



The Royal New Zealand  
College of General Practitioners  
Te Whare Tohu Rata o Aotearoa

1 October 2025

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Tēnā koe

### **MCNZ – Using artificial intelligence (AI) in patient care**

Thank you for the invitation to provide comment on the Medical Council of New Zealand (MCNZ) Draft Statement - Using artificial intelligence (AI) in patient care.

The Royal New Zealand College of General Practitioners (the College) is the largest medical college in Aotearoa New Zealand, with a membership of 6,018 specialist General Practitioners (GPs). Through our General Practice Education Programme (GPEP) and Rural Hospital Medicine Training Programme (RHMTTP) we train the specialist General Practitioner and Rural Hospital Doctor workforce. The Medical Council of New Zealand accredits the College to deliver a Vocationally Registered workforce via our Continuing Professional Development Programme, comprising 40 percent of the specialist medical workforce.

The College is committed to reducing health inequities experienced by Māori, honouring Te Tiriti o Waitangi, and the rights of Māori. To achieve this, we prioritise initiatives that support our members in developing cultural safety capability across our training, professional development, and quality<sup>1</sup> programmes.

Our members are the first point of contact for medical care, supporting patients and their whānau, in managing 90 percent of all healthcare concerns in the community. Each year, approximately 24 million<sup>2</sup> patient contacts are recorded by 1,085 general practice teams across Aotearoa.

### **Initial comments**

The College welcomes the MCNZ Statement – *Using artificial intelligence (AI) in patient care*. While there are known risks and benefits associated with AI-based solutions, we note the rapid advancement and increasing uptake of AI in general practice. Members are seeking guidance on how to manage the implementation in ways that protect patients. The integration of key principles and standards will ensure that specialist GPs are well-prepared, and that the benefits of AI do not come at the expense of safe, high-quality and equitable patient care.

### **MCNZ questions:**

#### **1. Does the 'Introduction' adequately explain the scope and relevance of this statement?**

Yes. The MCNZ AI policy provides a clear purpose and useful direction for specialist GPs, reinforcing the importance of legislative and policy guidance.

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<sup>1</sup> As at June 2025, 972 out of 1085 general practices met the RNZCGP Foundation Standard.

**2. 'The scope of this statement should focus solely on the use of AI in patient care and exclude AI use in business administration'.**

**Please select: Agree**

The College supports the view that AI use in business administration is distinct from its use in patient care. While both require ethical oversight and compliance, the risks, regulatory frameworks, and impacts differ significantly. For example, an organisation-wide approach to AI may cover both patient-facing and business administration contexts, but principles, such as human oversight, responsible use, transparency, and compliance are general and not specific to clinical care<sup>1</sup>.

Therefore:

- It is appropriate for the statement to focus solely on AI in patient care, particularly when addressing clinical safety, equity, and data sovereignty.
- AI used in business administration use of AI (e.g., scheduling, billing, analytics) should be governed by separate operational policies, as it involves different risks and standards.

**3. Is the 'Accountability and duty of care' section clear and practical?**

Yes. The College supports this section and agrees that practices introducing AI tools are responsible for reviewing their integrity to ensure adherence to ethical standards, reliability and accuracy.<sup>2</sup>

**4. Is the section on 'Informed consent' clear and practical?**

**(b) Should all use of AI in patient care require explicit patient consent**

- We support the link to MCNZ's advice on informed consent and note that specialist GPs should be prepared to discuss, what information the AI technology will record and who may have access to it.
- Māori patients may ask if their local iwi or hapū were consulted in the development of AI regulations. Specialist GPs should be prepared to respond in ways that reflect partnership and reciprocity with Māori communities. Presenting this information is essential for gaining informed consent.

**(c) Are there any changes we should make?**

- Māori have the inherent right to control, store, and access their data in ways that support self-determination and governance, with an emphasis on managing data within Aotearoa New Zealand.
- Protecting autonomy empowers patients to remain the final arbiters of their health. However, clinicians must remain responsible for decisions regarding diagnosis and treatment.<sup>3</sup> As AI use increases, the principle of autonomy | Rangatiratanga requires that people remain responsible for their choices.

**5. (a) Is the section on 'Patient data privacy, data security and patient safety' clear and practical?**

**(b) Does it adequately address the key risks and safeguards?**

- Data sovereignty is an emerging theme in AI implementation. The College endorses the principles of Māori data sovereignty in the development in and the use of AI systems in general practice<sup>4</sup>.
- We acknowledge that the MCNZ statement references documents covering obligations of the New Zealand Privacy Act 2020<sup>5</sup>, Te Tiriti o Waitangi<sup>6</sup>, the Health Information Privacy Code (HIPC)<sup>7</sup>, and the Code of Health and Disability Services Consumers Rights.<sup>8</sup>

**(c) What level of knowledge, understanding and accountability regarding the privacy and data security of the AI tool is appropriate to expect of the doctor?**

- The statement does not currently reference the ethical principles outlined by the World Health Organisation (WHO)<sup>9</sup>. It would be helpful to consider ethical principles to align with the WHO guidance and the recent ACC statement, *Working with AI – A policy for ACC – registered health providers*.

**6. Is the section on 'Continuing professional development' clear and practical? Are there any changes we should make**

- We have no additional points to add but are very supportive of this section.

**7. Please provide any other comments about Using artificial intelligence (AI) in patient care that you would like us to consider.**

- **Ethical principles**

The health environment is under increasing pressure, with persistent poor health outcomes for Māori (WAI2575), closed books, and an aging population.<sup>10 11</sup> Provided ethical principles and regulations are implemented, AI has the potential to alleviate some challenges, such as staffing costs, improving job satisfaction, enhancing resource targeting, and supporting early preventative measures.

- **Equity**

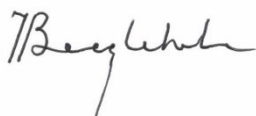
Equity is not explicitly addressed in the MCNZ statement. While the document references WHO and OECD ethical guidance and requires practitioners to follow the guidance of professional bodies, which include equity considerations, this could be made more explicit.

## Summary

The College notes that as AI technology continues to advance, its use in testing and diagnostic applications is expected to grow and become more exact. To ensure ethical integration into clinical practice, it is essential that AI tools are implemented safely and consistently, supported by system-wide guidance, regulation, and standards. The MCNZ Statement is helpful, offering a clear purpose and practical direction for specialist GPs. It reinforces the importance of legislative and policy frameworks and provides greater clarity to help general practice teams understand the risks and responsibilities involved. This will ensure that AI does not compromise patient information security, health service user experiences, or health outcomes.

For further clarification, please contact Maureen Gillon, Manager - Policy, Advocacy, and Insights.  
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Nāku noa, nā



Toby Beaglehole  
Chief Executive

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<sup>1</sup> The Health Policy Partnership. Artificial intelligence (AI) position statement: our commitment to responsible use of AI Available at: <https://www.healthpolicypartnership.com/artificial-intelligence-position-statement/>

<sup>2</sup> The Royal New Zealand College of General Practitioners. *Foundation Standard. 8.2 Delivering Clinical Governance*. [Accessed 29 January 2025]. Available at: <https://www.rnzcgp.org.nz/running-a-practice/the-foundation-standard/clinical-care/82-clinical-governance/>

<sup>3</sup> The Royal New Zealand College of General Practitioners, *The foundation standard: 2.1 The Privacy Act*, [Accessed 30 January 2025], Available at: <https://www.rnzcgp.org.nz/running-a-practice/the-foundation-standard/turoro-patients/11-informing-patients-of-their-rights/>

<sup>4</sup> Te Mana Rauanga - <https://www.temanararaunga.maori.nz/>

<sup>5</sup> The Office of the Privacy Commissioner guidance: Available at: [Artificial intelligence and the Information Privacy Principles](#).

<sup>6</sup> Te Tiriti o Waitangi, February 1840 (Māori version)

<sup>7</sup> Privacy Commissioner | Te Mana Mātāpono Matatatpu, Health Information Privacy Code 2020

<sup>8</sup> Health and Disability Commissioner, Code of Health and Disability Services Consumers' Rights Regulations 1996, Available at: <https://www.hdc.org.nz/your-rights/about-the-code/code-of-health-and-disability-services-consumers-rights/>

<sup>9</sup> World Health Organization, Ethics and governance of artificial intelligence for health, June 2021, ISBN: 9789240029200

<sup>10</sup> Ministry of Housing and development, The long-term implications of our ageing population for our housing and urban futures, March 2023, [Accessed 27.01.25], accessible: <https://www.hud.govt.nz/news/the-long-term-implications-of-our-ageing-population-for-our-housing-and-urban-futures#:~:text=Over%20the%20next%2030%20years,growing%20numerically%2C%20but%20also%20structurally>

<sup>11</sup> Pledger Megan, Irurzun-Lopez Maite, Cumming Jacqueline (2025) An update on Closed Books in general practice in Aotearoa New Zealand. *Journal of Primary Health Care*, [accessed 04.03.25] <https://doi.org/10.1071/HC24164>