

# Briefing

## Health Statutory Appointments

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<b>Security level:</b>	IN CONFIDENCE	<b>Health Report number:</b>	H2023033253
<b>To:</b>	Hon Dr Shane Reti, Minister of Health		
<b>Consulted:</b>	Health New Zealand: <input type="checkbox"/> Māori Health Authority: <input type="checkbox"/>		

## Contact for telephone discussion

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## Minister's office to complete:

- Approved
- Decline
- Noted
- Needs change
- Seen
- Overtaken by events
- See Minister's Notes
- Withdrawn

Comment:

# Health Statutory Appointments

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**Security level:** IN CONFIDENCE      **Date:** 1 December 2023

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**To:** Hon Dr Sane Reti, Minister of Health

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## Purpose of report

1. This briefing provides you with information on the range and types of statutory roles in the health system, the general appointments process, and key legislative requirements and considerations in relation to appointments.
2. This briefing covers all the different types of statutory appointments in the health sector but has a particular focus on Crown entities given their responsibility for a significant proportion of government health expenditure, service delivery and system monitoring, and outlines some of the additional ministerial powers you have under the Pae Ora (Healthy Futures) Act 2022 in relation to some of the health Crown entity boards.

## Summary

3. The Minister of Health is responsible for more than 500 statutory appointments for a range of health entities including crown entities, responsible (regulatory) authorities, tribunals, and technical and advisory committees.
4. The appointments process for these roles is normally triggered when existing members' terms are close to expiring or when a member resigns. The recruitment and appointment process the Ministry of Health | Manatū Hauora follows is a robust one and in line with the process outlined in the Public Service Commission | Te Kawa Mataaho *Board Appointment and Induction Guidelines*.
5. There are multiple opportunities for ministerial involvement in the process, including but not limited to, input into the skills assessment and matrix development for each entity, nomination of candidates (including seeking nominations from Caucus colleagues), assessment of shortlisted candidates and selection of preferred candidates.
6. Different pieces of legislation set out the specific membership requirements, terms of office, and vacation of office requirements for each entity. While much of these requirements are covered in this briefing, the Ministry will provide you with more specific and detailed information on the requirements for each entity as recruitment and appointment processes are undertaken for them.
7. Ensuring appropriate and successful statutory appointments is particularly critical for health Crown entities given these entities' significant delivery and monitoring responsibilities. Ensuring that they are ready and able to appropriately respond to government and ministerial expectations and represent their wider organisations in line with these expectations is a key focus for the Ministry when undertaking recruitment and appointment processes.

8. As Minister of Health, you have some additional ministerial powers under the Pae Ora (Healthy Futures) Act 2022 in relation to some of the health Crown entity boards.
9. Detailed information on Crown entity requirements can be found in the Appendices. **Appendix 1** includes detail of the current membership of each health Crown entity and information on when various terms are due to expire. **Appendix 2** includes the specific membership requirements for each of the health Crown entities and detail on the provisions relating to resignation and removals.
10. Given the significant number of appointments and to ensure any potential for perceived conflicts of interests is managed (if applicable), you may wish to consider potential appointment delegations to Associate Ministers in line with any other delegated portfolio responsibilities, or in relation to certain entity groupings. You may also wish to consider delegating responsibility for some appointments to the Director-General of Health and the Ministry can provide you with more advice on this.

## Recommendations

We recommend you:

- a) **note** the contents of this briefing.



Sarah Turner  
Deputy Director-General  
**Government and Executive Services |**  
**Te Pou Whakatere Kāwanatanga**  
Date: 30 November 2023

Hon Dr Shane Reti  
**Minister of Health**

Date:

# Health Statutory Appointments

## Background

11. The Minister of Health is responsible for a significant number of statutory appointments (of more than 500 individual members) to a range of health-related entities that can be broadly categorised into:
  - a. crown entities
  - b. responsible (regulatory) authorities
  - c. tribunals
  - d. technical and advisory committees.
12. Statutory appointments or removals of statutory appointees is one of the levers you have available to you as Minister of Health to ensure strong health system performance, particularly in relation to Crown entities.

## Appointments process

13. Generally speaking, the appointment process is triggered when existing members' terms are close to expiring or when a member resigns. The process can also be triggered if a member is removed by the Minister.
14. Different pieces of legislation set out key appointment requirements for each type of appointment (discussed in more detail in paragraphs 18 to 38 below), but the process for making most of these types of appointments follows the recruitment and appointment process outlined in the Public Service Commission | Te Kawa Mataaho *Board Appointment and Induction Guidelines*, including consideration by the Cabinet Appointments and Honours (APH) Committee.
15. The recruitment and appointment process for statutory health roles is robust to ensure that a range of appropriately skilled and qualified candidates are put forward for ministerial consideration. All candidates for statutory roles are assessed against a skills matrix that is tailored to the needs and mandate of each entity. The matrix is developed through Ministry analysis of the needs of the board, the need for a variety of experiences and skills, and draws specifically on intelligence gained through monitoring and engagement activities. Where relevant, it also takes account of the relevant Chair's views of the skills and experience needed on the board.
16. For higher profile appointments the Ministry also engages early with Ministers to inform the skills and experience to be targeted during recruitment, and on the recruitment approach. Candidates are sourced through a mixture of advertising channels and networks. In some circumstances recruitment agencies may be involved.
17. The key steps in the recruitment and appointments process involve:
  - (i) recruitment of appropriate candidates (including through public advertising, Caucus nominations, and nominations from nominating agencies such as the Ministry for Women | Manatū Wāhine and Ministry of Māori Development | Te Puni Kōkiri)

- (ii) evaluation of candidates, including shortlisting
  - (iii) ministerial confirmation of preferred candidates
  - (iv) completion of due diligence checks (includes interviews of the Minister's preferred candidates, referee checks, conflict of interest and Privacy Act declarations (normally collected at the recruitment stage), Ministry of Justice conviction checks etc)
  - (v) preparation of papers for APH, including ministerial consultation
  - (vi) consideration of appointments by APH and confirmation by Cabinet
  - (vii) notification of appointees and publication of appointments in the *New Zealand Gazette* or through a Notice to the House.
18. For Crown entity appointees the Regulation and Monitoring | Te Pou Whakamaru directorate within the Ministry runs a comprehensive induction programme which includes an online induction in partnership with the Public Service Commission | Te Kawa Mataaho, as well as in person sessions held by the Ministry that cover the structure, operation and direction of the health system, as well as the board's accountability for your priorities, and roles and responsibilities in relation to entity planning, funding, delivery and monitoring. This is designed to improve board performance, accountability and cross-system relationships.

## Types of statutory appointments

### Crown entities

- 19. Health Crown entities are responsible for delivering and monitoring essential health services and are governed by boards that are accountable to you. Generally, the role of Crown entity boards is to govern their organisation to deliver against legal requirements and ministerial expectations (including those set out in your letter of expectations), within the budgets that have been made available to them. The boards also appoint and hold the chief executives to account and are responsible for monitoring and reporting on the organisation's performance and its use of funds.
- 20. The relationship between Crown entity chairs and ministers is critical for ensuring the successful delivery of Government priorities. Ministers and chairs need to be able to develop and maintain good working relationships that give confidence in the chair's ability to provide effective leadership and direction to the entity, and the entities' ability to deliver on its mandate.
- 21. Crown entity boards are generally high-profile with significant delivery or monitoring responsibilities. Ensuring that they are ready and able to appropriately respond to Government and ministerial expectations and represent their wider organisations in line with these expectations is a key focus for the Ministry when undertaking recruitment and appointment processes.
- 22. Crown entity boards are generally made up of between 6 and 10 members. Membership and term requirements for health Crown entities are set out in the Crown Entities Act 2004 (CE Act), the Pae Ora (Healthy Futures) Act 2022 (Pae Ora Act), and other enabling legislation specific to individual entities (eg, the Health and Disability Commissioner Act 1994).

23. **Appendix 1** includes detail of the current membership of each health Crown entity and information on when various terms are due to expire. **Appendix 2** includes the specific membership requirements for each of the health Crown entities and detail on the provisions relating to resignation and removals.
24. The Pae Ora Act gives the Minister further powers in relation to some of the health Crown entity boards and information on these provisions is set out in **Appendix 3**.

### Responsible authorities

25. There are 18 responsible authorities (eg, Medical Council of New Zealand, Podiatrists Board etc) operating under the Health Practitioners Competence Assurance Act 2003 (HPCA Act), which are responsible for protecting the health and safety of members of the public by providing mechanisms to ensure that health practitioners are competent and fit to practise their professions.
26. The HPCA Act sets out the membership, terms of office, and vacation of office requirements for the responsible authorities.
27. Responsible authorities are registered charities funded by the professions they regulate, and their boards are made up of between 5 and 14 members who are a mixture of both health practitioners and laypeople appointed by the Minister. Two of the responsible authorities (Medical Council of New Zealand and Nursing Council of New Zealand) have some health practitioner members elected by the professions they regulate.
28. Members are appointed for terms of office of up to 3 years and may be reappointed at the end of their term for a maximum of 9 consecutive years. A member continues in office after their term expiry until the member is reappointed, the member's successor is appointed, or the member is informed by the Minister that the member is not to be reappointed. Responsible authorities elect their own chairs and deputy chairs.
29. Members may resign from office at any time by giving notice to the Minister and any member of an authority may be removed from office by the Minister on the grounds of inability to perform the duties of the office, neglect of duty, or misconduct, proved to the satisfaction of the Minister.

### Tribunals

30. There are 2 health tribunals; the Health Practitioners Disciplinary Tribunal (which is responsible for hearing and determining disciplinary proceedings against health practitioners in New Zealand), and the Mental Health Review Tribunal (which considers matters specific to patients under the Mental Health (Compulsory Assessment and Treatment) Act 1992).

#### *Health Practitioners Disciplinary Tribunal*

31. The Health Practitioners Disciplinary Tribunal is established under the HPCA Act and is made up of a Chair and a number of Deputy Chairs (who must be lawyers) together with a panel of practitioners and laypeople, from which the Tribunal can be drawn for each hearing. There are approximately 200 Tribunal members at any given time to ensure an appropriate number of practitioners to cover each of the health professions.
32. The Chair and Deputy Chairs are appointed for terms of up to 3 years and may be reappointed at the end of their term for a maximum of 9 consecutive years. The Chair

and Deputy Chairs may continue in office past their term expiry or their resignation for the purpose of completing any proceedings heard by the Tribunal, whether or not that person's successor has come into office.

33. Panel members are appointed for terms of up to 5 years and may be reappointed with no statutory maximum limit. Panel members may continue in office past their term expiry or resignation for the purpose of completing any proceedings heard by the Tribunal.
34. The Chair, Deputy Chairs and panel members may resign at any time by giving notice to the Minister and may be removed from office by the Minister on the grounds of inability to perform the functions of the office, or for neglect of duty, or misconduct, proved to the satisfaction of the Minister.

#### *Mental Health Review Tribunal*

35. The Mental Health Review Tribunal is an independent body appointed by the Minister under the Mental Health (Compulsory Assessment and Treatment) Act 1992 and is made up of a lawyer, a psychiatrist and a community member, one of whom is the convenor of the Tribunal. There are also about a dozen deputy members.
36. All members are appointed by the Minister for terms of 3 years, and appointments can be renewed. Members may continue in office past their term expiry until their successor is appointed.
37. Members and deputy members of the Mental Health Review Tribunal may resign from office at any time by giving notice to the Minister and may be removed from office by the Minister for neglect of duty, misconduct, bankruptcy, or inability to perform the functions of the office, proved to the satisfaction of the Minister.

#### **Technical and advisory committees**

38. There is a range of ministerially appointed technical and advisory committees within the health system. These include 7 ethics committees, 7 Medsafe technical committees and some other technical and advisory committees including the Radiation Safety Advisory Committee, End of Life Choice Review Committee and the Ministerial Advisory Committee on health reform implementation.
39. The specific membership requirements for each of these committees is variable and set out in various pieces of legislation and in individual committee terms of reference. The Ministry will provide more information on the specific requirements for these committees as recruitment and appointment processes are undertaken for them. We can also provide you with advice on the specific roles and mandates for the ministerial advisory committees should you wish to consider whether they are best placed to meet the priorities and expectations of the Government.

#### **Additional Ministerial powers under Part 2 Subpart 7 of the Pae Ora Act**

40. Part 2 Subpart 7 of the Pae Ora Act gives the Minister further powers in relation to some of the health Crown entity boards and these are summarised below. Some of these powers can be used in combination (eg, improvement plans and Crown observers). Note that these summaries do not cover all the provisions and requirements set out in the Pae Ora Act in relation to these powers.

## Improvement plans

41. Under section 64 of the Pae Ora Act, if the Minister believes on reasonable grounds it is necessary to improve the performance of a health entity, they may by written notice to the entity:
  - a. identify any areas within the functions of the health entity that require improvement; and
  - b. explain why they believe those areas require improvement; and
  - c. require the health entity to prepare an improvement plan for the Minister's approval.
42. These provisions can be applied to Health New Zealand | Te Whatu Ora, Māori Health Authority | Te Aka Whai Ora, Pharmac | Te Pātaka Whaioranga, Health Quality & Safety Commission | Te Tāhū Hauora , and New Zealand Blood and Organ Service | Te Ratonga Tata o Aotearoa.

## Crown observers

43. Under section 61 of the Pae Ora Act, if the Minister considers it desirable for the purpose of improving performance they may appoint 1 or more Crown observers to Health New Zealand | Te Whatu Ora and the Māori Health Authority | Te Aka Whai Ora.
44. In the case of an appointment to the Māori Health Authority | Te Aka Whai Ora, the Hauora Māori Advisory Committee must be consulted.
45. Crown observers can attend board and committee meetings, executive level meetings at national or regional levels, and must be permitted by the entity to attend these meetings and be provided with copies of all information provided at those meetings.
46. Crown observers observe meeting decisions and decision-making processes, assist those at the meetings in understanding the policies and wishes of the Government so that these can be reflected in decisions, and advise the Minister on any matter relating to the entity or its board, or its performance.
47. Crown observers have the same powers as the Crown monitors that could be appointed to DHB boards under the previous legislation, and which were appointed to a number of boards (eg, Southern DHB, Waikato DHB, and Canterbury DHB).

## Dismiss the board or appoint commissioner

48. Under section 62 of the Pae Ora Act, if the Minister is seriously dissatisfied with the performance of the board of Health New Zealand | Te Whatu Ora or the Māori Health Authority | Te Aka Whai Ora, they may dismiss all members of the board.
49. The Minister may also appoint a commissioner to replace the board if all members are removed from office and in the case of an appointment replacing the board of the Māori Health Authority | Te Aka Whai Ora, the Hauora Māori Advisory Committee is consulted.
50. A commissioner has all the functions, duties, powers and protections of the board and of a member of the board and a commissioner may appoint up to 3 deputy commissioners.
51. Commissioners have the same powers as commissioners that could be appointed to replace DHB boards under the previous legislation. Examples include commissioners that were appointed to Hawke's Bay DHB, Southern DHB and Waikato DHB.



## **Crown manager**

52. Under section 63 of the Pae Ora Act, if the Minister believes on reasonable grounds that there is a risk to the operation or long-term viability of Health New Zealand | Te Whatu Ora, they may appoint a Crown manager.
53. A Crown manager can be appointed to undertake specific functions of Health New Zealand | Te Whatu Ora and may perform any functions stated in their notice of appointment. A Crown manager has all the powers of Health New Zealand | Te Whatu Ora in relation to the functions they have been appointed to undertake and must comply with all relevant duties of the entity in the performance of those functions.
54. Health New Zealand | Te Whatu Ora may not perform any functions that a Crown manager has been appointed to undertake and must do all things reasonably necessary to enable a Crown manager to perform those functions and exercise those powers.
55. If a Crown manager's appointment has not been revoked earlier, the Minister must consider whether the reasons for the appointment of a Crown manager still apply no later than 12 months after it was made or no later than 12 months after the Minister last considered whether the reasons still apply.
56. The Crown manager provisions under the Pae Ora Act are new but are similar to statutory management processes or managers appointed to funders under Health New Zealand | Te Whatu Ora contracts.

## **Equity**

57. The recruitment and appointment process includes a focus on identifying candidates with the specific skills and experience needed to deliver on entity mandates, and on ensuring a varied range of perspectives on health governance bodies, and thereby better governance of equity issues. This also supports delivery of Priority Area 2 of Whakamaua: Māori Health Action Plan 2020-2025, "to increase and support Māori participation in governance, leadership and management decision-making at all levels of the health and disability system".

## **Next steps**

58. Due to the number of appointments and potential for perceived conflicts of interests, under previous governments responsibility for appointing to a number of the health entities has been delegated to Associate Ministers of Health. Delegating responsibility for appointments does not mean that responsibility for the entity itself has also been delegated.
59. You may wish to consider potential appointment delegations to Associate Ministers in line with any other delegated portfolio responsibilities. Certain entity groupings also lend themselves to being delegated together, such as the 7 ethics bodies, or the responsible authorities (where you may choose to retain some of the more high-profile authorities such as the Medical Council and delegate others).
60. You may also wish to consider delegating some appointments to the Director-General of Health. The Ministry can provide you with more advice on this but bodies that could potentially be delegated include the Health Practitioners Disciplinary Tribunal (over 200

members) and the some of the technical committees (eg, some of the Medsafe committees).

61. The Ministry will also prepare a briefing that sets out the proposed recruitment and appointment process in greater detail for the Crown entity related appointments because in total there are over 20 existing vacancies, members whose terms have expired or upcoming term expiries in the 2024 year. That briefing will seek your agreement to the recruitment approach and appointment timeframe for these roles, and the relevant skill requirements (including your view on the role and responsibilities/position descriptions for each role).

**ENDS.**

PROACTIVELY RELEASED

## Appendix 1: Current membership of health Crown entities

Health New Zealand   Te Whatu Ora			
Full Name	Position(s)	Original Appt Date	Current Term Expiry
Dame Karen Poutasi	Chair; Member	1/07/2022 as a member 1/07/2023 as Chair	31/12/2024
Dr Curtis Walker	Member	1/07/2022	30/06/2024
Hon Amy Adams	Member	1/07/2022	30/06/2024
Ms Vanessa Stoddart	Member	1/07/2022	30/06/2024
Ms Tipa Mahuta	Member	1/07/2022	30/06/2025
Ms Naomi Ferguson	Member	30/09/2022	29/09/2025
Dr Jeff Lowe	Member	7/11/2022	6/11/2025
Vacant	Member and/or Deputy Chair		

Māori Health Authority   Te Aka Whai Ora			
Full Name	Position(s)	Original Appt Date	Current Term Expiry
Ms Tipa Mahuta	Chair; Member	1/07/2022	30/06/2025
Ms Kim Ngarimu	Deputy Chair; Member	10/07/2023	9/07/2026
Ms Awerangi Tamihere	Member	1/07/2022	30/06/2024
Ms Fiona Pimm	Member	1/07/2022	9/07/2024
Mr Steven McJorow	Member	30/09/2022	29/09/2024
Dr Mataroria Lyndon	Member	1/07/2022	30/06/2025
Mr Helmut Modlik	Member	10/07/2023	9/07/2026
Mr Ben Dalton	Member	10/07/2023	9/07/2026

Pharmac   Te Pātaka Whaioranga			
Full Name	Position(s)	Original Appt Date	Current Term Expiry
Hon Steve Maharey	Chair	1/09/2018	3/12/2024
Dr Peter Bramley	Deputy Chair; Member	10/04/2023	9/04/2026
Mrs Talia Tiori Anderson-Town	Member	4/12/2021	3/12/2024
Dr Anthony Jordan	Member	4/12/2021	3/12/2024
Dr Diana Siew	Member	23/03/2022	22/03/2025
Dr Margaret Wilsher	Member	3/07/2023	2/07/2026

Mental Health and Wellbeing Commission   Te Hiringa Mahara			
Full Name	Position(s)	Original Appt Date	Current Term Expiry
Mr Hayden Wano	Chair; Member	9/02/2021	9/07/2026
Mr Kevin Hague	Deputy Chair; Member	9/02/2021 as a member 9/02/2022 as Deputy Chair	8/02/2025
Ms Taimi Allan	Member	9/02/2021	9/07/2024 (note: Ms Allan intends to resign in February 2024)
Mr Tuari Potiki	Member	9/02/2022	8/02/2025
Mr Alexander El Amanni	Member	9/02/2021	8/02/2025
Professor Sunny Collings	Member	9/02/2021	9/07/2025
Dr Barbara Disley	Member	10/07/2023	9/07/2026

Health Quality & Safety Commission   Te Tāhū Hauora			
Full Name	Position(s)	Original Appt Date	Current Term Expiry
Ms Raewyn Lamb	Chair; Member	2/10/2019 as a member 12/06/2023 as Chair	11/06/2026
Associate Professor Andrew Connolly	Deputy Chair; Member	16/11/2018 as a member 12/06/2023 as Deputy Chair	25/03/2025 as a member 11/06/2024 as Deputy Chair
Dr Jennifer Parr	Member	2/10/2019	11/06/2024
Mr Tereki Stewart	Member	12/06/2023	11/06/2025
Mr David Lui	Member	12/06/2023	11/06/2025
Ms Shenagh Gleisner	Member	1/12/2019	11/06/2025
Professor Peter Crampton	Member	1/04/2020	11/06/2026
Dr Tristram Ingham	Member	15/04/2020	11/06/2026
Vacant	Member		

Health & Disability Commissioner   Te Toihau Hauora, Hauātanga			
Full Name	Position(s)	Original Appt Date	Current Term Expiry
Ms Morag McDowell	Health and Disability Commissioner	7/09/2020	6/09/2025
Ms Carolyn Cooper	Aged Care Commissioner	14/02/2022	13/02/2027
Ms Rose Wall	Deputy Commissioner	26/08/2013	1/10/2025
Ms Deborah James	Deputy Commissioner	23/08/2021	22/08/2026
Dr Vanessa Caldwell	Deputy Commissioner	6/09/2021	5/09/2026

Health Research Council   Te Kaunihera Rangahau Hauora o Aotearoa			
Full Name	Position(s)	Original Appt Date	Current Term Expiry
Professor Lester Levy CNZM	Chair; Member	1/01/2016	9/07/2026
Dr Will Barker	Member	8/06/2017	16/12/2022
Professor Parry Guilford	Member	13/10/2016	16/12/2023
Professor Paora Paul Tapsell	Member	17/12/2020	16/12/2023
Professor Elaine Rush	Member	17/12/2020	16/12/2023
Dr Lifeng Zhou	Member	10/07/2023	9/07/2025
Mr Baden Vertongen	Member	10/07/2023	9/07/2025
Professor Jeroen Douwes	Member	28/08/2015	9/07/2025
Professor Emma Wyeth	Member	10/07/2023	9/10/2026
Vacant	Member		

New Zealand Blood and Organ Service   Te Ratonga Tata o Aotearoa			
Full Name	Position(s)	Original Appt Date	Current Term Expiry
Ms Fiona Pimm	Chair; Member	15/06/2016 as a member 3/09/2021 as Chair	2/09/2024
Mr Ray Lind	Deputy Chair; Member	19/10/2018 as a member 13/07/2022 as Deputy Chair	12/07/2025
Ms Nicole Anderson	Member	27/08/2021	26/08/2024
Mr Anthony Bow	Member	13/07/2022	12/07/2025
Dr Edward Tanetoa Hutchins	Member	13/07/2022	12/07/2025
Mr Roger Jarrold	Member	3/07/2023	2/07/2026
Dr Bart Baker	Member	15/06/2016	2/07/2026

## Appendix 2: Health Crown entity membership requirements and provisions relating to resignations and removals

Type of entity	Entity	Membership provisions	Term length provisions	Vacation of office provisions
<p>Crown agents</p> <p>Statutory entities which must give effect to government policy when directed by the responsible Minister</p>	Health New Zealand	The Pae Ora (Healthy Futures) Act 2022 (Pae Ora Act) sets out the membership requirements. The Board must consist of not fewer than 5 and not more than 8 members. One member of the Board must be the Chair of the Māori Health Authority.	<p>The Crown Entities Act 2004 (CE Act) sets out the term length provisions. Members are appointed for terms of office of up to 3 years and may be reappointed at the end of their term with no statutory maximum limit. A member continues in office despite their term expiry until the member is reappointed or the member's successor is appointed, or the member is informed that they will not be reappointed and no successor is to be appointed at that time.</p>	<p>The CE Act sets out the vacation of office provisions. Members may resign from office at any time by giving notice to the Minister and any member of the board may be removed from office at the discretion of the Minister. While decisions to remove members are at the Minister's discretion, these decisions can be subject to judicial review.</p> <p>Note that section 62 of the Pae Ora Act enables the Minister to dismiss all members of the board of Health New Zealand if the Minister is seriously dissatisfied with the performance of the board (see Appendix 3).</p>
	Pharmac	The Pae Ora Act sets out the membership requirements. The Board consists of up to 6 members.		
	Health Quality & Safety Commission	The Pae Ora Act sets out the membership requirements. The Board consists of at least 7 members.		
	New Zealand Blood and Organ Service	The Pae Ora Act sets out the membership requirements. The Board consists of up to 7 members.		
	Health Research Council	The Health Research Council Act 1990 sets out the membership requirements. The Council consists of 5 researcher members and 5 non-researcher members.		
<p>Independent Crown entities</p> <p>Statutory entities which are generally independent of government policy</p>	Mental Health and Wellbeing Commission	The Mental Health and Wellbeing Commission Act 2020 sets out the membership requirements. The Board consists of 3 to 7 members.	<p>The CE Act sets out the term length provisions. Members are appointed by the Governor-General for terms of office of up to 5 years and may be reappointed at the end of their term with no statutory maximum limit. A member continues in office despite their term expiry until the member is reappointed or the member's successor is appointed, or the member is informed that they will not be reappointed and no successor is to be appointed at that time.</p>	<p>The CE Act sets out the vacation of office provisions. Members may resign from office at any time by giving notice to the Minister. The Governor-General may, at any time for just cause, on the advice of the responsible Minister given after consultation with the Attorney-General, remove any member from office. These decisions can be subject to judicial review.</p>
	Health & Disability Commissioner	The Health and Disability Commissioner Act 1994 (HDC Act) sets out the membership requirements. There is 1 Health and Disability Commissioner and the HDC Act allows for 1 or more Deputy Commissioners to be appointed. There are currently 4 Deputy Commissioners (including the Aged Care Commissioner).		
<p>Independent statutory entity</p> <p>Subject to most of the Crown agent provisions under the CE Act</p>	Māori Health Authority	The Pae Ora Act sets out the membership requirements. The Board must consist of not fewer than 5 and not more than 8 members. The Minister must consult the Hauora Māori Advisory Committee before appointing any member.	<p>The CE Act applies specifically to the term of office of members of the Board. Members are appointed for terms of office of up to 3 years and may be reappointed at the end of their term with no statutory maximum limit. A member continues in office despite their term expiry until the member is reappointed or the member's successor is appointed, or the member is informed that they will not be reappointed and no successor is to be appointed at that time.</p>	<p>Under the CE Act members may resign from office at any time by giving notice to the Minister.</p> <p>Under the Pae Ora Act any member of the Board may be removed from office if the Minister considers that removal is justified for any reason after consultation with the Hauora Māori Advisory Committee and with regard to the Committee's views.</p> <p>Note that section 62 of the Pae Ora Act enables the Minister to dismiss all members of the board of the Māori Health Authority if the Minister is seriously dissatisfied with the performance of the board (see Appendix 3).</p>

## Minister's Notes

PROACTIVELY RELEASED