhile and powerful undertaking.
As a result of doing this auditing exercise, the college has found that their committees want to improve their culturally safe practice. The audit helped individuals to better understand there are things they don't know, which in turn has made them more open to learning. There is recognition by the college that it is going to be a long journey to become a culturally safe college, but 100% worth it.

Not all colleges are finding this work easy - some colleges acknowledge the cultural safety training plan is a fantastic resource but are not sure where or how to translate the plan into what they do at the college. They are looking to colleges who are further along their journey to advise and share resources.

Some colleges are keen to have a greater kōrero about cultural safety, but the college's understanding of Te Tiriti O Waitangi, hauora Māori, and the essential differences between cultural competence and cultural safety is not quite there yet. Colleges take different approaches to this – some are working with mana whenua in the rohe, others are focusing their efforts on supervisors and trainers, others are working on raising awareness within the college and determining a pathway to deliver on their te ao Māori perspective and cultural safety framework.

FEEDBACK FROM RŌPŪ ATTENDEES

What aspects of the Cultural Safety Rōpū Hui have been valuable to you / your college?

- Networking
- Break out rooms – hearing other experiences

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- Talking about the document
- Personal growth
- Access to the documents
- The rōpū keeps discussion going, a constant reminder - Keeps fires burning.
- Take bits in each time.
- Appreciate just getting together and chatting (whanaungatanga).
- Appreciate know who's who from other colleges, and those who are working on CS.
- Can draw from others' expertise.
- Making these connections now can be useful in the future
- A bit intimidating sometimes – feel like my college hasn't got very far (compared to others)
- Whakawhanaungatanga, sage advice from Shirley.
- Excellent facilitation, creation of a safe space to discuss difficulties.

What aspects of the Cultural Safety Rōpū Hui would you like to see continue?

- This needs to keep going.
- Talking the document through
- Opening with top of mind
- Breakout group work on topics
- Shared resources to continue.
- The collegiality and ability to contact allies directly.

What would be helpful to the Cultural Safety Rōpū in the future?

- Exploring the literature review.
- Colleges sharing their resources.
- Share onscreen if not on website what colleges are doing.
- Network: Te ORA, AIDA, LIME, When CMC and MCNZ hold their meetings the same week!
- Working groups formed to meet outside of the regular catchups, that then report back on activity in the CSR.
- A little more sharing of (actual) progress in this space.
- A review survey about what has changed, what is still needed, how the CPD is being tackled in each college?

Some key recommendations discussed:

1. Include exploring the **literature review** in the online hui sessions

2. Also **dig in deeper to each proficiency** in the CS plan

3. Need for **examples/anecdotes/case studies** of cultural safety "in practice" – appreciated the anecdote of Raukawa last hui and analysis of power dynamics. Need more of these. Helps to see how CS can be translated into practice

4. Need a **communication platform** between the group outside of the meetings. Some mentioned in other groups, they use email. However, Microsoft Teams platform chat group function was strongly recommended (can store documents etc on there)

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5. **Formal presentations** from some of the colleges who have made some progress (perhaps an online mini-symposium?). Could be from a handful of colleges who are ready to present, guidance given on what to include (what they did, how they did it, who was involved), include a slide presentation so that there is visual representation of progress. This could be done in 'tranches' with first group ready to present, then second group might be ready/have made more progress and ready to present 2-3 months later.

6. **Hui a-tinana** – chance to meet face to face would be very much appreciated. Suggested to piggy back on existing meeting scheduled for CMC and MCNZ – 26 June 2024. Could attach a one-day CS symposium to this – 'a powerful audience to get change activated'.

7. Sense that group **not ready to be a self-facilitating group** yet, keen for Shirley's mahi to continue.

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Appendix 1.4.2 MCNZ Submission

29 September 2023

Joan Simeon
Chief Executive Officer
Medical Council of New Zealand
PO Box 10509, Wellington 6140
consultation@mcnz.org.nz

Tēnā koe Joan

Re: Consultation - Disclosure of Harm following an Adverse Event.

Thank you for the invitation to offer feedback on the Draft Statement, Disclosure of Harm following an Adverse Event. The CMC commends the Medical Council of New Zealand on this work. Colleges seemed largely happy with the Draft Statement, and we expect Colleges will provide direct feedback to you.

Colleges emphasised that

- Near misses and failures of an organisation or system that contribute to human errors - or to accidents waiting to happen - should be documented and used to help health services identify the cause of an error, prevent it, or respond to the consequences.
- Uncertainty over the cause of an adverse event should not delay disclosure. In some cases it is apparent that treatment has harmed a patient, but is not obvious whether the harm was the result of a medical error or was an unavoidable complication of an appropriate treatment. In such instances, patients or whānau should be informed that a problem has occurred in the patient's care, that the problem is being examined, *and that additional information will be provided when it is available*. Guidance is provided in the HQSC's National Adverse Events Policy 2023.
- Section 15 – which outlines considerations for patient's needs and preferences – is a positive step, particularly the emphasis on Cultural Safety. The Medical Council could refer to the HQSC's National Adverse Events Reporting Policy 2023 in this statement, including culturally

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Te Kaunihera o Ngā Kāreti Rata o Aotearoa
COUNCIL OF MEDICAL COLLEGES
NEW ZEALAND

PO Box 25506
Featherston Street
Wellington 6146

P +64 4 499 1213
E enquiries@cmc.org.nz
www.cmc.org.nz

safe and responsive practice when harm has occurred and reporting and system learning requirements.

Thank you again for the opportunity to provide feedback on the MCNZ's Statement on Disclosure of Harm. If you have any questions about any of the above issues, please do not hesitate to contact Esther Munro, Executive Director of CMC esther.munro@cmc.org.nz

Nāku noa, nā

Dr Samantha Murton
Chair, Council of Medical Colleges

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Appendix 1.4.3 Draft Briefing to the Incoming Minister

Te Kaunihera o Ngā Kāreti Rata o Aotearoa
COUNCIL OF MEDICAL COLLEGES
NEW ZEALAND

Briefing to the Incoming Minister of Health

Te Kaunihera o Ngā Kāreti Rata o Aotearoa | Council of Medical Colleges in New Zealand

November 2023

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Tēnā koe Minita Reti,

Welcome to your role as Minister of Health

This briefing is to provide you, as the incoming Minister, with information on the Council of Medical Colleges (CMC), our Member Colleges, and our contribution to quality healthcare for Aotearoa New Zealand.

About CMC

The Council of Medical Colleges is the collective voice for seventeen medical colleges in New Zealand, it's key focus is to ensure a safe, well-trained medical workforce, and in turn the highest quality medical care for Aotearoa New Zealand. CMC comprises members from all seventeen medical colleges, who in turn provide support to over 9000 medical practitioners working in a range of 34 specialties in the Aotearoa New Zealand health system.

Medical colleges are not-for-profit educational bodies responsible for the training, examination, and recertification of medical practitioners. The colleges also set standards for clinical practice.

CMC acts as a forum for the medical colleges to discuss issues of common interest, and to share knowledge, objectives, and policies. This forum supports collaboration and knowledge-exchange between colleges and health bodies to influence public policy - with a particular focus on health equity; eliminating racism and bias within health system structures; standards of care; and health workforce development.

CMC informs and advises key health sector groups, including yourself and other Ministers, government agencies, and other relevant bodies on health sector issues. CMC produces reports, papers, and position statements where there is collective agreement amongst our members. We undertake projects on specific issues at the direction of the Board of Trustees, in line with our Strategic Plan 2023-2026. We regularly make submissions on health sector consultations and government bills, particularly those related to patient safety, medical training, and workforce issues.

CMC is well placed to understand the unique challenges faced by medical professionals and to contribute to the provision of high quality and safe healthcare for Aotearoa New Zealand. CMC has good working relationships with key government agencies - including Te Whatu Ora, Te Aka Whai Ora, Te ORA, Te Tāhū Hauora Health Quality & Safety Commission and Mānatu Hauora Ministry of Health. It also has strong links with the Medical Council of New Zealand, the New Zealand Medical Students' Association, and the Committee of Presidents of Medical Colleges in Australia.

CMC is governed by a Board of Trustees who are elected and appointed from its member colleges. Currently the Board Chair is Dr Samantha Murton, a Wellington-based General Practitioner.

Current Priorities

CMC will continue to work with Government to address the current priority issues including:

BANNING DIRECT TO CONSUMER ADVERTISING OF PRESCRIPTION MEDICINES

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Thank you for your efforts throughout the passage of the Therapeutic Product Bill to propose a legislative ban on harmful direct to consumer advertising of prescription medicines (DTCA-PM). CMC considers that DTCA-PM can lead to increased costs, inappropriate prescribing, overtreatment and iatrogenic harm.

During the passage of the Therapeutic Products Bill, CMC hosted an open letter to the then-Health Minister Hon. Dr Ayesha Verrall, that was well supported - with nearly one thousand individual signatories plus a wide range of patient and consumer groups, health advocates, and senior national and international academics who joined the call for a legislative ban.

Your support in opposition was greatly appreciated by this group, and now we encourage you to seize the opportunity presented by the new Government's commitment to repeal the Therapeutic Products Act and legislate to ban harmful Direct to Consumer Advertising of Prescription Medicines.

ACHIEVING EQUITY

CMC advocates for a Te Tiriti compliant, culturally safe health system. We are committed to bringing about Pae Ora (healthy futures) and equitable health outcomes for Māori, by aligning with Te Tiriti o Waitangi and partnering with major stakeholders in Māori health.

We consider it essential to collect Māori health workforce data, and for the New Zealand health workforce to have equitable representation of Māori.

We acknowledge racism as a social determinant of health, and advocate for institutional racism and bias within health system structures to be eliminated.

In February 2023 CMC and Te Ohu Rata O Aotearoa launched the Cultural Safety Training Plan for Vocational Medicine, which is the first training plan of its type world-wide to be implemented into the curriculum of medical specialist training. CMC supports Colleges in their efforts to incorporate the Cultural Safety Training Plan into their vocational curricula.

The Cultural Safety Training Plan responds to the 2019 statement from the Medical Council of New Zealand that medical education in Aotearoa should include a focus on cultural safety. It builds upon the independent research findings on the current state of cultural safety and health equity delivered by doctors in Aotearoa New Zealand developed by Te ORA and the Medical Council of New Zealand in 2020.

WORKFORCE

CMC will advocate for a robust, well-trained, culturally safe health workforce that meets the needs of patients and whānau in Aotearoa New Zealand. We will also advocate for and collaborate on initiatives to support workforce well-being.

CMC supports efforts to over-represent Māori and Pacifica medical students and trainees to balance the effects of international medical graduates and to make sure we have a health system as diverse as the communities we serve.

We welcome efforts to increase the number of home-grown health practitioners, look after and retain our hard-working health workforce, and supplement our homegrown workforce with well-inducted and supported international recruits.

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With an aging population and growing demand for increasingly complex healthcare services, the CMC considers it essential that we have a sustainable workforce to meet the health needs of our communities now and into the future.

CMC Member Colleges

The Medical Colleges have many ideas on how to address the challenges facing the health system and enhance health care in New Zealand. They are realistic about the limits to health expenditure and are actively looking for ways to "do things differently", to advise and assist the debate on these matters.

The member colleges are:

Australasian College for Emergency Medicine (ACEM)

Australasian College of Sport and Exercise Physicians (ACSEP)

Australian and New Zealand College of Anaesthetists (ANZCA)

College of Intensive Care Medicine of Australia and New Zealand (CICM)

New Zealand College of Public Health Medicine (NZCPHM)

New Zealand College of Musculoskeletal Medicine (NZCMM)

New Zealand College of Sexual and Reproductive Health (NZCSRH)

Royal Australasian College of Medical Administrators (RACMA)

Royal Australasian College of Physicians (RACP)

Royal Australasian College of Surgeons (RACS)

Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)

Royal Australasian New Zealand College of Ophthalmologists (RANZCO)

Royal Australian and New Zealand College of Psychiatrists (RANZCP)

Royal Australian and New Zealand College of Radiologists (RANZCR)

Royal College of Pathologists of Australasia (RCPA)

Royal New Zealand College of General Practitioners (RNZCGP)

Royal New Zealand College of Urgent Care Physicians (RNZCUC)

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Appendix 1.4.4 CMC College Survey Results

What value does your college get from CMC membership	How satisfied are you with the Meeting Speakers this year?	Are you satisfied with the CMC Statement process?	How can CMC be improved?	What topics would you like for next year?	Please rate your overall satisfaction with CMC 1-5	Any other comments?
Information Sharing, Networking, Relationship building, Consensus building	4	3	Prospective approach as well as reactive. Opportunity to raise & address emergent issues	Therapeutic Products Act	4	
Valuable! Understanding NZ health landscape from a variety of perspectives	5	5		MCNZ. More of the same. Regular meeting with MOH, communication around pending announcements	5	Add a round up from different specialities at the end of the meeting
Very valuable for a smaller college to have a voice and keep up with what others are up to	4	4		The new politicians, if that is the case, as well as top bureaucrats so they know we're looking. Continue MCNZ engagement.	4	
Collegial support	4	5	Time & discussion		5	Thanks for your great work
Feeling of connection to broader health sector, collegiality with colleges, info sharing, voice in health system	4	5			4	
Networking, Meetings with key govt/regulatory bodies. Supporting fellow Colleges. Learning what other colleges are doing/work undertaken	4	5	Seems excellent already! There is great communication. Calibre of speakers has been terrific.	Continue dialogue with Te Whatu Ora, Workforce people esp. Minister of Health again, Chief Coroner, ASMS?	5	

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Appendix 1.5.1 - RACDS Application to Join CMC

MEMBERSHIP APPLICATION

Thank you for your interest in becoming a full member of the Te Kaunihera o Ngā Kāreti Rata o Aotearoa | The Council of Medical Colleges in New Zealand.

Requirements for membership are listed in the CMC Trust Deed under section 8. A copy of section 8 has been included in this application form as *Attachment 1*.

In addition to this completed form, please arrange for two current CMC Member Colleges to send in a letter of support for your application.

Please complete the form below with appropriate detail:

Full Name of Organisation:	Royal Australasian College of Dental Surgeons
Name and position of officer completing application:	Brendan Peek- CEO
Contact email:	ceo@racds.org
Contact phone number:	+61 02 9262 6044
What percentage of your membership are registered medical practitioners?	10%. We have separate membership categories for our dental members.
Is your organisation generally recognised as an arbiter of professional standards within its medical discipline?	Yes
Does your organisation run a vocational training programme leading to Fellowship?	Yes, our training program leading to Fellowship on Oral & Maxillofacial Surgery – FRACDS(OMS) is accredited and recognised by the
If yes, does the Medical Council of New Zealand recognise this Fellowship for vocational registration in your field of specialty?	Yes as above
Please describe your organisations process for	Registrars undertake a four-year training program in accredited hospital training posts. Fellowship is attained on successful completion of each training rotation, a pass in the Surgical Science and Training examination

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conferring Fellowship (e.g. examination):	(first year), research project and a pass in the Fellowship examinations, which can be undertaken in the third or fourth year of training.
What is the main purpose of your organisation?	Provision of postgraduate education, professional development and educational qualifications in dentistry and oral & maxillofacial surgery, thereby enhancing the oral health of the community.
Please describe, if applicable, your organisations role in: (a) Advocacy (b) Industry profit	a) We undertake advocacy in areas directly related to the goals of our organisation. Recent activities include; cosmetic surgery review (Australia); protection of title "Surgeon" (Australia), provision of specialist hospital-based dental services (NZ) b) We are not involved in industry profit advocacy or other industrial related matters.
Does your organisation conduct a continuing medical education (CME) programme recognised by the Medical Council of New Zealand, and if so, what is the purpose of this programme (e.g., recertification, accreditation)?	Yes. The CME programme supports recertification of our OMS Fellows
Membership is finalised by a member vote (two thirds of members present and voting at a Board Meeting constitutes approval). If you have any final comments that may aid current Members in their decision, please list them here:	RACDS is recognised by the MCNZ as an accredited medical college. Our Registrars are required to undertake a medical and dental degree and a year of surgical pre-vocational training prior to entering our training program. On attaining Fellowship, they are recognised as Medical Specialists in New Zealand (and Australia). Currently, these Fellows are the only medical specialty in New Zealand not represented at CMC. Whilst we have separate programs for Dentists, these do not influence nor impact the OMS training program and Fellowship.

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Appendix 1.5.2 - RACDS Letter of Support - RCPA

The Royal College of Pathologists of Australasia
ABN 52 000 173 231

Durham Hall 207 Albion Street Surry Hills NSW 2010 Australia
Telephone: 61 2 8356 5853 Facsimile: 61 2 8356 5828

RCPA
The Royal College of Pathologists of Australasia

26 September 2023

To: Dr Samantha Murton
Chair, Council of Medical Colleges
Via Email: mcnz@mcnz.org.nz

Dear Dr Murton,

RE: Application for Admission to CMC Membership – Royal Australasian College of Dental Surgeons

The Royal College of Pathologists of Australasia (RCPA) understands that the Royal Australasian College of Dental Surgeons (RACDS) is seeking membership of the Council of Medical Colleges (CMC).

As the specialist medical college accredited by the Medical Council of New Zealand to deliver Oral & Maxillofacial Surgery training, leading to specialist registration as a medical practitioner in Aotearoa New Zealand, the RCPA supports their application for membership.

The inclusion of RACDS within CMC would ensure that all medical specialists from across the country are being represented and can contribute to the important work of the Council.

Sincerely,

Dr Debra Graves OAM
Chief Executive Officer

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Appendix 1.5.3 - RACDS Letter of Support - RACMA

RACMA
ROYAL AUSTRALASIAN COLLEGE of Medical Administrators

Suite 1, 20 Bank Street, Hawthorn East
Victoria 3123 Australia
+61 3 9824 4688
info@racma.edu.au
racma.edu.au
abn 80 004 398 215

September 27, 2023

Dr Samantha Murton
Chair
Council of Medical Colleges

enquiries@cmc.org.nz

Dear Dr Murton

RE: Application for admission to CMC membership – Royal Australasian College of Dental Surgeons

The Royal Australasian College of Medical Administrators (RACMA) understands that the Royal Australasian College of Dental Surgeons (RACDS) is seeking membership of the Council of Medical Colleges (CMC).

As the specialist medical college accredited by the Medical Council of New Zealand to deliver Oral & Maxillofacial Surgery training, leading to specialist registration as a medical practitioner in Aotearoa New Zealand, RACMA supports their application for membership.

Inclusion of RACDS within CMC would ensure that all medical specialists from across the country are being represented and can contribute to the important work of the Council.

Yours sincerely

Dr Helen Parsons CSC
President

Cris Massis
Chief Executive

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Appendix 3.1.1 DRAFT CMC Workforce Statement

THE COUNCIL OF MEDICAL COLLEGES

The Council of Medical Colleges (CMC) represents seventeen medical colleges who provide support to over 9000 medical practitioners working in a range of 34 specialties in the Aotearoa New Zealand health system. The CMC advocates for a robust, well-trained, culturally safe health workforce that meets the needs of patients and whānau in Aotearoa New Zealand. Medical colleges are educational bodies responsible for the training, examination and recertification of medical practitioners in specific medical disciplines.

BACKGROUND

New Zealand's quality healthcare depends on an ongoing and adequate supply of trained health practitioners to meet the changing needs and growth of our population. The Council of Medical Colleges recognises that the medical workforce is only part of the solution to achieving Pae Ora, however, a broad range of medical practitioners who reflect our population is essential to the provision of the complex health services the population requires.

With an aging population and growing demand for healthcare services, the Council of Medical Colleges in New Zealand considers it essential that we have a sustainable workforce to meet the health needs of our communities now and into the future.

Who is our workforce and health context:

- Acknowledging what has been achieved to date (our workforce underpins our health achievements)
- Recognition of value of current workforce
    - Training – well trained
    - NZ trained and IMGs (note our proportion of IMGs and their contribution)
- Stretched workforce, not enough doctors
- High numbers nearing retirement
- Not representative (Māori and Pacifika)
- Increasing health need
    - ageing population
    - growing demand
    - increasing opportunities to investigate and treat
- life cycle of the workforce
    - undergraduate training
    - postgraduate training (including vocational training)
    - career
    - transition to retirement

To do this, New Zealand must simultaneously reduce health needs and increase the health workforce capacity. Reducing health needs includes addressing the social and commercial determinants of poor health

outcomes, and increasing the health of our communities through other public health measures. These initiatives are beyond the scope of this document.

PURPOSE

The purpose of this statement is to:

- Identify the position of the Council of Medical Colleges (CMC) and its member colleges on the health workforce
- Articulate the CMC's commitment to growing and supporting a skilled and sustainable health workforce
- Promote the role of colleges to develop a well-trained, safe, and healthy medical workforce (*one of our strategic objectives*)
- Acknowledge the role of medical colleges in fostering a culturally competent and culturally safe medical workforce
- Serve as a resource for member colleges and other health sector organisations

WORKFORCE

We want a skilled, supported and sustainable workforce. The following initiatives are key:

Increase workforce size

Increase and maximise medical training opportunities

- Increase undergraduate training numbers
  - Increase medical school intake, any increase in Medical School graduates must be sustainable and Medical Students must be appropriately supported in their training to improve retention rates.
  - Identify and address barriers to intake and completion of medical qualifications
  - Increase supervisor numbers
  - Targeted recruitment Māori and Pacific peoples
- Increase postgraduate training numbers
  - Identify and address barriers to intake and completion (e.g. flexible and part-time training)
  - Targeted recruitment Māori and Pacific peoples

Improve recruitment and retention of International Medical Graduates (IMGs)

- Welcome and acknowledge IMGs as a foundation of the Aoteoroa NZ health system
- Streamline immigration and registration
- Induction and orientation to Aoteoroa NZ - including Te Tiriti o Waitangi, cultural safety, tikanga, te reo and te ao Māori.
- Support for recruits and families

Identify/create cross health professional training or bridging pathways (e.g. allied health or nursing to medicine)

Improve retention of the existing workforce

- Increase job satisfaction and enjoyment
  - Support work life balance
- Foster career opportunities and progression
  - Teaching, research,
  - Changing clinical roles
  - Changing circumstances and hours (e.g. parenthood, nearing retirement)
  - Evolving roles including teaching, training, research, mentorship and supervision

Increase breadth and depth of the health workforce experience and expertise

- Targeted recruitment Māori and Pacific peoples into training
- Cultural safety training for all
- Manage and Reduce cultural loading on Māori fellows
- Enable broad exposure to clinical roles and disciplines
- Target and incentivise priority skills, disciplines, and areas under pressure (e.g. community, palliative care)

Using the health workforce to best effect (Models of care)

- Delegate non-clinical and administrative tasks freeing up clinical expertise and time
- Acknowledge and support cross-disciplinary and cross-professional skills
- Responsive and integrated clinical governance infrastructure supporting safe and effective care
- Research into models of care

Transparent Governance

- Monitor workforce and training
- Targeting and incentivising priority areas – including exposing trainee doctors to higher quality primary and community-based placements, and ensuring training placements are funded equitably to ensure a more even spread of specialities and geographic locations.
- Monitoring models of care and outcomes

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Appendix 3.1.2 DRAFT CMC Climate Change Statement

CMC CLIMATE CHANGE AND HEALTH POSITION STATEMENT

"Tackling climate change could be the greatest global health opportunity of the 21st century".[1]

The Council of Medical Colleges as the peak body for Medical Colleges in Aotearoa New Zealand and we recognise that climate change is a huge threat to human health. The environment plays a big role in people's health and wellbeing – a healthy environment supports healthy people. Air pollution and rising temperatures are linked to many health problems, from increased numbers of heart attacks and strokes to the faster spread of infectious diseases.

In Aotearoa New Zealand a healthy environment is also part of mana tāngata whenua – the rights of Māori. Linked to whakapapa, the natural environment is considered a taonga under article two of Te Tiriti o Waitangi. CMC recognises that taking steps to protect te Taiao is part of our commitment to Te Tiriti.

CMC recognises the importance of its role in advocacy at the intersection of health and climate change. Climate change impacts negatively on health outcomes at multiple levels, both directly and indirectly for patients and communities now and for generations to come.

Climate action and mitigation has the potential to improve health outcomes and equity resulting in significant cost savings to health and increasing commitment to Te Tiriti O Waitangi. Climate change advocacy should focus on measures that will bring substantial co-benefits to health outcomes and increased health equity for the population.

Health policies can contribute positively to reducing the impacts of climate change but change needs to occur at all levels: government, health system and individual. Doctors and the institutions that train them are well positioned to understand the impact of health on Climate change, find positive solutions and take action to mitigate the impact of climate change.

1. **Climate change is a major health issue, especially for groups experiencing disadvantage.**

Climate change affects all areas of health – including but not limited to nutrition, respiratory diseases, infectious diseases, Non-Communicable Diseases, heat/cold-related stress, mental illness, and physical injury. Climate action and mitigation has the potential to improve health outcomes and equity resulting in significant cost savings to health, and increasing commitment to Te Tiriti O Waitangi.

The direct and indirect health effects of climate change have a greater impact on vulnerable populations already suffering health inequities in New Zealand – children, the elderly, low-income, Māori and Pacifica populations, and people living with disabilities or mental illness[2], acute or chronic illnesses. For example,

[1] Tackling climate change: the greatest opportunity for global health. www.thelancet.com Vol 386, November 7, 2015.

[2] 3 Climate change and psychiatry. Suzanna Every-Palmer, Sam McBride, Helen Berry, and David Menkes. Australian & New Zealand Journal of Psychiatry, 2016, Vol. 50 (1) 16-18.

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Māori have inequitably higher burdens of diseases exacerbated by climate impact, such as cardiovascular and respiratory illness, asthma, and allergic diseases.

2. **Climate change measures should focus on bringing substantial co-benefits to health outcomes.**

Climate action that prioritises health equity has significant potential to improve health outcomes across all the major climate-polluting sectors (agriculture, energy production, household energy, transport, and industry). For example, retrofitting insulation to make homes warm and dry is likely to reduce childhood asthma and chest infections - a leading cause of hospital admissions, particularly for Māori and Pacifica children.[3]

3. **Our health system and policies can contribute positively to reducing the impacts of climate change.**

Because of its scale and large infrastructure assets, the health sector can make a positive contribution toward reducing Aotearoa carbon emissions. The Global Syndemic of Obesity, Undernutrition and Climate Change: The *Lancet* Commission report has developed a Policy Brief for national and municipal governments, civil society, funders, businesses, and international agencies. [4] As the brief highlights health gains achieved over the past 50 years could be reversed over the next 50 years due to the consequences of climate change.

[3] Health Sector Zero Carbon Bill Submission Guide, Ora Taiao NZ Climate & Health Council, July 2018 www.orataiao.org.nz
[4] Available from https://www.thelancet.com/commissions/global-syndemic

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Climate, health, and equity are inseparable. Goals that CMC Colleges are advocating for include:

- CMC supports the ten policy recommendations developed by the 2015 *Lancet* Commission and, in particular, the first four recommendations which could be implemented in New Zealand in the next five years, through:[5]
  - Investing in climate and public health research and monitoring to ensure a better understanding of the adaption needs and the potential health co-benefits of climate mitigation at local and national levels.
  - Scaling up financing for climate resilient health systems that will reduce the impacts of climate change on human well-being and will support adaptation.
  - Protecting cardiovascular and respiratory health by targeting air pollution from the transport, agriculture, and energy sectors, with the aim of reducing the health burden of particulate matter and short-lived climate pollutants
  - Advocating for a rapid transition in the investments, structures and systems needed to support a zero-carbon society that will be healthy for the individual and for the planet.
- Advocacy for cross-Government action on climate, health and wellbeing strategies
  - A rapid, whole-of-society, transition to a net-zero GHG-emitting nation, which is based in Te Tiriti o Waitangi and designed to make the most of opportunities for health and creating a fairer society.
  - New Zealand to demonstrate leadership in promoting effective and fair global action to reduce GHG emissions – particularly in protecting health in the climate-vulnerable Pacific region.
  - Embedding Indigenous knowledge and leadership (Mātauranga Māori and Rangatiratanga) into all climate health policy and action
- Mitigating the impact of the health system on climate change by moving towards a sustainable health system.
  - Health sector planning to prepare for the locked-in health impacts of climate change, and rapidly adapting to a net-zero emissions future, with measures that prioritise and protect groups likely to be most significantly affected - Māori, Pacific peoples, children, elderly, and low income people.
  - A national emissions reduction target of net zero greenhouse gas emissions by 2040. Different gases have different roles in this target, consistent with IPCC evidence about the role of long- and short-lived gases in the atmosphere and ocean and in achieving substantial reductions in the crucial next decade. This target needs to be accompanied by robust interim targets and emissions budgets that fairly share the global emissions budget, with transparent, responsive monitoring of progress.
  - GHG emissions to be a key performance indicator for health sector organisations.
  - Colleges – and all health sector organisations –urgently seek to divest from fossil fuel and de-carbonise their activities, including: reducing air travel wherever possible. Where not possible, that flights are made by full carbon offset of travel.

[5] Available from http://www.thelancet.com/commissions/climate-change-2015

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