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MEDICAL SCIENCES COUNCIL

RESPONSIBLE AUTHORITY PERFORMANCE REVIEW REPORT SUBMISSION

The final report for this responsible authority's review is submitted to the Ministry of Health and the review was completed as below.

AUTHORITY NAME	Medical Sciences Council
DATE OF REVIEW	5 March 2026
FINAL REPORT DATE	5 May 2026

Review Team		
Name	Role	Background
Donna Gordon	Lead Reviewer	Qualified and experienced lead assessor and Registered Nurse.
Richard Tankersley	Bi-Cultural Reviewer	Qualified and experienced assessor. Works in a cultural capacity with the Medical Council.

Stakeholder interviews	
Name/role/de-identified	comments
Mrs S- CEO	In our experience the MSCNZ have been very slow to respond to our members. We regularly receive queries from our members who cannot get hold of anyone at the MSCNZ. Even though there has been an overhaul of the MSC website, some material is very outdated, and material is difficult to find. For example, the latest information on Approval of Recertification Programmes is dated November 2009 (and states that CPD Programmes may not be run by employers, however the MSC have approved an employer led CPD programme for technicians). In addition, the current review of the "Scopes of Practice" information and submission document is not immediately visible in the MSCNZ website. We believe that the profession of Medical Laboratory Science is poorly represented by this RA.
Mrs S- Lecturer	The Medical Sciences Council of New Zealand (MSCNZ) serves as the regulatory authority responsible for accrediting the Bachelor of Medical Laboratory Science and the Graduate Diploma in Science (for Medical Laboratory Scientist registration) programmes at Auckland University of Technology. Ongoing oversight of these programmes is maintained through the submission and review of annual reports. I find them easy to contact and happy with their communication. The team are easy to work with.

Name/role/de-identified	comments
Mr T - Scientist	Recently I have not had issues contacting the RA office, and they have been helpful dealing with requests, however that has not always been the case. My concern with the RA is their representation on their council. None of these representatives work in technical areas of Pathology, which I believe is a shortcoming of the organisation when trying to consider the best approach for its regulation. The MSC does have regular meetings with professional stakeholders, but when action points are established from these meetings nothing seems to happen or no feedback is given. The MSC provides a means to assess the academic standard of overseas qualified individuals who may want to get registered in New Zealand as a Medical Laboratory Scientist. This is done by way of an online, multichoice exam, for which the individual may sit multiple times if they fail. The MSC should ensure all practitioners are engaged in an independent CPD program and are completing the appropriate requirements of that program.
Mrs M - HOD	MSC provides oversight to the University programme to ensure the programme is managed in accordance with regulated accreditation policy. I work closely with MSC to ensure our monitoring requirements are current and recorded, that any programme changes are appropriately documented, and, where required, discussed with the relevant personnel. When challenges arise, we might sometimes seek guidance and support from MSC on how these should be managed. I have direct email contact details for RA staff, and responses are usually prompt. To date, I have not experienced any difficulties in contacting RA staff. We would welcome more regular scheduled meetings with the registrar/deputy registrar and/or education advisor. While this is not currently in place, having a biannual meeting to discuss any emerging issues or provide updates would be beneficial. The RA is extremely supportive of our programme. The sector has faced challenges with the transition from an apprenticeship model to a degree-based qualification, and throughout this process MSC has been a strong advocate of the programme, providing excellent support and guidance when needed.
Mrs T- Professor	The MSC play an important role in supporting qualifications towards future registered Health Professionals. They make valuable recommendations to improve education and are useful for aiding education providers to access additional resources from their tertiary institution. Ultimately, this improves the quality of the education and suitability of graduates to the profession they will be working in, the ability to work with other health professionals, and the public that they serve. The MSC play an important role in ensuring the Medical Laboratory Science programmes are keeping up with the changing needs of laboratory medicine, how we are contributing to the appropriate standards and contributing to Treaty principles. Each year we provide an annual report related to student outcomes, numbers, and ethnicity, new staff, and current staffing, and progress towards the previous ongoing monitoring report. We also complete an ongoing monitoring report (self assessment relative to the standard and provide evidence). Communication has recently improved considerably, and I am now confident if I contact the RA I will get a response, or a timeline for a response. Ideally the education providers and associated RA should be working together to provide the best outcome for the New Zealand public (both in the competency of graduates, and ensuring training is cost-effective and future proofed). In recent times, the Medical Sciences Council have made considerable improvements and we now have a much better relationship with the MSC.

	Additional improvements include, personnel from the MSC visiting Medical Laboratory Science staff at the University, which improves opportunities for collaborative approaches. The MSC have also provided presentations to students, which helps to put a face to the entity that we keep referring to during their education. Hiring personnel familiar with Medical Laboratory Science professional practice and education (as done in other countries where Medical Laboratory Scientists (or equivalent titles) are registered). The MSC could improve their consultation with the education providers, as other RAs do before decisions are made that affect how qualifications would be valued.
Ms A - Scientist graduate	I recently graduated with a Perioperative Practitioners degree. Therefore, RA have helped me through my registrations. I will say it was very easy to contact them, upon calling the phone was answered in less than 5 minutes. And the person helped me throughout while staying on call. Overall, I think the RA team do a great job supporting practitioners.
Mrs R- practitioner	The Responsible Authority sets standards and manages registration. They ensure practitioners remain competent and meet requirements. This provides oversight for safe practice, though direct support is limited. It is generally easy to contact RA staff. They are accessible by email mostly but I also prefer phone for better understanding and communication, still I would say email responses are usually timely and helpful. The RA could improve communication with practitioners. More timely responses and clearer guidance would help. Greater support and engagement would be beneficial. The RA plays an important role in maintaining professional standards. Processes are generally clear and easy to follow. Continuing to streamline systems would further improve efficiency.

Responsible Authority Core Performance Standards Review Report

Authority Name	Te Kaunihera Pūtaiao Hauora o Aotearoa Medical Sciences Council
Date of Review Report	5 March 2026
Name of reviewing Designated Auditing Agency	BSI New Zealand

Executive Summary

Background

The Medical Sciences Secretariat Limited NZ (MSS) is the company that manages the delivery of regulatory services across Te Kaunihera Pūtaiao Hauora o Aotearoa | the Medical Sciences Council (the Council) and the Medical Radiation Technologists Board (the Board). The Council and the Board are shareholders and owners of MSS. There is a service level agreement between the MSS Board and the Council which is reviewed annually. Council members who are appointed to the MSS Board of Directors are given additional education to support them in their role as directors.

During 2025 there was investment in Council development. Members have undertaken education activities including on the Health Practitioners Competence Assurance Act 2003 (the HPCA Act), on Kotahitanga – principles of Māori Governance and have attended a recent international professional regulation conference – held in Wellington. The Council is aware of proposed changes to the HPCA Act and has been an active participant in meetings held. The Council has reviewed its policy and practice around its own governance.

Initial orientation for Council members occurs before the first meeting and then targeted education occurs when available. The required ‘Introduction to the Act’ education is provided by a legal firm that specialises in health regulation. In 2026, the Registrar intends to provide education around principles of administrative law, for example, natural justice.

The review

In 2021 the Council undertook its first Ministry-mandated performance review. The Council is the responsible authority mandated under the HPCA Act to regulate the Medical Laboratory Science and Anaesthetic Technician professions. The Council is a multi-profession regulator and regulates approximately 5,000 practitioners – Anaesthetic Technicians: 1,037; Medical Laboratory Sciences: 4,022.

The Council comprises eight members – five practitioners and three lay members. Practitioner members are from both professions regulated by the Council. There have been several appointments to the Council since the last performance review,

with three new appointments occurring in mid-2025. Comments were made in the 2021 report regarding a change in composition of the Council membership. This has not been formalised, however in the last round of appointments an additional lay person joined the Council, replacing one of the scientist positions.

The Council employs no staff – MSS employs all staff,¹ and it currently has 27 staff members. Most staff work according to distinct functions across both the Council and the MRTB, however, the Education Advisor (who is a Medical Laboratory Scientist) is employed on Council matters only. Having staff work across both responsible authorities enables consistency in the application of policies and procedures, and in the provision of corporate functions (Finance, IT, HR, Communications, Regulation, Quality and Assurance).

The Council has seven scopes of practice including three provisional scopes (Medical Laboratory Science). The anaesthetic technician profession has one scope of practice which was last reviewed and gazetted in January 2025. The prescribed qualifications are part of the Gazette notice. The competencies for the Anaesthetic Technicians were reviewed late 2024 and came into effect April 2025.

The Medical Laboratory Science profession has six scopes of practice, three of which lead to ‘provisional registration’ and then on to ‘full registration.’² The Medical Laboratory Science scope of practice review is currently at the consultation stage. The last gazette notice on scopes of practice was December 2019 and included prescribed qualifications for each scope. The competence standards for the Medical Laboratory Science profession were last reviewed November 2018.

Since the previous review there has been a change in the number of accredited programmes leading to registration for Medical Laboratory Science; one provider has ceased delivering a programme, and two providers have had new or revised programmes accredited. Programmes are not accredited for a defined period. For the Medical Laboratory Technician scope of practice, the qualification that enables entry to the register is provided by a professional association. They also provide one of the qualifications that enables entry to the medical laboratory pre-analytical technician scope of practice. This differs from typical practice.

¹ The MSS/ the Secretariat is a limited liability company that provides regulatory services on behalf of the Council. The Council is a 50% shareholder in the Secretariat - a company that it jointly owns with the Medical Radiation Technologists Board (MRTB), another responsible authority. The Secretariat is subject to the Companies Act 1993 and is governed by a six-member Board of Directors, with half of the Board of Directors appointed by and from the Council. The MSS Board of Directors is responsible for the employment of a Chief Executive who manages the company. The company employs all secretariat staff. MSS provides the Council with integrated business and advisory services, encompassing both regulatory and corporate functions. Staff work across both responsible authorities except for the two staff employed in an education advisory role for each RA – with one Education Advisor working for the Council only.

² The Medical Laboratory Science profession’s scopes of practice: Medical Laboratory Science (full), Medical Laboratory Science (provisional), Medical Laboratory Technician (full), Medical Laboratory Technician (provisional), Medical Laboratory – Pre Analytical Technician (full), Medical Laboratory – Pre Analytical Technician (provisional). All applicants for registration in the medical laboratory science profession are initially entered onto the register as provisional registration. After completing an initial period in practice, and with the approval of their supervisor, registration is changed to full. Medical Laboratory Technicians and Medical Laboratory Pre-Analytical Technicians are registered as health practitioners with the requirement to work under the delegation of another health practitioner.

The accreditation standards (June 2020) are on the 2026 Council work programme, noting the initial review is underway for the anaesthetic technician profession. It was acknowledged that the Medical Laboratory Science profession will also require a period of consultation prior to finalising their accreditation standards. The Council undertakes annual monitoring of accredited programmes (see recommendation 1). Providers are required to submit an annual report to the Council, with each year focussing on a particular aspect of the standards. However, this approach does not provide assurance that all accreditation standards are consistently met across programmes over time. The review team recommends that a framework be implemented that provides assurance that all accreditation standards are consistently being met.

The Medical Laboratory Science profession scopes of practice and prescribed qualifications were last gazetted December 2019 ([MLS Gazette Notice 2019](#)). The Medical Laboratory Science revised scopes of practice are currently out for consultation. The last scope of practice consultation was undertaken in 2022 however the review was paused prior to finalisation. The competence standards for the profession were last reviewed 2018, and the accreditation standards in 2020. Taken together, this indicates that key regulatory components are not fully aligned or up to date. (See recommendation 2).

A new practitioner database has been implemented in 2025 that has seen improved reporting functionality to the Council. There is a public register accessible on the Council's website that includes the scope/s of practice in which the individual is registered, and practising certificate status. In the case of the Medical Laboratory Science professionals, it is noted that where an individual is registered in more than one scope, it is unclear in which scope the practitioner holds a practising certificate. This limits transparency for the public and employers and reduces the effectiveness of the register as a public assurance mechanism. (See recommendation 3).

There is a team of regulation advisors (5.2 FTE) working with applicants to progress registration. An education advisor position was created in 2024 and makes recommendations regarding registration for the Medical Laboratory Science scope of practice. Where there is uncertainty around education and practice the Council may require completion of an online examination. All professions are required to complete a period of supervision to verify competence. Declarations are incorporated into the registration and practising certificate renewal process (sighted). There is a recertification framework in place that audits up to 40% of practitioners biennially. Reflective practice statements are included in the recertification requirements.

There is information on the Council's website around making notifications / complaints about practitioners. The website refers people to the Nationwide Advocacy Service for advice. There has been a recent increase in the number of self-notifications that occur during the practising certificate renewal period. Notifications and/or complaints are overseen by a professional standards committee (PSC) comprising lay and practitioner members of the Council. The PSC has delegated authority to undertake actions and referrals as required. The PSC is overseen by the Registrar and administered by a professional standards advisor. Risk of harm and serious risk of harm thresholds are discussed in the relevant Notifications Policy and definitions of both terms are included. Policy is available on

the website. The Council implemented a naming practitioner policy in 2021, and this was reviewed and updated in 2024 (consultation provided). The decision on naming a practitioner is made on a case-by-case basis, but the policy sets out a clear framework for decision making.

Te Ama Tōtika is the Council's Māori practitioner advisory committee. Te Ama Tōtika supports the Council in ensuring strategies are implemented to support the principles of equity and Te Tiriti o Waitangi being embedded into functions. Te Ara Whakamua (action plan) puts timeframes against key actions to monitor progress. Te Ama Tōtika is consulted on key documents prior to going out for consultation and members are part of advisory groups for the Council. Te Ama Tōtika works with the Council to support the development of practice. The Council is currently seeking advice from the rūpū around implementation of Te Ara Whakamua - an action plan that will see the implementation of strategies ensuring the principles of equity and Te Tiriti o Waitangi are embedded in its functions

The Council is cognisant of the environment in which it operates and is an active participant in joint regulatory authority meetings. Examples were provided where the Council collaborated on projects such as putting patients first and development of a joint statement on interprofessional education and collaborative practice. Through interviews the Council demonstrated a sound understanding of their purpose with the aim to continue to be a responsive, future-focused and risk-based regulator.

Recommendations

This review has identified three low risk recommendations against the core performance standards for the Medical Sciences Council's attention:

Section 118 a)

1. Annual monitoring reports are required to be submitted which focus on a subset of the relevant standards. It is recommended that there is an accreditation framework in place that provides assurance that all accreditation standards are consistently being met by education providers. This applies to both regulated professions.
2. The Medical Laboratory Science scopes of practice are currently out for consultation. The last scope of practice consultation was undertaken in 2022; however, it was paused prior to finalisation. The competence standards for the profession were last reviewed 2018, and the accreditation standards in 2020. It is recommended that this work be prioritised so that the Medical Laboratory Science scopes of practice, competence standards, and accreditation standards are current and aligned, and the intent of the HPCA Act is met.

Section 118 b)

3. It is recommended that the public-facing register is formatted so that it clearly identifies the scope(s) in which a practitioner holds a current practising certificate. This applies to the Medical Laboratory Science professions.

Functions under section 118 HPCA Act 2003 and their related core performance standards

Purpose and requirements

Responsible Authorities are designated under the Health Practitioners Competence Assurance Act 2003 (the Act) to fulfil certain functions. An amendment in 2019 to the Act adding section 122A, required a performance review of all Responsible Authorities be conducted within three years of enactment, with subsequent reviews conducted at intervals of no more than five years. The Ministry of Health (the Ministry) is responsible for the facilitation of these reviews.

Performance reviews provide assurance to the Crown and the public that responsible authorities are performing their functions efficiently and effectively. This includes the assurance that: the responsible authorities are carrying out their required functions in the interests of public safety, their activities focus on protecting the public without being compromised by professional self-interest, and their overall performance supports high public confidence in the regulatory system.

Performance reviews will assess a responsible authority's performance against the full set of *Core Performance Standards*. These standards are aligned with the functions under section 118 of the HPCA Act. The Ministry may require review of additional aspects of Responsible Authorities' performance.

Risk management

Identify the degree of risk to patient safety and/or public confidence that is associated with the level of attainment the responsible authority achieves for each criterion. Review the 'risk' in relation to its possible impact based on the consequence and likelihood of harm occurring if the responsible authority does not fully attain the criterion. Use the risk management matrix when the audit result for any criterion is partially attained or unattained.

To use the risk management matrix, you need to:

1. consider what consequences for consumer safety might follow from the responsible authority achieving partially attained or unattained for a criterion, within a range from extreme/actual harm to negligible risk of harm occurring
2. consider how likely it is that this adverse event will occur due to the provider achieving partially attained or unattained for a criterion, within a range from being almost certain to occur to rare
3. plot the findings on the risk assessment matrix to identify the level of risk, and prioritise risks in relation to severity
4. approve the appropriate action the provider must take to eliminate or minimise risk within the timeframe. Note that timeframes are set based on full resolution of the requirement, which may include a systems change or staff training programme. Anything requiring urgent attention is identified in the report, along with any longer timeframe needed to make sustainable change.

The Risk management matrix uses a probability versus impact quadrant with the following risk categories: low, low-med, medium and high.

Function 1: Section 118a) To prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
1.1	The RA has defined clear and coherent competencies for each scope of practice	Anaesthetic Technicians The Council has one scope of practice for the profession of Anaesthetic Technology, last gazetted 22 January 2025 (Gazette notice Jan 2025). Competencies for the Anaesthetic Technicians were last reviewed late 2024: <i>Competence standards for Anaesthetic Technicians in Aotearoa New Zealand Effective 1 April 2025</i>. Medical Laboratory Science The Council has defined six scopes of practice: • Medical Laboratory Science (full) • Medical Laboratory Science (provisional) • Medical Laboratory Technician (full) • Medical Laboratory Technician (provisional) • Medical Laboratory – Pre Analytical Technician (full) • Medical Laboratory – Pre Analytical Technician (provisional). Competence standards for Medical Laboratory Science practitioners in Aotearoa New Zealand guide practice and were last reviewed November 2018.	FA		See finding below recommending progression of the review of the Medical Laboratory Science scopes of practice, competence standards, and accreditation standards.	
1.2	The RA has prescribed qualifications aligned to those competencies for each scope of practice	The Council has prescribed qualifications for each scope of practice. Anaesthetic Technicians The qualification for the scope of Anaesthetic Technicians for NZ graduates is a Bachelor of Health Science in Perioperative Practice or, for overseas practitioners, a qualification assessed by the Council as equivalent to, or as satisfactory as, the prescribed NZ qualification, or a Bachelor's or Post Graduate degree in a discipline assessed as relevant by the Council and appropriate relevant clinical experience as determined by the Council and	FA		See finding below recommending progression of the review of the Medical Laboratory Science scopes of practice, competence standards, and accreditation standards.	

Function 1: Section 118a) To prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
		successful completion of an examination for Anaesthetic Technicians set by the Council. The gazette notice is dated 22 January 2025 (Gazette notice Jan 2025). The consultation process for the Anaesthetic Technicians' scope of practice and competence standards review was provided. Medical Laboratory Science Under the scopes of practice for Medical Laboratory Scientist are several disciplines or areas in which the scientist may practice. NZ programme graduates do not have restrictions on their practice; however, internationally qualified graduates may have restrictions limiting their areas of practice. All applicants for registration in the Medical Laboratory Science profession are initially entered onto the register as provisional registration. After completing an initial period in practice, and with the approval of their supervisor, registration is changed to full. Medical Laboratory Technicians and Medical Laboratory Pre-Analytical Technicians are registered as health practitioners in their own right; there is a requirement currently for them to work under the direction of another health practitioner The Council has prescribed the qualifications for the scopes of practice for the Medical Laboratory Science profession. These form part of the Gazette Notice 2019. The purpose and use of the provisional scopes is included as part of the review which was out for consultation at the time of audit.				
1.3	The RA has timely, proportionate, and transparent accreditation and monitoring mechanisms to assure itself that the education providers and programmes it accredits deliver	Since the previous review there has been a change in the number of programmes leading to registration with Massey University ceasing delivery, and new or revised programmes accredited for Auckland University of Technology and the University of Otago. To be accredited, providers must demonstrate that their programmes meet the Council's accreditation standards, as set out in the <i>Policy and Guidelines</i>:	PA	Low	It is recommended that there is an accreditation framework in place that provides assurance that all accreditation standards are	

Function 1: Section 118a) To prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
	graduates who are competent to practise the relevant profession	<i>Accreditation of prescribed New Zealand qualifications (June 2020) and the Policy and Guidelines: Accreditation of prescribed New Zealand qualifications (non-Tertiary Education Providers).</i> The Council undertakes annual monitoring of accredited programmes with providers required to submit reports each year focussing on a subset of the standards. Programmes are not accredited for a defined period. However, the current approach to monitoring and accreditation does not provide assurance that all accreditation standards are consistently met across programmes over time. This limits the Council's ability to systematically verify ongoing compliance with accreditation requirements. Anaesthetic Technicians A review of the accreditation standards is currently underway as part of the 2026 Council work programme. The initial context will be the anaesthetic technician profession. This was discussed during the review and it was acknowledged the Medical Laboratory Science profession will also require a period of consultation in respect of accreditation standards for their programmes of education. It is the Council's intention to have standards for each profession. Medical Laboratory Science The Council has prescribed qualifications leading to registration as a Medical Laboratory Technician or Medical Laboratory Pre-Analytical Technician. These programmes are an apprenticeship model where "trainees are employed by a laboratory. The qualification providing the minimum requirements for entry to the register are predominantly provided by a professional association. There is one programme of education that is provided by Ara that enables entry to the register as an MLPAT. This arrangement is acknowledged by both the MSS and the Council members as not typical practice for provision of accredited education. The review of accreditation standards is interdependent with the review of the Medical Laboratory Science scopes of practice and competence standards.			consistently being met by education providers (both professions).	

Function 1: Section 118a) To prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
		Delays in progressing this work limit alignment across these core regulatory settings (see finding under section 1.5).				
1.4	The RA takes appropriate actions where concerns are identified	The Council undertakes annual monitoring of accredited programmes. Providers are required to submit an annual report to the Council, with each year focussing on a particular aspect. If concerns are raised as part of the monitoring process the Council can seek additional information and can impose conditions or remove accreditation of the programme.	FA			
1.5	Reviews prescribed qualifications and scopes of practice (at minimum of once every five years)	Anaesthetic Technicians Consultation on the Anaesthetic Technician scope of practice and competence standards review was undertaken in August 2024 with the amended gazette notice dated 22 January 2025. Medical Laboratory Science Medical Laboratory Science professions' scopes of practice and prescribed qualifications were last gazetted in December 2019 (MLS Gazette Notice 2019). The competence standards for the profession were last reviewed in 2018, and the accreditation standards in 2020. A scope of practice consultation was undertaken in 2022; however, this was paused prior to finalisation. The Medical Laboratory Science scopes of practice are currently out for consultation. Further work on the scopes of practice and associated competence standards is planned for 2026. This will include consideration of the purpose and use of the provisional scopes of practice, risks and benefits to merging the medical laboratory technician and medical laboratory pre-analytical technician scopes and reviewing the purpose of direction for the technician scopes. Taken together, this indicates that key regulatory components – scopes of practice, competence standards, and accreditation standards – are not currently	PA	Low	It is recommended that the Council prioritise completion of the review of the Medical Laboratory Science scopes of practice, competence standards, and accreditation standards to ensure these core regulatory components are current and aligned, and that the intent of the Act is met.	180 days

Function 1: Section 118a) To prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
		aligned or up to date, limiting the Council's ability to ensure practice requirements remain current and coherent.				

Function 2: Section 118b) To authorise the registration of health practitioners under this Act, and to maintain registers.

Section 118c) To consider applications for annual practising certificates

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
2.1	The RA maintains and publishes an accessible, accurate register of registrants (including, where permitted, any conditions on their practice)	The Council has upgraded the platform on which it maintains its Register. The Council uses a salesforce database (VELMA) to maintain, manage and process all its practitioner information. The Council has a document: <i>Registration and recertification procedures manual 2026</i>; and document: <i>Managing registers</i> policy to support management of the register. The register is available on the website. Conditions on practice are listed on the Register except those that relate to matters regarding the health of a practitioner. In this instance a generic phrase like 'contact the Council for conditions' is published on the website – example sighted. Regulation staff do not have access to the reason for conditions such as these. Questions regarding practitioners under any process, are referred to a dedicated staff member. Medical Laboratory Science A practising certificate is issued for each scope the practitioner is registered and practising in. Review of the register noted that where an individual is registered in more than one scope, it is unclear which scope the practitioner holds a practising certificate in. Medical Laboratory Science Registration Date Registered: 18/09/2004 Regulatory Authority: Medical Sciences Council Registration Status: Registered Practising Certificate Status: Practising (certificate expires 31 Mar 2026) Scopes of Practice: - Medical Laboratory Technician (Approved: 18/09/2004) - Medical Laboratory Scientist (Approved: 11/12/2008)	PA	Low	It is recommended that the public-facing register is formatted so that it clearly identifies the scope(s) in which a practitioner holds a current practising certificate (Medical Laboratory Science).	120 days

Function 2: Section 118b) To authorise the registration of health practitioners under this Act, and to maintain registers.

Section 118c) To consider applications for annual practising certificates

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
		This limits the ability of the public and employers to clearly understand a practitioner's authorised scope of practice and reduces the effectiveness of the register as a public assurance mechanism.				
2.2	The RA has clear, transparent, and timely mechanisms to consider applications and to: a) Register applicants who meet all statutory requirements for registration	The registration policy guides applications for registration. In 2023 a Deputy Registrar role was created to manage a team of regulation advisors (5.2 FTE) who liaise with the applicant regarding their application including requesting any additional information that may be required. The advisor reviews the information, including completing a qualification assessment, when required. The Council may decide to offer a candidate for registration an online examination. A pass in this examination enables the candidate to progress with their application for registration. Examinations are available for both professions, however, within the science profession only the Medical Laboratory Science scope has an examination. The Council no longer offers practical examinations. The average time for the Council to process an application to registration once all information has been received depends on the application type. This is five days for an applicant with an accredited qualification, 15 days for a NZ non-accredited qualification and 21 days for an international qualification. – Anaesthetic Technicians Questions regarding the registration of anaesthetic technician applications are forwarded to professional members of the Council for review. Medical Laboratory Science An education advisor position was created in 2024. The position reviews non-standard applications for registration and makes recommendations for registration for the Medical Laboratory Science scope of practice. This is a change in practice as historically this work	FA			

Function 2: Section 118b) To authorise the registration of health practitioners under this Act, and to maintain registers.

Section 118c) To consider applications for annual practising certificates

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
		was referred to members of the Council for assessment and completion. A review of applicant/s through the registration database was undertaken. A library of qualifications is being built to support processing of international applicants. Overseas applications Overseas qualified applicants are subject to an assessment undertaken by the regulation advisor team and education advisors within the Medical Sciences Secretariat. The Council is undertaking a review of its pathways to registration to consider ways of streamlining the process.				
	b) Issue practising certificates to applicants in a timely manner	Registration cycle: 1 April to 31 March the following year. An APC may be issued for a part of the relevant twelve-month period. APCs must be renewed before 1 April each year. The website states if the practitioner has not renewed their APC by 1 April, it's an offence to practise. With the new database auto-APC functionality has enabled a risk-based approach to issue an APC. During the 2026-2027 practising certificate renewal round 93% of applications were auto-approved which means all criteria were met by the applicant and the certificate was issued at that time. Where an application required review by a staff member, the median time to process was 1.84-2.67 days. The application process was demonstrated during the review visit.	FA			
	c) Manage any requests for reviews of decisions made under delegation	The Registration policy states registration applicants who provide evidence that they may not meet any of the fitness to practise considerations are referred to the Council's Registration and Recertification Committee. This process has changed and these are now referred to the Deputy Registrar.	FA			

Function 2: Section 118b) To authorise the registration of health practitioners under this Act, and to maintain registers.

Section 118c) To consider applications for annual practising certificates

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
		No request for review has been received by the Council since the previous review (as per interview).				

Function 3: Section 118d) To review and promote the competence of health practitioners.

Section 118e) To recognise, accredit, and set programmes to ensure the ongoing competence of health practitioners.

Section 118k) To promote education and training in the profession

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
3.1	The RA has proportionate, appropriate, transparent, and standards-based mechanisms to: a) Assure itself that applicants seeking registration or the issuing of a practising certificate meet, and are actively maintaining, the required standard	The Council has policies in place to guide practice – <i>Anaesthetic Technician Registration policy (April 2025)</i>, <i>Medical Laboratory Science Registration policy (April 2025)</i>. The Council has a risk and standards-based approach to the demonstration of competence. The Council uses the application of conditions to restrict some practitioners to certain areas of practice, e.g. may only work in embryology (sighted). The Council may also require practitioners to practise with a period of supervision when they are initially entered onto the Register. The Council has defined supervision and the level of oversight required. In 2025 the Council introduced a new requirement for the supervision of newly qualified Anaesthetic Technicians entering the workforce. The requirement was introduced as a recertification programme for all new graduates. A requirement of the programme is that practitioners meet with the new graduate and develop a plan for integration into the workforce. Supervisors are to report to the Council regarding the new graduate. AT supervisors are required to complete online education modules to support them in their role. All new practitioners in the Medical Laboratory Science profession are registered in a provisional scope (see above). A period of supervision is put in place and once competence is verified, registration changes from provisional to full. The Council is currently consulting on the removal of this registration pathway, noting that other mechanisms within the Act can be used to require newly qualified, or practitioners new to practise in Aotearoa New Zealand, to work under a period of supervision.	FA			
	b) Review a health practitioner's competence and practice against	As part of their application for practising certificates, all practitioners are required to make declarations around their competence to practise. This	FA			

Function 3: Section 118d) To review and promote the competence of health practitioners.

Section 118e) To recognise, accredit, and set programmes to ensure the ongoing competence of health practitioners.

Section 118k) To promote education and training in the profession

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	the required standard of competence	includes complying with conditions on the scope of practice, the recertification requirements set by the Council, and that they have met the CPD requirements. There are prescribed pathways for internationally qualified professionals, these include qualifications equivalence and satisfactory relevance as well as relevant experience. In some situations, practitioners may be referred to sit a knowledge examination. This is run by MSS), The Council has a recertification programme that all practitioners must engage in which is a two-yearly cycle of professional development. Activities are self-managed by practitioners who complete education that they identify as being of relevance to their practice, noting the differences below. Compliance is generally high with most practitioners meeting the requirements of the recertification policy. When, and if, required the Council follows section 43 of the Act. Anaesthetic Technicians Anaesthetic Technicians are not required to be enrolled in a formal programme but are expected to engage in ongoing professional development. The Council audits a proportion of practitioners every two years. Medical Laboratory Science Those registered in the Medical Laboratory Science profession must be enrolled in a formal CPD programme provided by an approved provider. The requirements for hours of professional development that practitioners need to complete differs between the different scopes of				

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	c) Improve and remediate the competence of practitioners found to be below the required standard d) Promote the competence of health practitioners	practice with Medical Laboratory Scientists' requirements being greater than those required for technicians and pre-analytical technicians.				
		No instances of remedial action required (see above).				
		Notifications regarding competence are relatively few, with only a small number being received annually. Processes exist to enable competence reviews to be completed that assess practice against the competence standards for the respective profession and scope. At the time of this report there are four (4) open competence cases, with seven having been received in the 2025-2026 practising year.	FA			

Function 4: Section 118f) To receive information from any person about the practice, conduct, or competence of health practitioners and, if it is appropriate to do so, act on that information.

Section 118g) To notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public.

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
4.1	The RA has appropriate, timely, transparent, fair, and proportionate mechanisms for:	Work continues via the MSS communications lead to ensure that the process of raising a concern about a health professional is readily accessible. Updates have been made to the website to support this (sighted).	FA			
	a) Providing clear, easily accessible public information about how to raise concerns or make a notification about a health practitioner b) Identifying and responding in a timely way to any complaint or notification about a health practitioner	The Council website refers people to the Health and Disability Commissioner (HDC) advising that if a complaint is made to the Council, HDC is notified. In 2025 a memorandum of understanding was signed between the HDC and the Council that clearly describes roles, and responsibilities and communication pathways. This is a positive change that provides clarity to all parties. The Council receives a moderate number of complaints and notifications which can be quite complex. There has been a recent increase in the number of notifications brought to the Council's attention, many relate to fitness to practise notified at the time of renewal. These are mostly managed by the Registrar and Professional Standards Advisor using a risk-based approach. At the time of writing this report there were a total of 10 open cases that cover competence, health, and conduct. There has been a total of 38 matters brought to the Council's attention over the 2025-26 practising year. A professional standards committee (PSC) (terms of reference sighted) oversees the management of complaints and notifications. The PSC consists of members of the Council and includes both lay and practitioner members from both professions. In the first instance the PSC acts as the triage body for new complaints and notifications, identifying if they are competence, conduct or health related.	FA			

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		The PSC has delegated authority from the Council to undertake actions and make referrals as required. The Council is provided with a high-level summary of PSC activities at its meetings. If a decision needs to be made that requires the whole Council to act, then this occurs via a Teams meeting.				
	c) Considering information related to a health practitioner's conduct or the safety of the practitioner's practice	The PSC triages (as above) and determines if the matter is competence, conduct, or health related. The PSC are overseen by the registrar and administered via a professional standards advisor. The advisor is a dedicated role with the staff member being a conduit between the practitioner, the PSC, and other individuals involved in the process. Decisions regarding referrals to the HDC, etc - when a practitioner's practice may pose a risk of harm - are decided by the PSC and/or the registrar and actioned by the advisor.	FA			
	d) Ensuring all parties to a complaint are supported to fully inform the authority's consideration process	There is a notifications policy that covers all aspects of professional standards work. The approach to matters related to fitness to practise continues to be supportive and focused on enabling the practitioner to return or remain at work when able.	FA			
	e) Enabling action, such as informing appropriate parties (including those specified in section 118(g)) that a practitioner may pose a risk of harm to the public	In 2025 a memorandum of understanding was signed between the HDC and the Council that clearly describes roles and responsibilities and communication pathways. This is a positive change that provides clarity to all parties. The Council implemented a naming practitioner policy in 2021, and this was reviewed and updated in 2024 (consultation provided).	FA			

Function 4: Section 118f) To receive information from any person about the practice, conduct, or competence of health practitioners and, if it is appropriate to do so, act on that information.

Section 118g) To notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public.

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	<i>NB: 118 g) To notify employers, the ACC, the Director General of Health, and the HDC that the practice of a health practitioner may pose a risk of harm to the public</i>	Risk of harm and serious risk of harm thresholds are discussed in the Notifications Policy and definitions of both terms are included. Policy is available on the website. Since the previous review there has been one notification to the Ministry of Health, and no notifications made to (or received from) the Health and Disability Commissioner or the Accident Compensation Corporation.				

Function 5: Section 118h) To consider the cases of health practitioners who may be unable to perform the functions required for the practice of the profession.

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
5.1	The RA has clear and transparent mechanisms to: a) Receive, review, and make decisions regarding notifications about health practitioners who may be unable to perform the functions required for the practice of the profession	The Council has received a moderate number of complaints and notifications which can be complex. It is hypothesised that this increase is due to increased awareness by staff, and changes in declarations made by practitioners at the time of practising certificate renewal. The management of complaints and notifications is overseen by a professional standards committee (PSC) consisting of lay and practitioner Council members. In the first instance, the PSC acts as a triage for new complaints and notifications identifying if they are competence, conduct or health related. Its approach to matters related to 'fitness to practise' continues to be supportive and focussed on enabling the practitioner to return or remain at work while the matter of their health is addressed. This is balanced against the risk assessment related to the risk of harm to the public. Resources are available on the website. Process was reviewed as part of the review visit. There is a tracking mechanism in place to monitor progress and outcomes.	FA			
	b) Take appropriate, timely, and proportionate action to minimise risk	When a notification is received, initial contact is made with the practitioner. They are given the opportunity to respond. Should it be considered the practitioner poses a risk of harm or serious harm, the profile provides employer information in the event a s35 risk of harm notice would be issued.	FA			

Function 6: Section 118i) To set standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct to be observed by health practitioners of the profession.

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
6.1	The RA sets standards of clinical and cultural competence and ethical conduct that are: a) Informed by relevant evidence b) Clearly articulated and accessible	Anaesthetic Technicians Since the last review, the Council has reviewed the standards for the Anaesthetic Technicians published in January 2025. The Council established an expert advisory group to support the development of the standards. Part of their development also included review and input from Te Ama Tōtika – its Māori practitioner advisory committee. There are four domains covering professional practice, relationships, safety, and risk management, and then a domain that focusses on practice knowledge skills and values. Medical Laboratory Science As part of the scope of practice review the Council is also undertaking a review and development of new standards of competence for the Medical Laboratory Science profession. The plan is to consult on these standards later in 2026. Representatives of Te Ama Tōtika are part of the development group for the standards and further advice is sought from the rōpū during development. The Council actively engages in consultation around the scope and competencies with consultation being a key component of the process of finalisation. A list of key stakeholders is maintained and updated regularly. Once completed, documents are posted on the Council website, and available to members of the profession and the public (consultation Anaesthetic Technicians sighted).	FA FA			

Function 6: Section 118i) To set standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct to be observed by health practitioners of the profession.

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
	c) Developed in consultation with the profession and other stakeholders	There is a stakeholder register to support communication.	FA			
	d) Inclusive of one or more competencies that enable practitioners to interact effectively and respectfully with Māori	Anaesthetic Technicians The competence standards for Anaesthetic Technicians acknowledge Te Tiriti o Waitangi, specifically: • 1.2.4 Understand and respect the significance of tikanga in healthcare, respecting tapu and noa • 1.2.5 Integrate Māori models of health into perioperative care to promote a holistic approach that considers the physical, emotional, social, and spiritual wellbeing of Māori patients • 1.4.4 Acknowledge and reflect on the effect of systemic racism when providing perioperative care for Māori, and its impact on practise and health outcomes for Māori • 1.4.5 Support tikanga when providing care, ensuring Māori patients and their whānau are aware of their rights – including, but not limited to, whānau support, karakia, return of tissue • 1.4.6 Acknowledge and reflect on historical structural and systemic barriers that have contributed to inequitable health outcomes for Māori, and apply this knowledge to practice • 1.5.1 Demonstrate a commitment to ongoing cultural safety and professional development • 1.5.2 Understand te Tiriti o Waitangi and its relevance to equity and health of Māori in Aotearoa New Zealand and apply this to practise.	FA			

Function 6: Section 118i) To set standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct to be observed by health practitioners of the profession.

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
		Both Sitting alongside the Competence Standards is the Code of Ethical Conduct which requires practitioners to respect the dignity of the patient in a culturally safe and responsive manner. As part of its audit of practitioners' engagement with the recertification programme, those practitioners selected for audit must provide a reflective statement that relates to culturally appropriate practice. The Council has had a cultural competence policy since 2018. The ongoing review of the cultural competence policy is part of the work programme for Te Ama Tōtika. The Council is firmly committed to ensuring culturally safe and competent practice. This has been a key strategy since 2022, and work is ongoing to ensure it is well embedded into practice.				

Function 7: Section 118j) To liaise with other authorities appointed under this Act about matters of common interest

Section 118ja) To promote and facility inter-disciplinary collaboration and cooperation in the delivery of health services

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
7.1	The RA understands the environment in which it works and has effective and collaborative relationships with other authorities.	MSS is the company that manages the delivery of regulatory services across the Council. Since the 2021 review, while there is alignment between both responsible authorities (RAs) and their strategic projects, there has been a degree of separation needed to ensure that the outputs required for the regulation of the separate professions are achieved. In essence, this means that while the Council has progressed its scope of practice review at the same time as the MRTB, the approach and focus has reflected the needs of the profession it regulates. This has also been reflected in the division of work across the two professions that the MSC regulates. The Council actively considers the environment in which it operates at each meeting. Its discussion around scanning the environment enables matters to be raised and considered as part of wider health sector discussions. The development of policy regarding the supervision of newly qualified anaesthetic technician practitioners is a good example of a risk-based approach to practice and alignment with requirements of other regulators managing practitioners with a similar risk profile. The Council is an active participant in joint RA meetings. These are held for the CE only on a quarterly basis. Until 2026, Registrars were also part of these meetings. It also participates in meetings hosted by the chief allied health professions officer. The Council was part of a group of RAs that hosted a hui in 2025 which discussed the topic of cultural safety for practitioners. The RA chair, CE, registrar, and other senior leaders attended this hui. The Council's participation was in part due to a member of the MSS staff being part of a joint RA cultural safety/competence rōpū.	FA			

Function 7: Section 118j) To liaise with other authorities appointed under this Act about matters of common interest

Section 118ja) To promote and facility inter-disciplinary collaboration and cooperation in the delivery of health services

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
		One of the key collaborations during 2025 has been discussion and engagement around changes to the HPCA Act. Work continues on specific collaborative projects, which in 2025 have included a joint submission on putting patients first, development of a joint statement on interprofessional education, and collaborative practice - this was led by the Podiatrists Board, the Council, and the MRTB. The Council has also responded, along with other RAs, to the Health Practitioner Disciplinary Tribunal on matters such as the need for practitioner members to hold practising certificates.				
7.2	The RA uses mechanisms within the HPCA Act such as scopes of practice, competence standards, accreditation standards, and communications to promote and facilitate inter-disciplinary collaboration and cooperation in the delivery of health services.	The Council manages two distinct professions, and within that, seven different scopes of practice. Anaesthetic Technicians Within the reviewed competence standards there is a requirement to consult effectively with other members of the healthcare team and/or other relevant people to facilitate care that is in the patient's best interest. Medical Laboratory Science Competence standards for the science profession will be updated during 2026. Currently, the standards require medical laboratory practitioners to collaborate with other health practitioners, which includes the application of knowledge of professional roles and responsibilities of healthcare team members, and other service providers. Both sets of standards are linked to the Code of Professional Conduct where principle three requires practitioners to work collaboratively to optimise health outcomes for patients and whānau.	FA			

Function 7: Section 118j) To liaise with other authorities appointed under this Act about matters of common interest

Section 118ja) To promote and facility inter-disciplinary collaboration and cooperation in the delivery of health services

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
		Underpinning the requirement for collaboration by practitioners is a requirement within the accreditation standards (for both tertiary providers and non-tertiary providers). . In 2025, the Council also led the development of a joint statement on interprofessional education and collaborative practice, in collaboration with the MRTB and the Podiatrists Board. The Council regularly meets with other stakeholders involved in the delivery of care and laboratory services. This includes meetings with practitioner groups, unions, and education providers to advance areas of mutual interest related to practice. The Council has also regularly engaged with its responsible minister to ensure that the Council is working in collaboration with government initiatives relating to practice.				

Function 9: Section 118l) To promote public awareness of the responsibilities of the authority.

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
9.1	The RA: a) Demonstrates its understanding that the principal purpose of the HPCA Act is to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practise their professions b) Provides clear, accurate, and publicly accessible information about its purpose, functions, and core regulatory processes	The Council demonstrates a good understanding of its role in protecting public health and safety. The review of the scopes of practice, and the work that sits around the regulation of health professionals, is premised and focused on protecting the public. Since the 2021 performance review the website has been reviewed with further enhancements being undertaken. The website is divided into sections for practitioners, those seeking registration and those already registered. Information is also provided for education providers and members of the public. The website content is regularly monitored by MSS staff who have the responsibility for communication. A key initiative that has occurred since the introduction of the new database (VELMA) has been to provide a page that enables members of the public to make a notification about a practitioner. The Council hopes to further refine the information provided on the website over 2026/2027. Some of the key information about the work of the Council is found on the resources page, and within the 'about us' section. These pages include all policy that relate to practice so that they are readily available to practitioners and members of the public. The Council is required to publish an annual report as per the HPCA Act. Hard copies are provided to the Minister, House of Representatives, Ministry of Health, and National Library. Electronic copies are provided on the website. The Council publishes three to four newsletters to practitioners every year these contain a mix of information – while aimed at members of the	FA FA			

Function 9: Section 118l) To promote public awareness of the responsibilities of the authority.						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
	c) In promoting public awareness, recognises opportunities to also promote public confidence in the profession and in the Responsible Authority	profession they are also sent to stakeholders as well as being readily available on the website for members of the public to access. The Council has a list of stakeholders that it includes in its communications. This can mean that they are invited to participate in consultations, be advised about matters of interest or updated on matters related to the Council. The Council reviewed its strategic plan in 2023, and the revised version is published on the website. The Council is preparing to review and develop a new plan that will be current for the next three years.	FA			

Function 10: Section 118m) To exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
10.1	The RA: a) Ensures that the principles of equity and of te Tiriti o Waitangi/ the Treaty of Waitangi (as articulated in <i>Whakamaua: Māori Health Action Plan 2020-2025</i>) are followed in the implementation of all its functions	The Council has developed and worked with Te Ama Tōtika, its Māori practitioner advisory committee, to support Council in the development of its practice in this regard. The Council is currently seeking advice from the rūpū around the implementation of Te Ara Whakamua (action plan) that will see the implementation of strategies to ensure that the principles of equity and Te Tiriti o Waitangi are embedded in its functions. The Council has developed and approved a Te Tiriti policy. The Council hosted a hui for Māori practitioners in 2025. Members of Te Ama Tōtika have also presented about their work at conferences. In 2022-2024 the Council engaged in extensive education for itself around cultural competence, and external advice was provided by a consultancy. This work continues, with the Council participating in a joint education day on Kotahitanga Principles of Māori governance. As the Council does not employ staff, implementation of understanding around Te Ao Māori, and addressing issues of equity for staff, falls to the MSS. Part of Te Ara Whakamua relates to staff and the kawa and tikanga of the MSS office. Staff have been supported with their knowledge of te ao Māori, including te reo and tikanga. An education plan for staff which includes topics such as equity, and cultural safety in the health system, is in development, and will be implemented during 2026. Tikanga practices have been implemented and are being embedded within the organisation.	FA			
	b) Ensure the principles of Right-touch regulation are followed in the implementation of all its functions	The Council has reviewed the latest version of the 'right touch' principles and continues to be a right touch risk-based regulator.	FA			

Function 10: Section 118m) To exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
	c) Identifies and addresses emerging areas of risk and prioritises any areas of public safety concern	Since 2024 there has been a change in approach to the way that risk is managed and reported to the Council. A standard risk framework has been developed and implemented. This separates risk that relates to the Council away from the MSS. Regular meetings and risk reviews are undertaken by MSS staff who present reports, and new risks, to the Council for its review and approval.	FA			
	d) Consults and works effectively with all relevant stakeholders across all its functions to identify and manage risk to the public in respect of its practitioners	While the Council has an established history of engagement with the professions, to assist in the execution of functions so that appropriate expertise is utilised, the way in which it does this has changed over the course of the past three years. Changes have led to the establishment of expert advisory groups. For example: those who supported the Council with advice around the scopes of practice, accreditation standards, guidance around the online examination, and the development of questions for the examination.	FA			
	e) Consistently fulfils all other duties that are imposed on it under the HPCA Act or any other enactment	The Council continues to fulfil duties imposed under the HPCA Act.	FA			