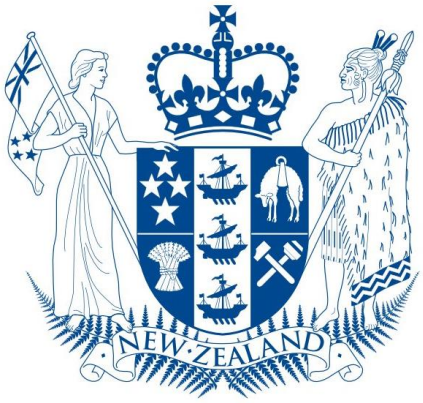


Report of the

ABORTION SUPERVISORY COMMITTEE

2017

Presented to the House of Representatives
pursuant to Section 39 of the
Contraception, Sterilisation, and Abortion Act 1977

TABLE OF CONTENTS

CURRENT MEMBERSHIP OF THE COMMITTEE

Prof Dame Linda Holloway (Chair)
Dr Tangimoana Habib
Carolyn McIlraith

INTRODUCTION

As required by section 39 of the Contraception, Sterilisation, and Abortion Act 1977 (the Act) this Report summarises our work during the past year. We also include a wide range of graphs and charts that analyse abortion data recently made available for the 2016 calendar year.

Appendix One lists the functions and powers of the Committee as per section 14 of the Act. Appendix Two contains further detail of our activity during the 1 July 2016 to 30 June 2017 reporting year.

STANDARDS OF CARE DOCUMENT REVIEW AND UPDATE

The Standards of Care for Women Requesting Induced Abortion in New Zealand was a guideline document originally written by a Standards Committee. This Sub-Committee was convened by the Abortion Supervisory Committee (ASC) in 2009. The ASC recognised the importance of having guidelines available for professionals providing abortion services to ensure consistent care was being provided throughout the country.

This year the ASC has once again commissioned a Standards Committee to review the 2009 version of the document and identify areas that may need to be updated. The ASC is particularly focused on improving post-abortion care, including outlining the importance of clinical follow-up appointments and post-abortion counselling. New sections setting out guidelines on providing support and strengthened post-procedure care for vulnerable women, as well as more clarity around the use of interpreting services, will be included in this update. It is anticipated the new version of the document will be available by the end of 2017.

CHANGES TO THE STATISTICAL GATHERING FORM

As alluded to in the 2016 ASC Annual Report, changes were made to the statistical data collection form (*ASC form 4)* completed by doctors when an abortion procedure is performed. The 2017 version of the form was amended to include a yes or no question on whether a young woman under

the age of 16 notified her parent(s) or legal guardian. This information will be available to the ASC upon the release of the 2017 abortion statistics by Stats NZ in June of 2018.

INTERPRETING SERVICES

The Medical Council published its *Good Medical Practice* document in 2016. Page 20 of that document sets out the S*upplementary guidance – Use of interpreters* section as follows:

> *"When treating patients whose English language ability is limited, you should arrange to use a competent interpreter. When an interpreter has been used to assist in obtaining the patient's informed consent you should note this in the records, along with the interpreter's name and status (professional interpreter, family member etc) and, if possible, a note signed by the interpreter to certify that they believe the patient understands the information provided."*

The ASC strongly recommend that abortion providers use appropriate interpreting services rather than relying on the woman's friends, family or other untrained interpreters. This is especially important when engaging with young, vulnerable, or particularly at-risk women who may be subject to influence or coercion.

As mentioned in the section above, *Standards of Care Review and Update,* more clarity around the use of interpreting services will be included in the update of that document.

CONTRACEPTION, STERILISATION AND ABORTION ACT 1977

In its 2016 Annual Report and during its appearance before the Justice and Electoral Committee in 2017, the ASC has made calls for changes to be made to the Contraception, Sterilisation and Abortion Act 1977 to bring it more in to line with modern healthcare delivery, reflect advancements in technology and correct outdated and unhelpful language.

The legislation is now forty years old and has not yet been reviewed or updated. The ASC would be concerned if another decade was to come to pass and it was still required to govern under such old and outdated language. More importantly that medical professionals would be required to operate around processes and language that, in many places, is no longer applicable or practical in our society today.

The ASC does not propose amendments that would change the original intent of the Act. The ASC recognises the merit in having a robust pathway in place, which requires certifying consultants to

assess and certify patients and to ensure counselling is offered. However, some of the language and restrictions set out in the Act as it stands is confusing or creates unnecessary barriers to access that the ASC believes could be improved. Progress on any legislative changes is now in the hands of Parliament.

The ASC hopes Parliament will give due regard to the opinions previously expressed by the ASC regarding the significant waste of time and financial resources spent over the last decade on defending court proceedings. Costs associated with previous litigation totalled $470,359.49 to date with only $84,351.43 recovered by way of awarded costs paid by the plaintiff.

At the time of preparation of this report, an anti-abortion group has recently indicated an intention to engage in further litigation against the ASC. The ASC's view is that this wastage could be eliminated or at least reduced by the enactment of legislation that is clearer and more fit for purpose.

The ASC is anticipating an early opportunity to meet with the incoming Minister for Justice and Courts for further dialogue.

The ASC would also like to extend its thanks to health professionals for their ongoing work in the field of women's reproductive health and abortion services.

ACCESS BARRIERS – GREATER AUCKLAND REGION

The ASC has ongoing concerns about access to abortion services in the greater Auckland region. Auckland is a large geographical and populated area with only one main public service located at the Epsom Day Unit in Auckland Hospital.

It is widely known that Auckland has escalating transportation issues and developments being built long distances from available services at Auckland Hospital.

The ASC believes it would be beneficial to Auckland residents, in particular those living in Counties Manuaku, to have a service closer to home.

Barriers to accessible pre-decision counselling and abortion services can have detrimental outcomes in terms of a patient's well-being and optimum clinical care. The current situation is unacceptable and untenable with a climbing and sprawling population in Auckland. The ASC is calling on healthcare providers in Auckland to consider setting up a local first trimester service in South Auckland.

INTERNATIONAL ABORTION STATISTICS

New Zealand abortion numbers, ratios and rates continue to fall each year and have done so consistently since a peak in 2006. The fall has been a significant one over the last nine years seeing the total number of abortions drop from 18,382 in 2007 to 12,823 in 2016. The general abortion rate has dropped from 20.1 per 1,000 of the mean estimated population of women aged between 15-44 years in 2007 to just 13.5 per 1,000 in 2016.

While there has been a dramatic reduction in total numbers and the total abortion rate in New Zealand, the majority of international figures do not show the same significant reduction in numbers. In fact, Scotland and Sweden rates have remained similar each year with a slight increase observed each year since 2013. International trends appear to differ to the rates consistently dropping in New Zealand.

The reasons for the continuing drop in abortion rates in New Zealand is unclear but may be attributed, in part, to the widespread uptake of long acting contraceptive devices. A study into what may be contributing to the cause of reduced abortion rates in New Zealand would be welcomed.

STATS NZ CONTRIBUTION

The ASC would like to acknowledge the ongoing assistance with statistical collection and reporting by Stats NZ, which is always completed to a high standard. A special thank you to Anne Howard, Statistical Analyst – Population Statistics, and her team for the continued hard work and dedication in providing advice on data collection and invaluable briefings on statistics collected each year.

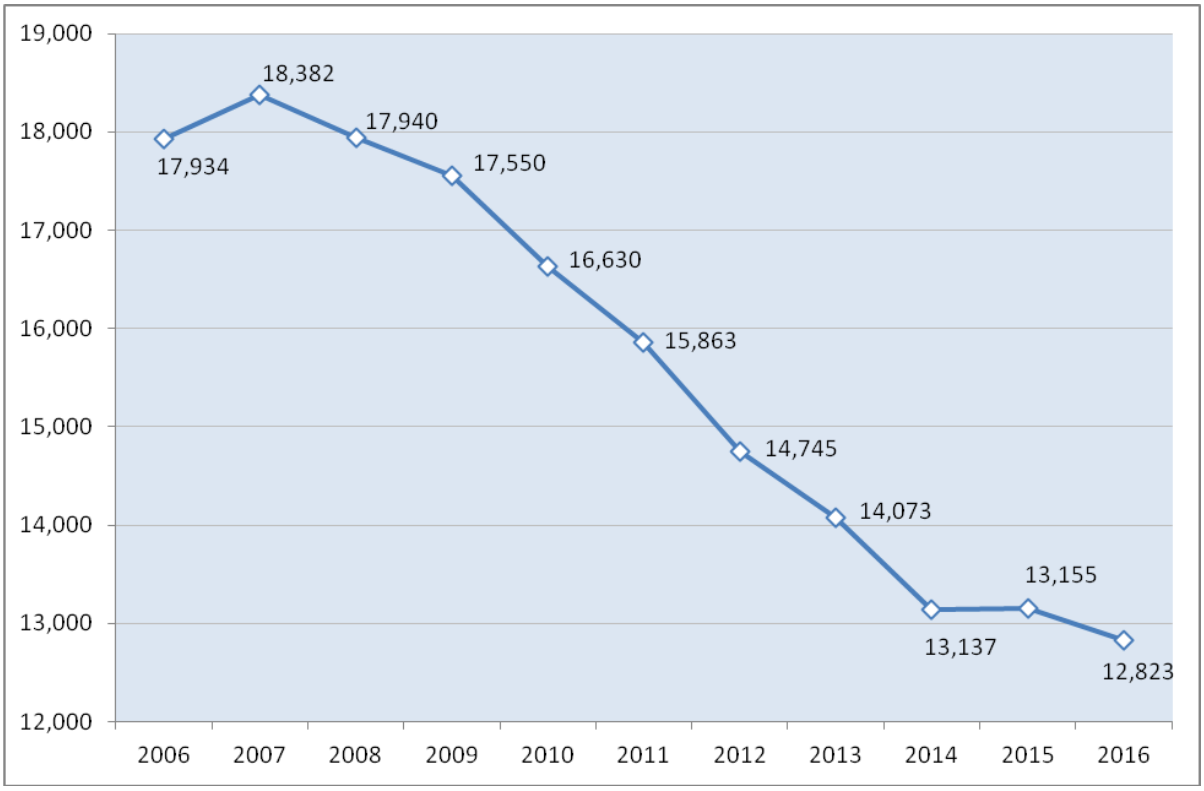
STATISTICAL ANALYSIS AND TRENDS

In this section the Committee presents its analysis of the New Zealand abortion statistics for the 2016 calendar year. Further statistics in tabular form are available to view online at Statistics New Zealand website: http://www.stats.govt.nz

1. Induced Abortions, Rates and Ratios

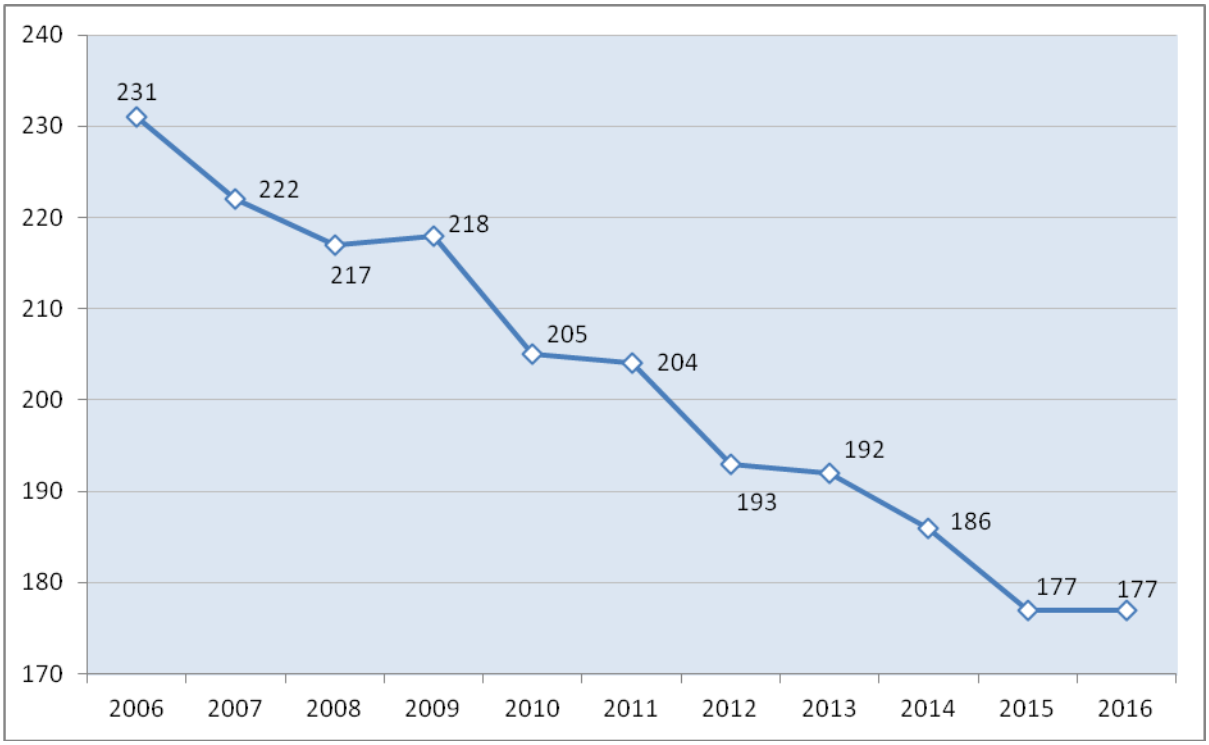
Graph 1.1

Number of Induced Abortions
2006-2016



Graph 1.2

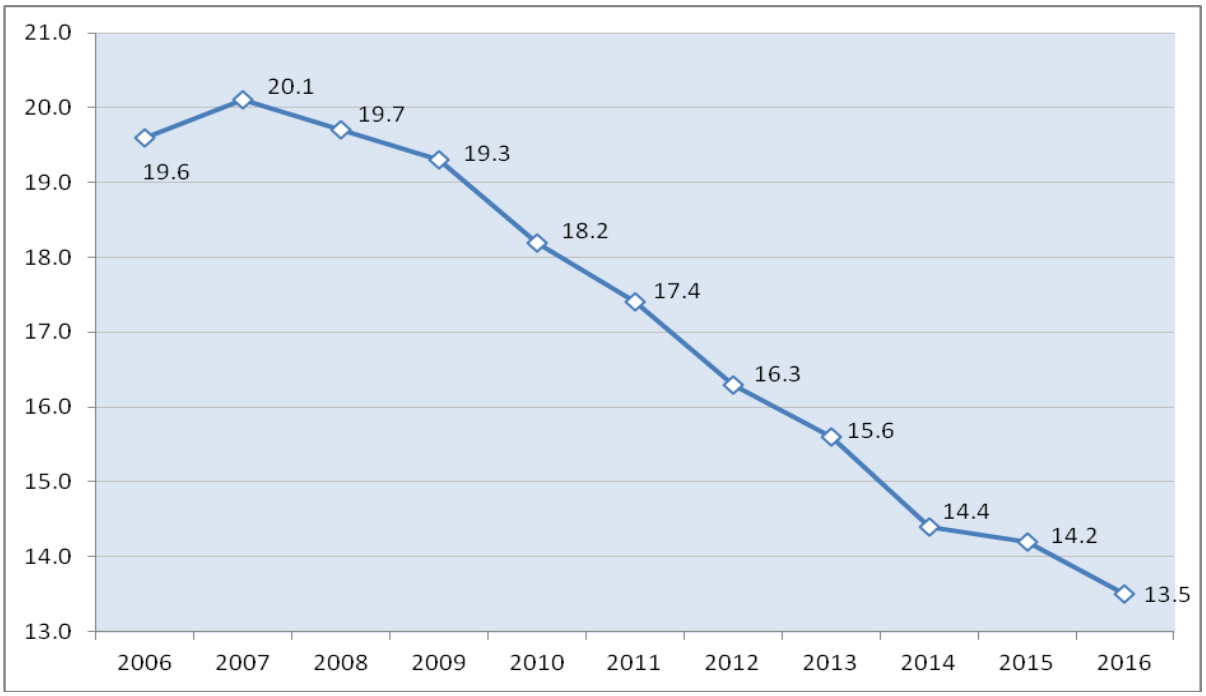
Abortion Ratio
2006-2016



The abortion ratio is the number of abortions per 1,000 known pregnancies. Known pregnancies include live births, stillbirths and induced abortions combined, but does not include miscarriages.

Graph 1.3

General Abortion Rate
2006-2016

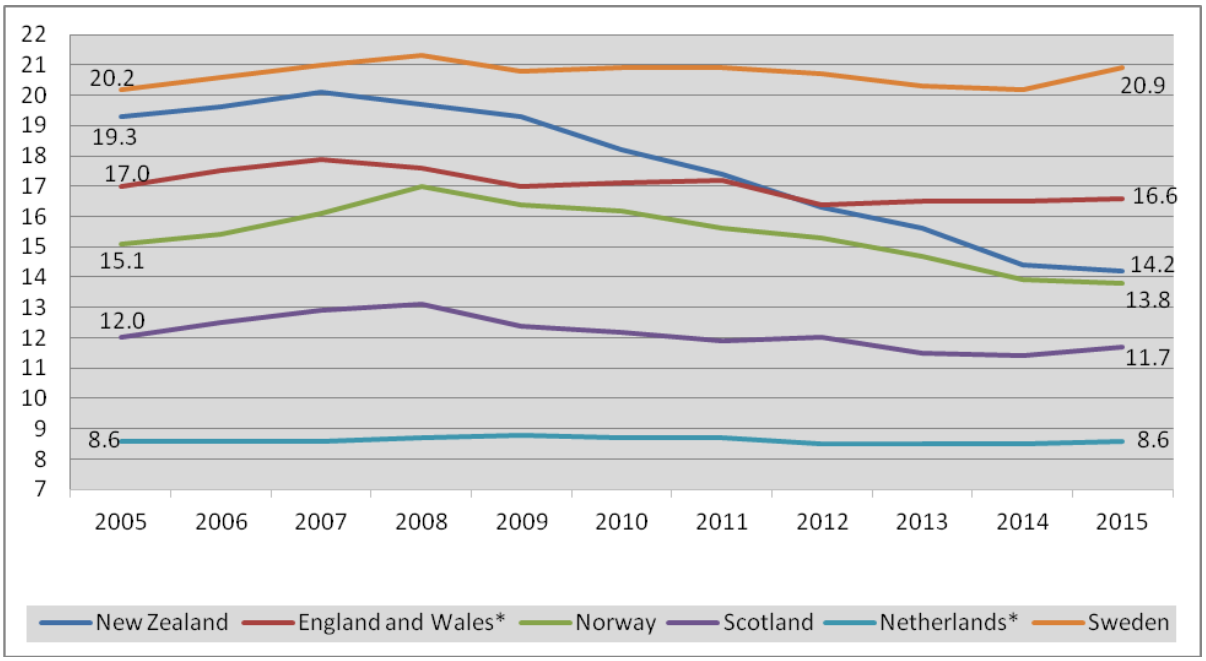


The general abortion rate is the number of abortions per 1,000 of the mean estimated population of women aged 15-44 years.

Graph 1.4

General Abortion Rates in Selected Countries

2005-2015



*Residents only

The general abortion rate is the number of abortions per 1,000 of the mean estimated population of women aged 15-44 years. Statistical coverage and laws relating to induced abortion affect international comparisons of abortion statistics.

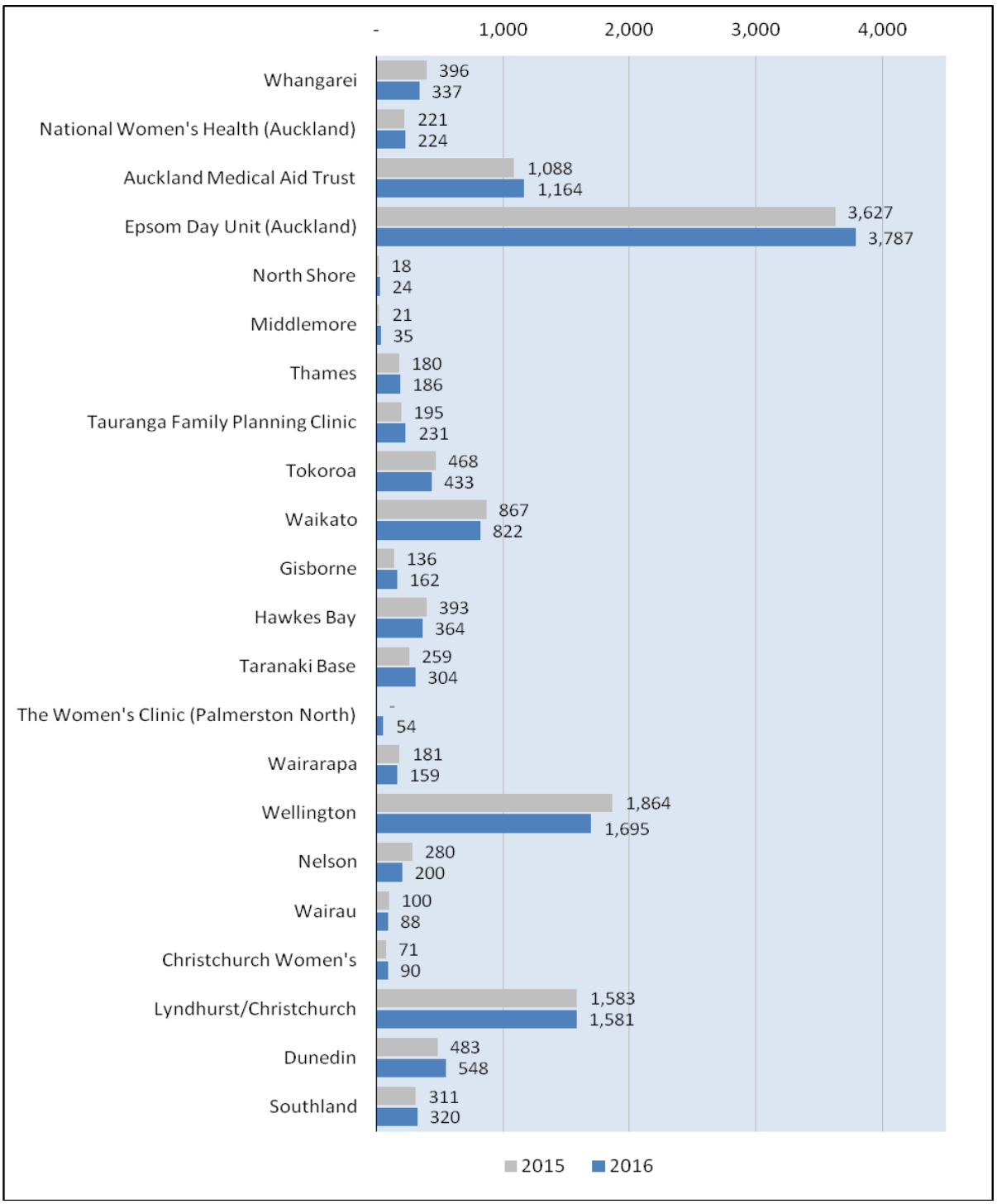
Induced abortions are not a notifiable procedure in many countries and statistics on abortion rates are not available for many countries. Consequently, differences between abortion rates for New Zealand and other countries should be interpreted with care.

International data for 2016 is not available for many countries, so comparisons are made using 2015 data.

2. Hospital and Residence

Graph 2.1

Number of Abortions by Hospital
December Years 2015 & 2016



Three other hospitals performed a total of 15 abortions:

Sugery on Shakespeare
Palmerston North
Hutt Hospital

Graph 2.2

Induced Abortions by Residence of Woman[1]
Regional Council
December Years 2015 & 2016

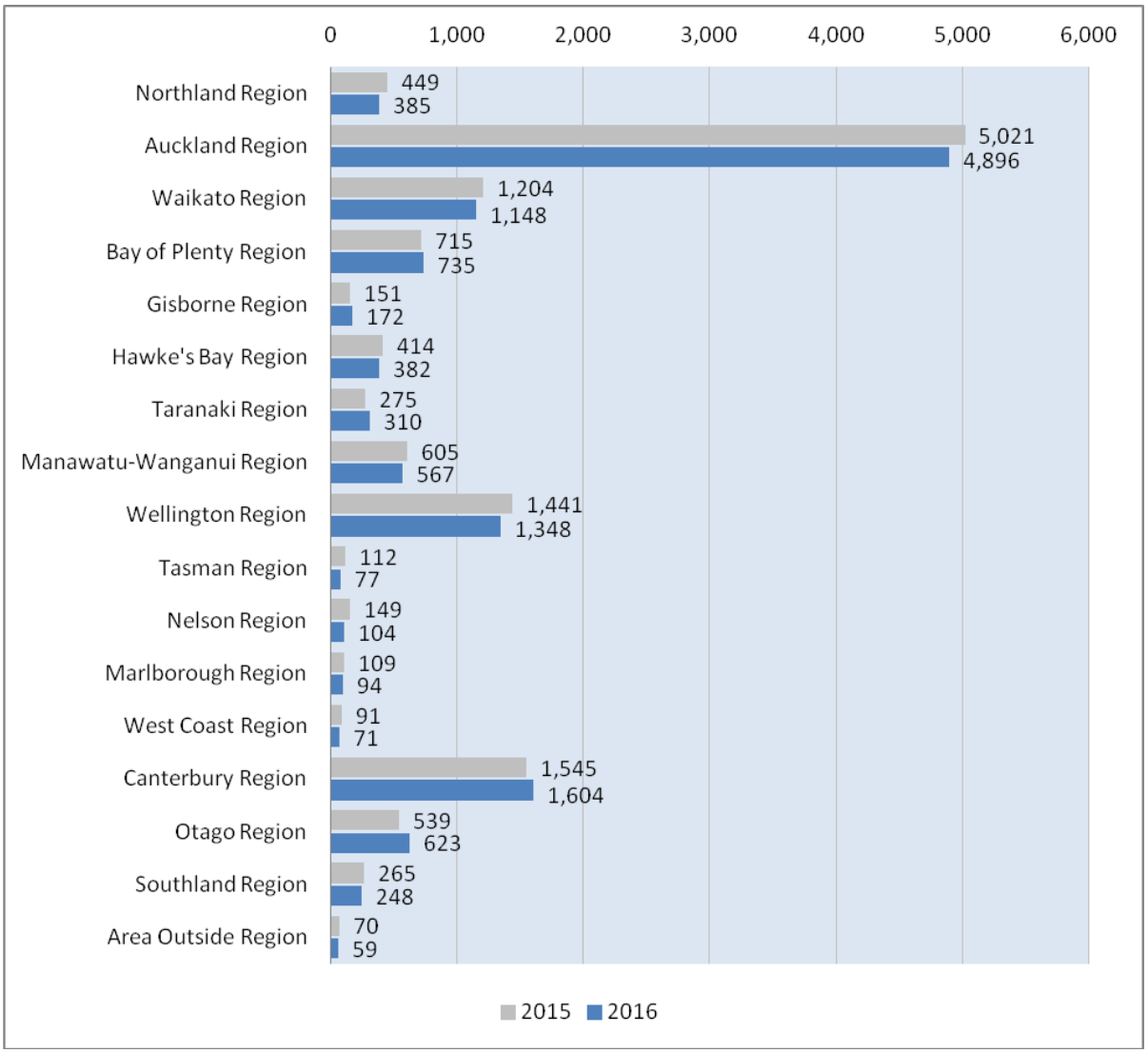


Table 2.3

Induced Abortions by Residential Status of Woman
December Year 2016

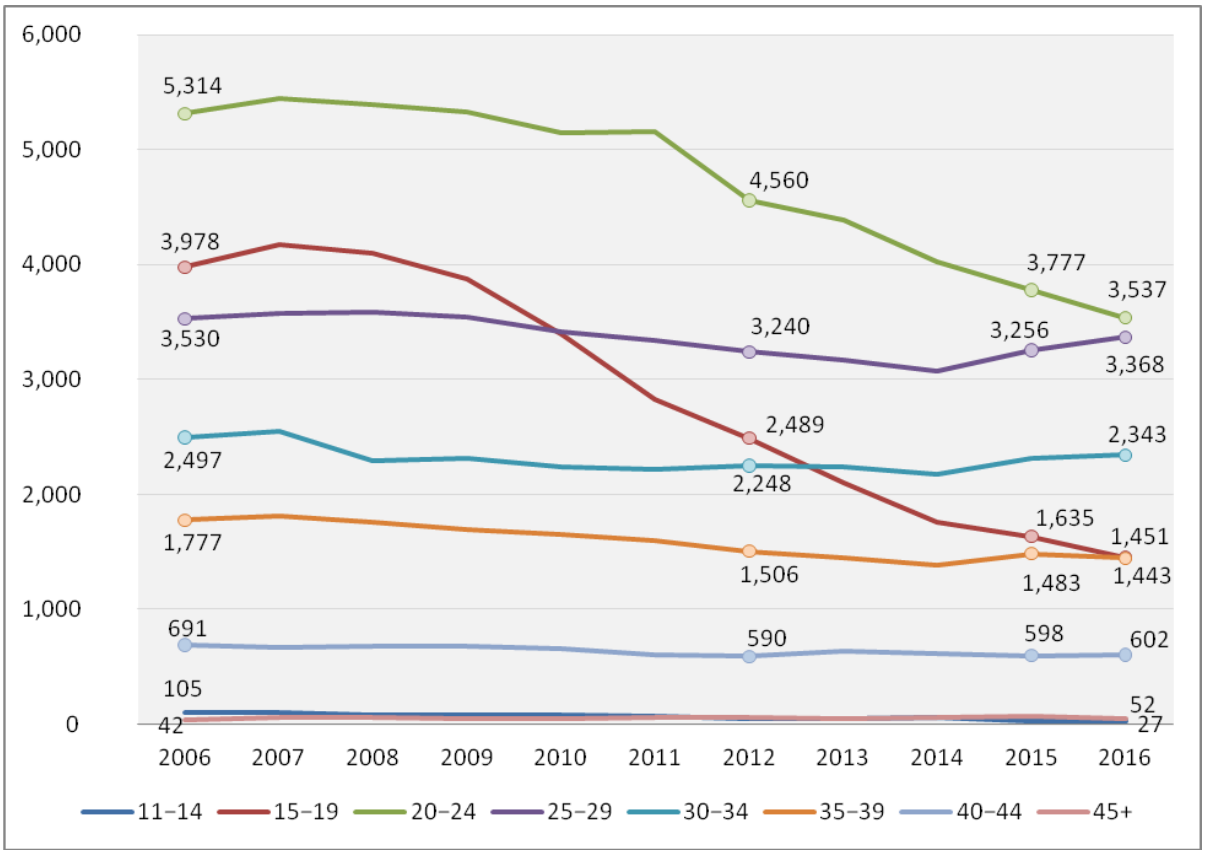
Residential Status [2]	Number
New Zealand Resident	11,341
Non-Resident	1,219
Not Stated	263
Total	**12,823**

[1] Due to different rates of 'not specified' region across hospitals, regional data should be interpreted with care.
[2] Residential status is not the same as place of residence.

3. Age of Woman

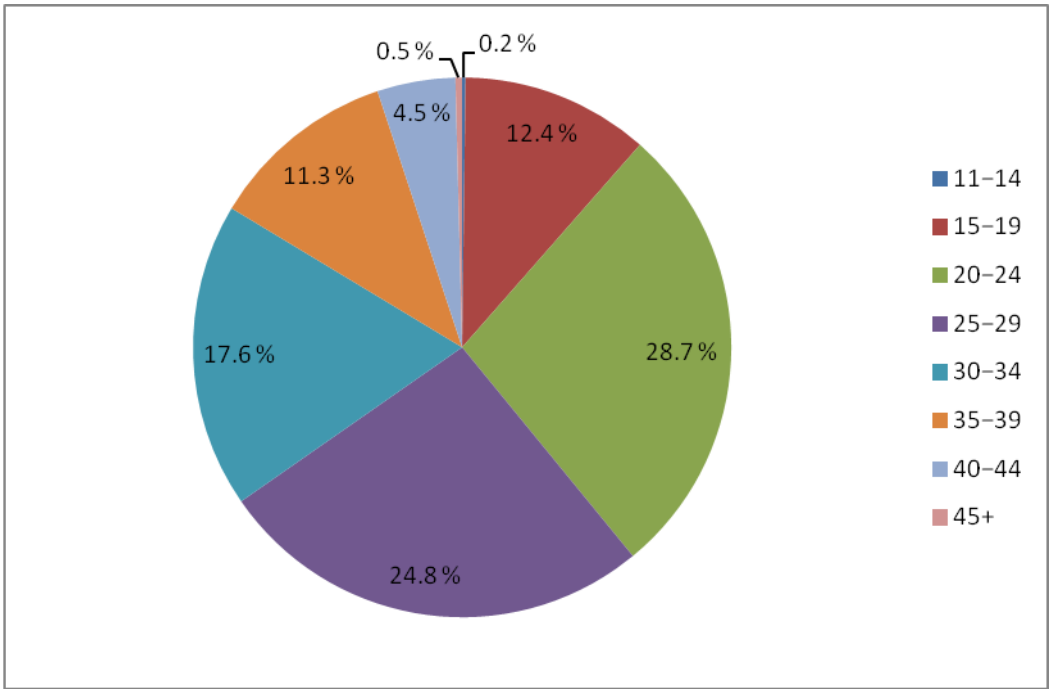
Graph 3.1

Number of Abortions by Age
2006-2016



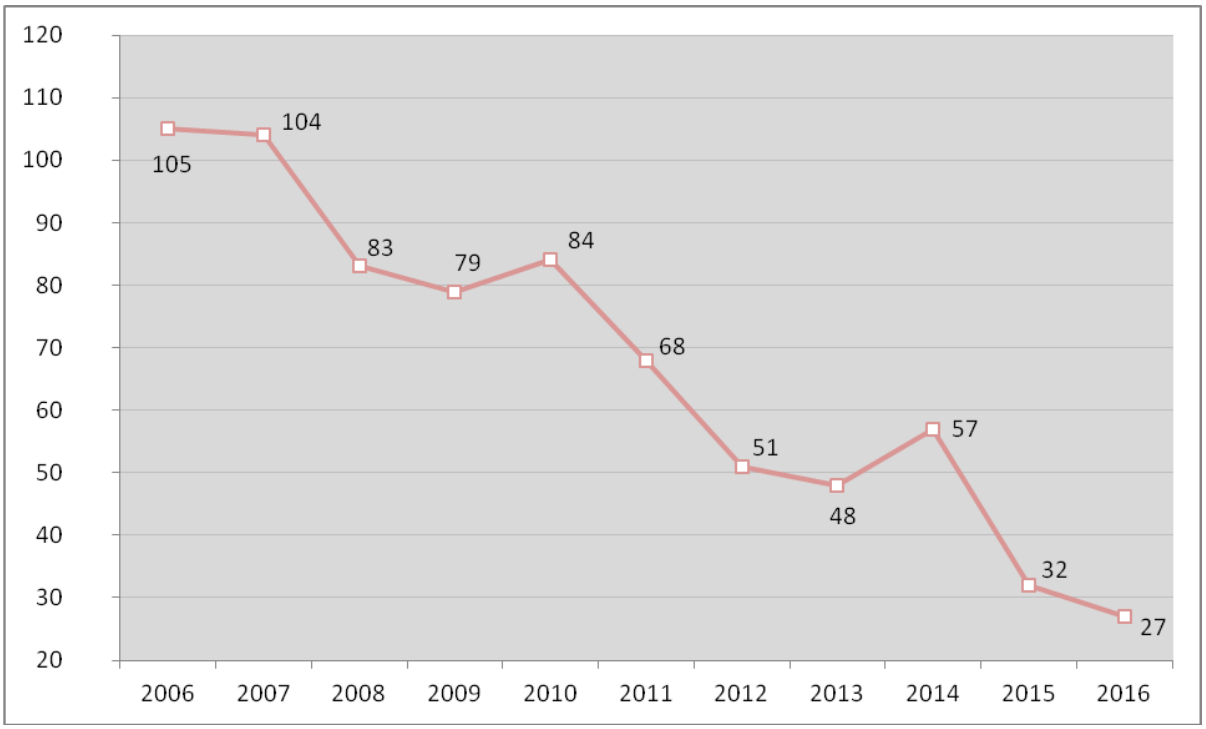
Graph 3.2

Number of Abortions by Age in Percentages
December Year 2016



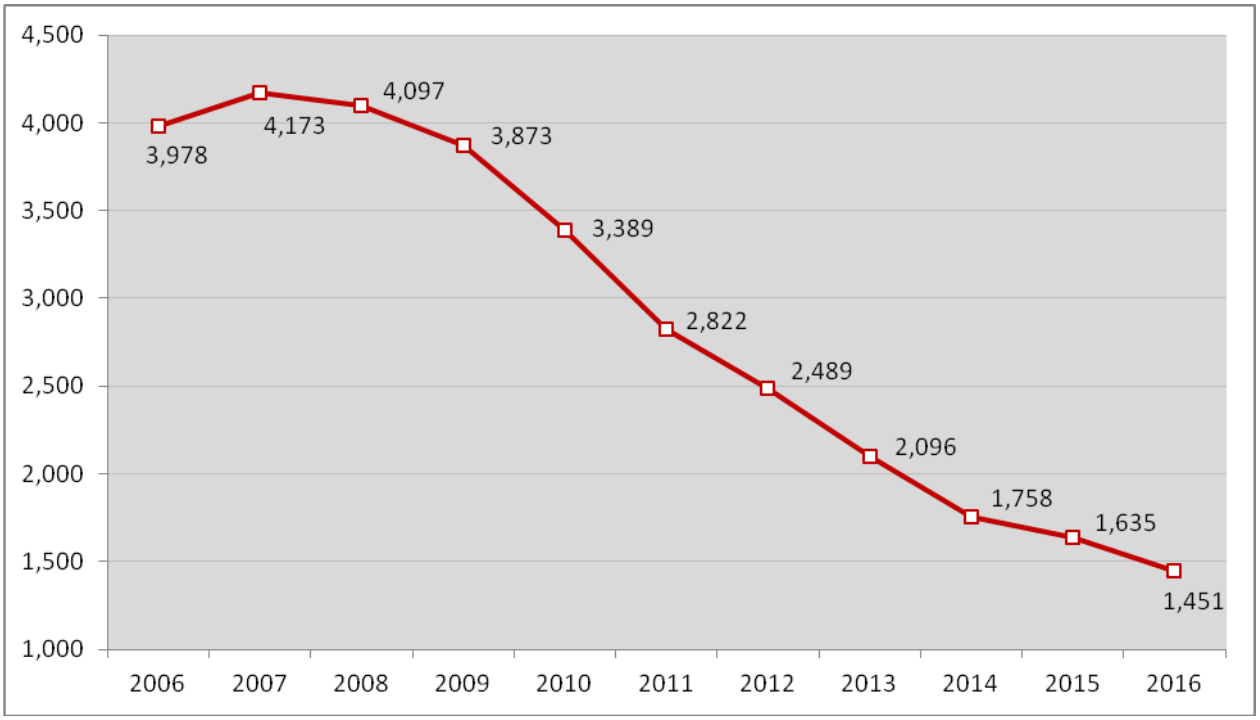
Graph 3.3

Number of Abortions for Ages 11-14
2006-2016



Graph 3.4

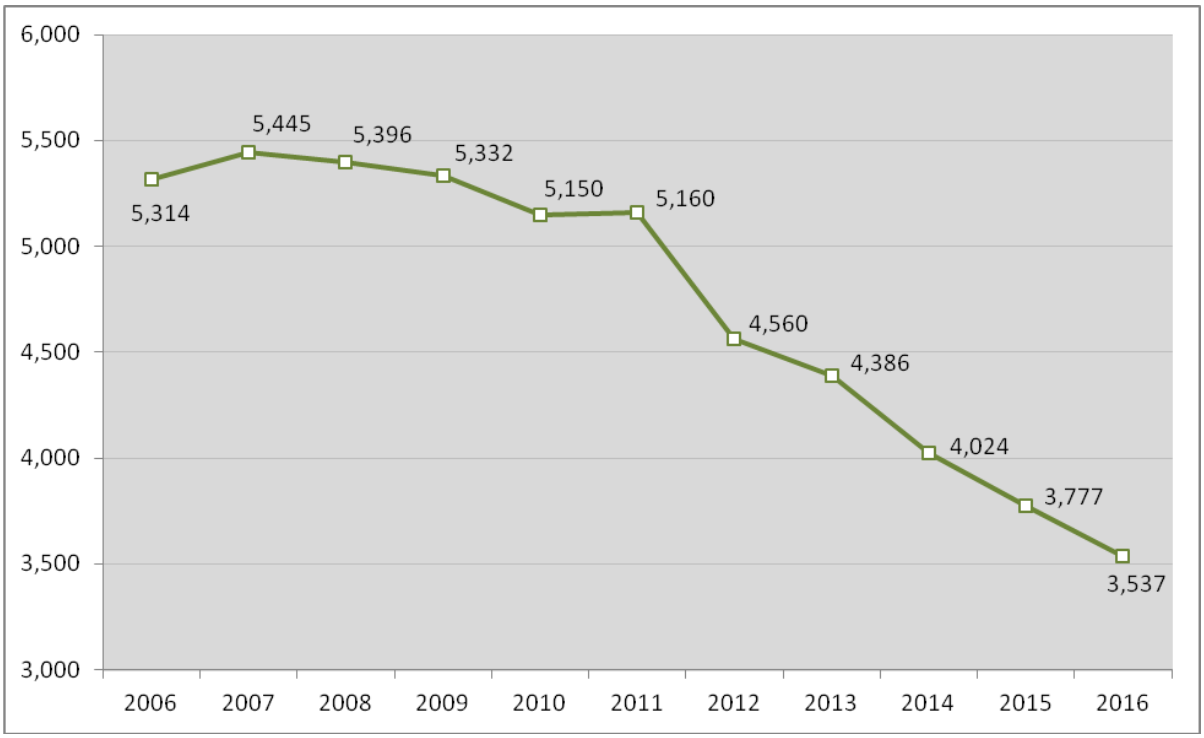
Number of Abortions for Ages 15-19
2005-2015



Graph 3.5

Number of Abortions for Ages 20-24

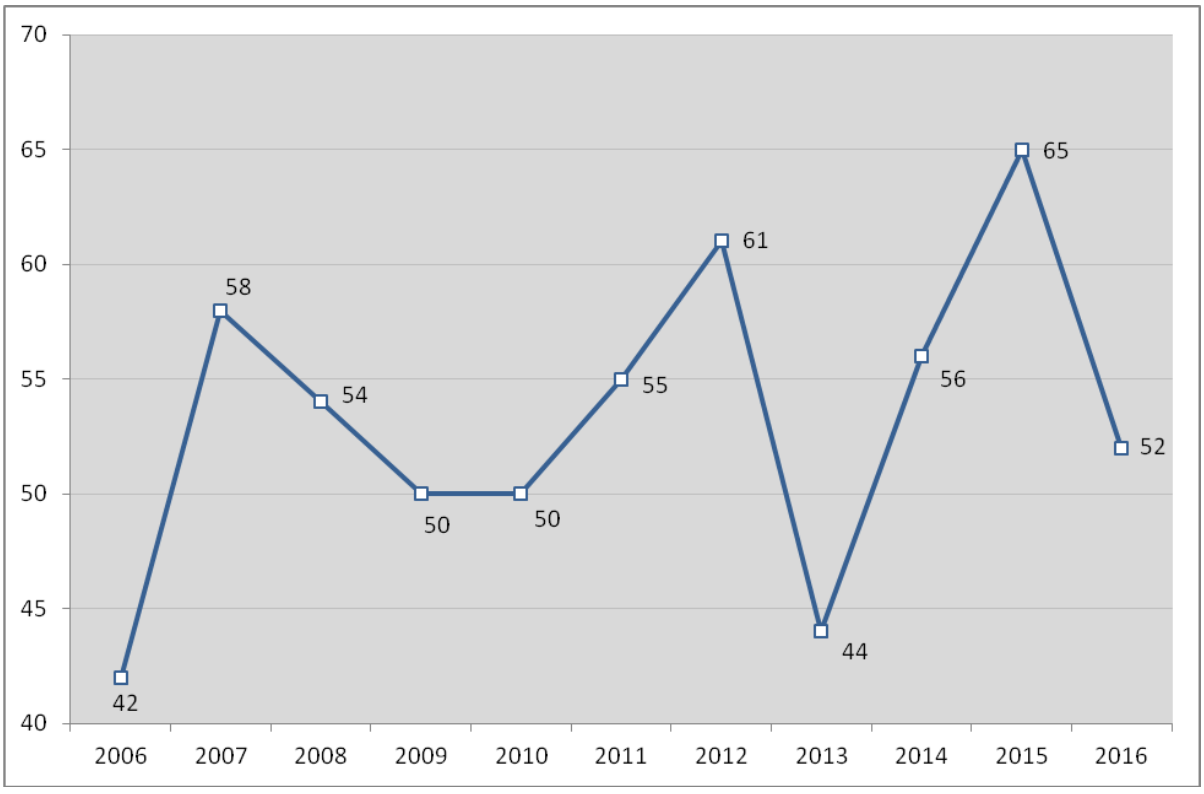
2006-2016



Graph 3.6

Number of Abortions for Ages 45+

2006-2016



4. Previous Live Births

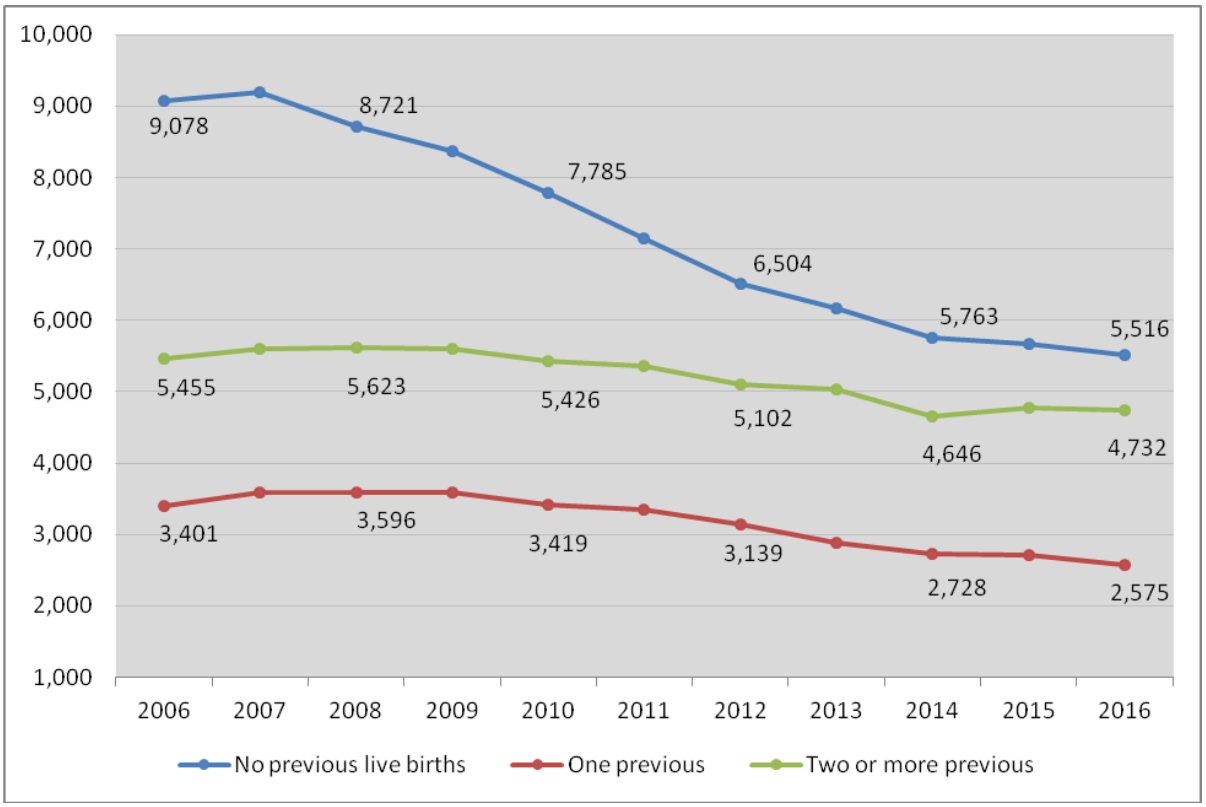
Table 4.1

Induced Abortions by Age and Previous Live Births
December Year 2016

Age (years)	Previous Live Births								
	Total	0	1	2	3	4	5	6	7 or More
All Ages	**12,823**	**5,516**	**2,575**	**2,754**	**1,201**	**495**	**175**	**65**	**42**
Under 15	27	27	-	-	-	-	-	-	-
15-19	1,451	1,279	146	25	1	-	-	-	-
20-24	3,537	2,133	773	473	124	31	2	1	-
25-29	3,368	1,307	749	742	364	156	38	10	2
30-34	2,343	520	517	712	336	162	56	25	15
35-39	1,443	181	287	546	246	102	51	15	15
40-44	602	67	95	232	120	38	28	14	8
45 and Over	52	2	8	24	10	6	-	-	2

Graph 4.2

Number of Abortions by Previous Live Births
2006-2016



5. Previous Induced Abortions

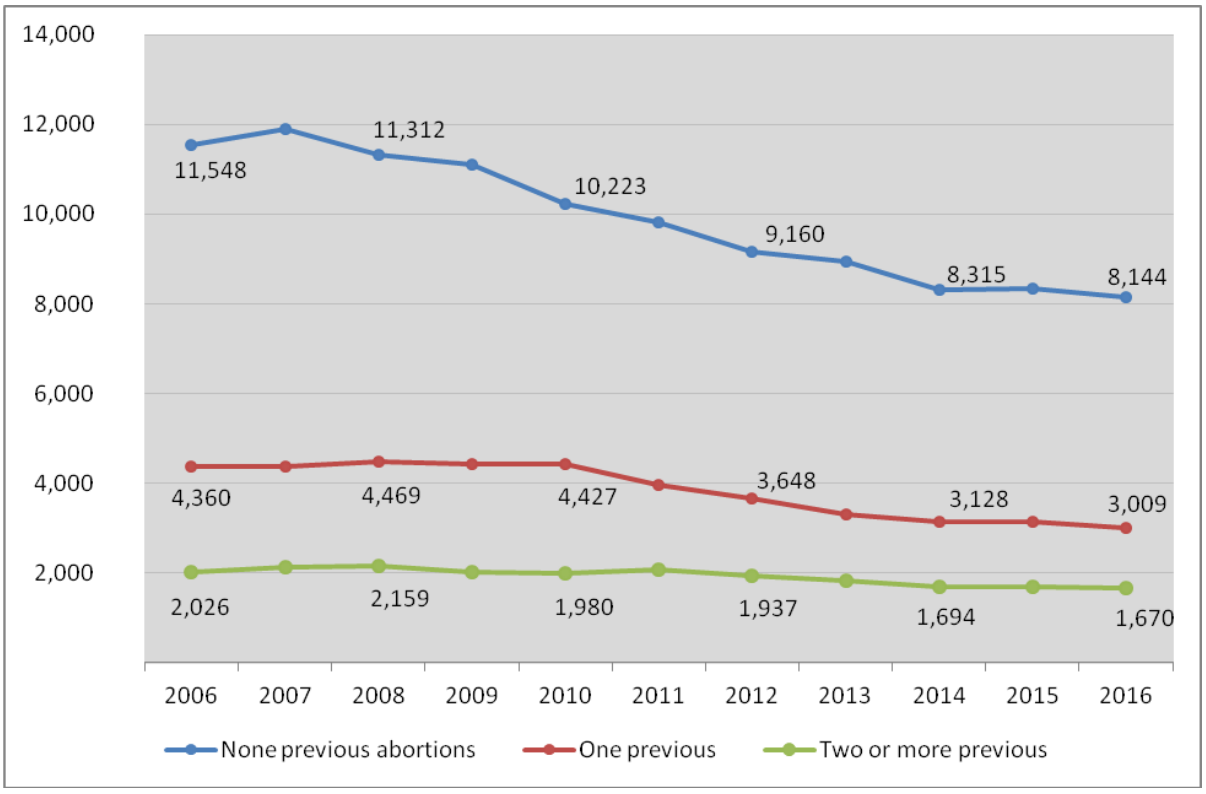
Table 5.1

Induced Abortions by Age and Previous Induced Abortions
December Year 2016

Age (years)	Previous Abortions							
	Total	0	1	2	3	4	5	6 or more
All Ages	**12,823**	**8,144**	**3,009**	**1,075**	**396**	**129**	**43**	**27**
Under 15	27	27	-	-	-	-	-	-
15-19	1,451	1,304	131	15	1	-	-	-
20-24	3,537	2,561	740	175	51	9	1	-
25-29	3,368	1,931	905	355	122	38	12	5
30-34	2,343	1,221	663	283	113	33	16	14
35-39	1,443	764	384	158	87	36	8	6
40-44	602	310	173	82	17	12	6	2
45 and Over	52	26	13	7	5	1	-	-

Graph 5.2

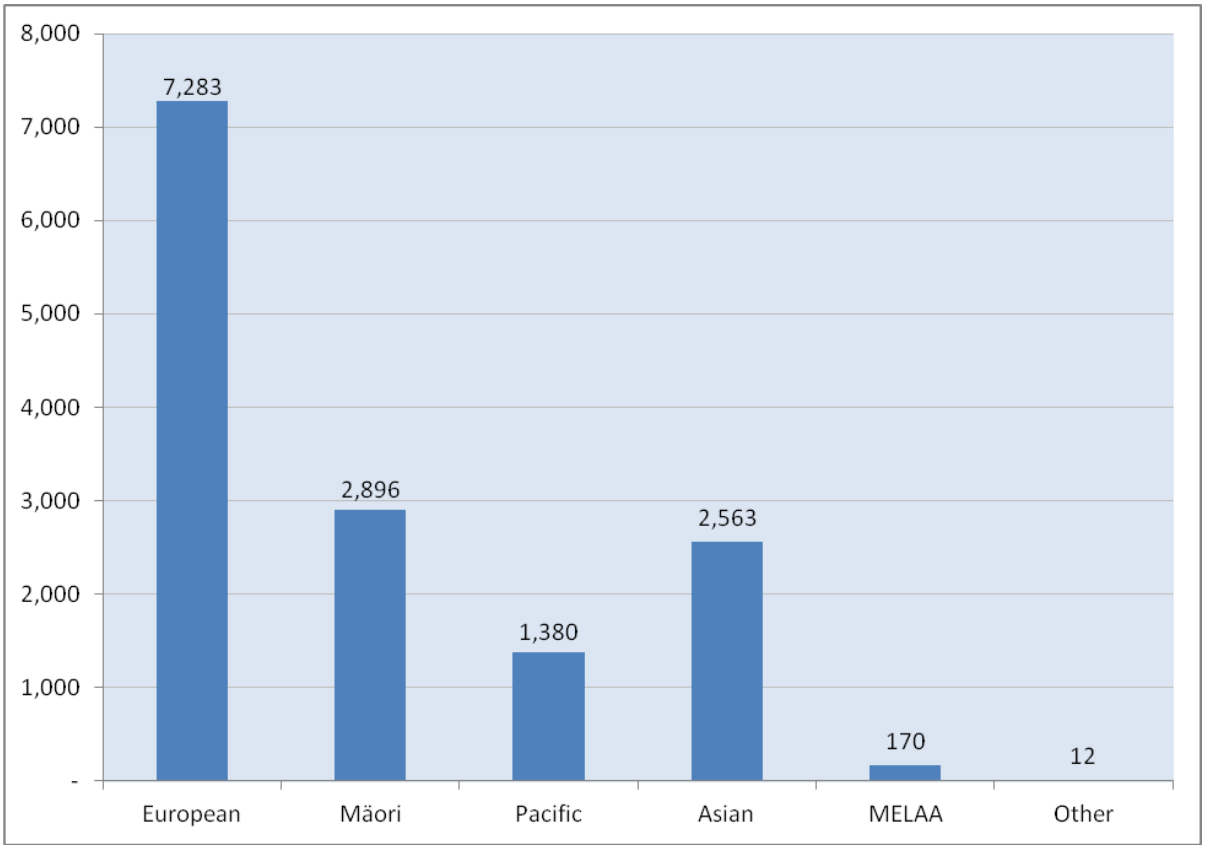
Number of Abortions by Previous Induced Abortions
2006-2016



6. Ethnic Group

Graph 6.1

Number of Abortions by Ethnic Group
December Year 2016



Each abortion has been included in every ethnic group specified. For this reason, some abortions are counted more than once.

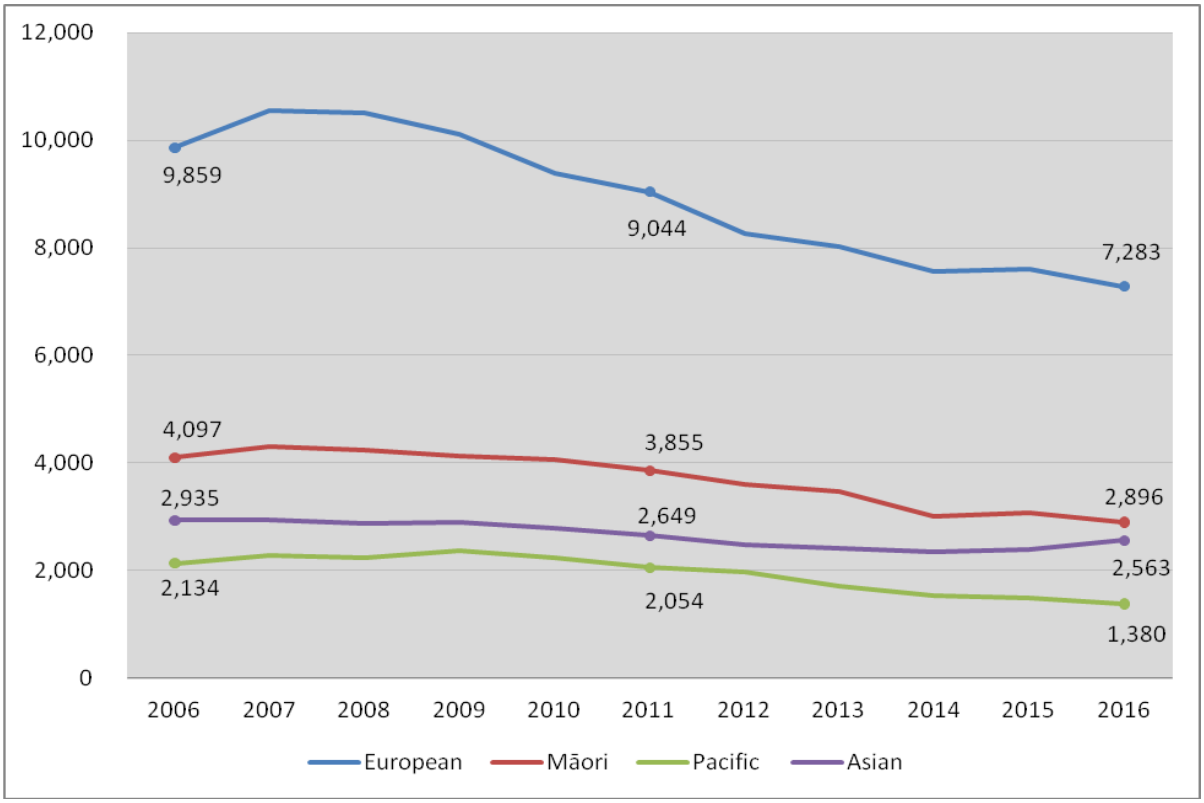
Note:

(a) MELAA = Middle Eastern, Latin American and African

(b) Other includes New Zealanders.

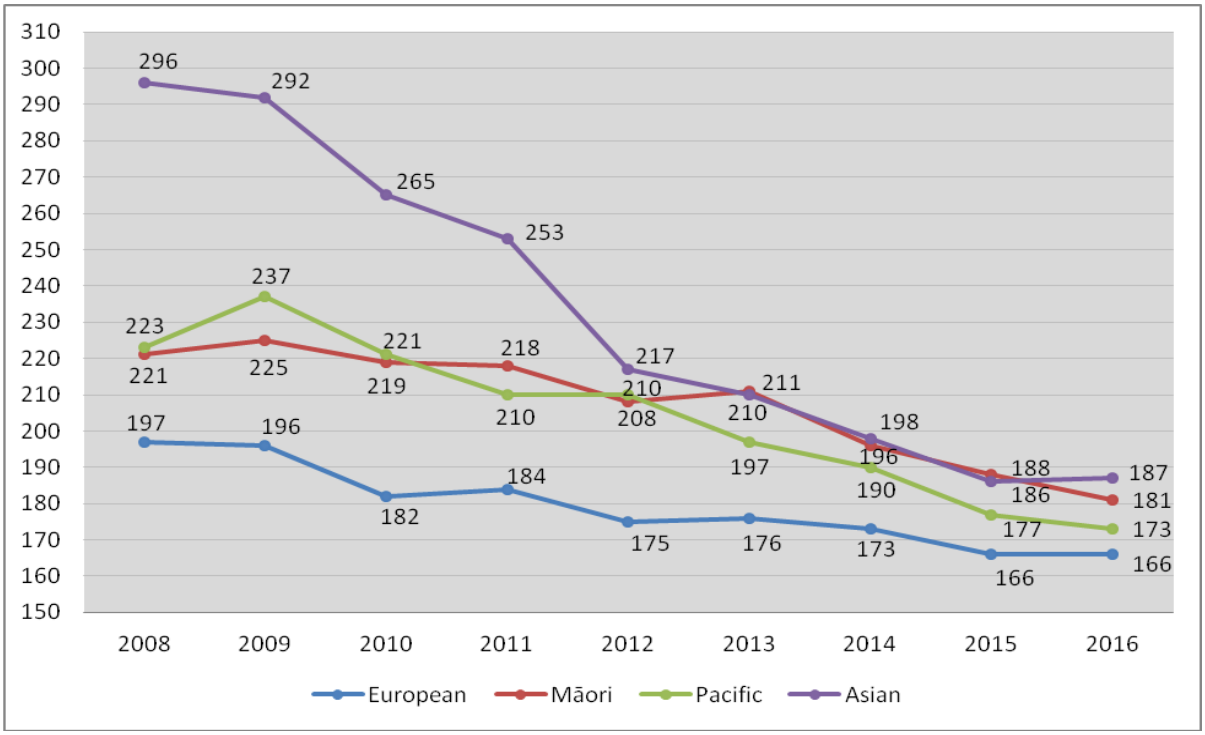
Graph 6.2

Number of Abortions by Ethnic Group (Trend)
2006-2016



Graph 6.3

Induced Abortions by Ethnicity Ratio
2008-2015



Ratio: Induced abortions per 1,000 known pregnancies including live births, stillbirths and abortions combined, but does not include miscarriages.

7. Duration of Pregnancy

Table 7.1

Induced Abortion by Age and Duration of Pregnancy

December Year 2016

Age (years)	Duration of Pregnancy (weeks)					
	Total	Under 8	8-12	13-16	17-20	Over 20
All Ages	**12,823**	**2,433**	**9,077**	**1,004**	**233**	**76**
Under 20	1,478	180	1,125	134	34	5
20-24	3,537	676	2,519	281	53	8
25-29	3,368	639	2,417	242	56	14
30-34	2,343	489	1,617	167	42	28
35-39	1,443	302	975	117	32	17
40-44	602	134	390	59	15	4
45 +	52	13	34	4	1	-

Table 7.2

Induced Abortion by Duration of Pregnancy

2006-2016

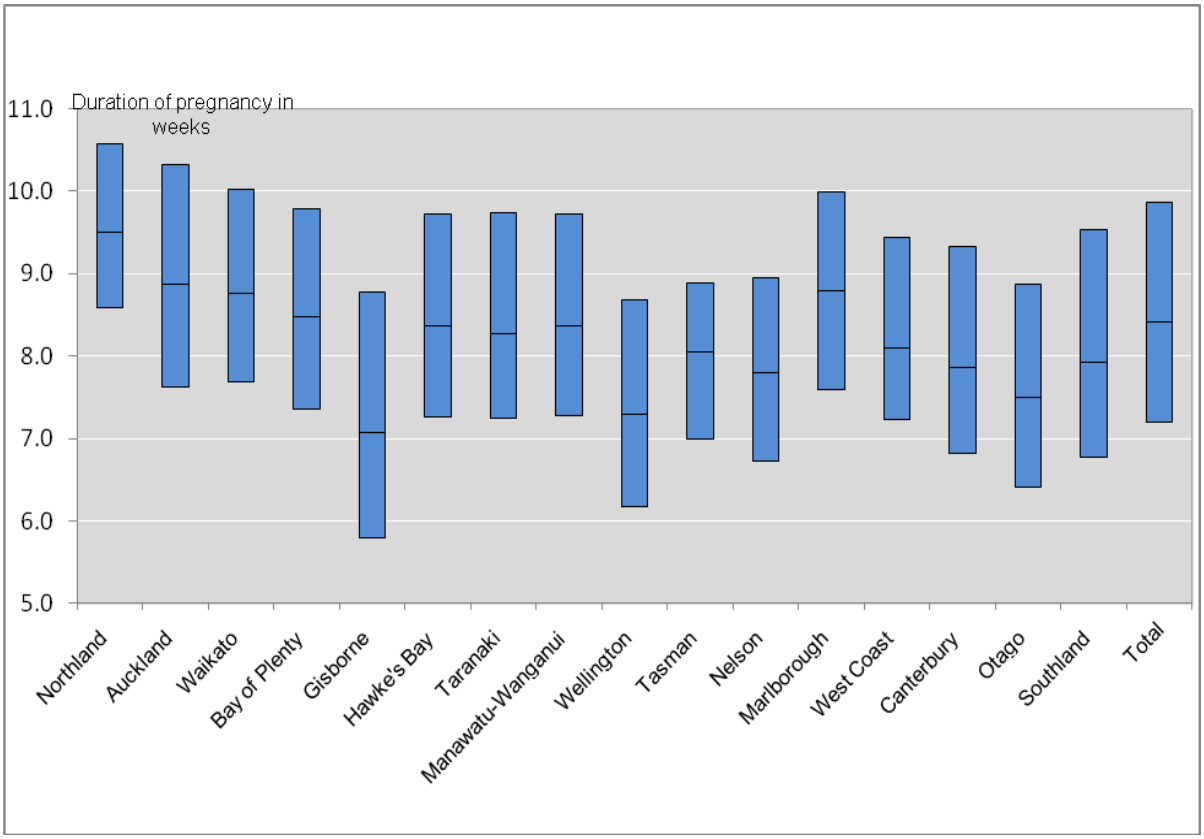
December year	Duration of pregnancy (weeks)								Total abortions
	Under 8	8	9	10	11	12	13	14+	
Number									
2006	1,526	1,843	3,012	3,729	2,990	2,634	1,259	941	17,934
2007	1,478	2,413	3,558	3,671	3,131	2,631	478	1,022	18,382
2008	1,687	2,875	3,743	3,535	2,655	2,026	438	981	17,940
2009	1,941	3,294	3,580	3,149	2,412	1,768	408	998	17,550
2010	2,168	3,836	3,316	2,601	1,993	1,364	470	882	16,630
2011	1,893	3,518	3,289	2,561	1,930	1,364	400	908	15,863
2012	2,031	3,066	3,053	2,349	1,730	1,264	409	843	14,745
2013	2,516	2,735	2,683	2,251	1,571	1,169	358	790	14,073
2014	2,558	2,557	2,323	1,858	1,420	1,136	504	781	13,137
2015	2,465	2,452	2,357	1,833	1,507	1,203	553	785	13,155
2016	2,433	2,452	2,444	1,808	1,315	1,058	512	801	12,823
Percent									
2006	8.5	10.3	16.8	20.8	16.7	14.7	7.0	5.2	100.0
2007	8.0	13.1	19.4	20.0	17.0	14.3	2.6	5.6	100.0
2008	9.4	16.0	20.9	19.7	14.8	11.3	2.4	5.5	100.0
2009	11.1	18.8	20.4	17.9	13.7	10.1	2.3	5.7	100.0
2010	13.0	23.1	19.9	15.6	12.0	8.2	2.8	5.3	100.0
2011	11.9	22.2	20.7	16.1	12.2	8.6	2.5	5.7	100.0
2012	13.8	20.8	20.7	15.9	11.7	8.6	2.8	5.7	100.0
2013	17.9	19.4	19.1	16.0	11.2	8.3	2.5	5.6	100.0
2014	19.5	19.5	17.7	14.1	10.8	8.6	3.8	5.9	100.0
2015	18.7	18.6	17.9	13.9	11.5	9.1	4.2	6.0	100.0
2016	19.0	19.1	19.1	14.1	10.3	8.3	4.0	6.2	100.0

Note: Percentages may not sum to stated totals due to rounding.

Table 7.3

First Trimester Abortions [(1)] by Duration of Pregnancy 2016

25th, 50th, and 75th percentiles by regional council



(1) Induced abortions performed before the thirteenth week of pregnancy
Note: Gestation refers to the Xth week not complete weeks. For example 7 weeks and 5 days is recorded as the 8th week

The 'box-plot' graph above shows the median duration of pregnancy (indicated by the line in the middle of each box) for first trimester abortions in each region (by regional council areas).

The top of the box is the 75th percentile (that is three-quarters of first trimester pregnancies were terminated within this number of weeks) and the bottom of the box is the 25th percentile (that is, one-quarter of first trimester pregnancies were terminated within this number of weeks).

8. Grounds for Abortion

Table 8.1

Induced Abortion by Grounds for Abortion
December Year 2016

Grounds for Abortion	Number	Percent
Total	**12,823**	**100.0**
Danger to Life	37	0.3
Danger to Physical Health	31	0.2
Danger to Mental Health	12,437	97.0
Danger to Life and Physical Health	3	0.0
Danger to Life and Mental Health	1	0.0
Mental and Physical Health Danger	79	0.6
Handicapped Child and Danger to Life	1	0.0
Handicapped Child and Physical Danger	5	0.0
Handicapped Child and Mental Danger	130	1.0
Handicapped Child, Physical and Mental Danger	9	0.1
Seriously Handicapped Child	86	0.7
Criminal Offence and Danger to Mental Health	4	0.0

9. Procedure

Table 9.1

Induced Abortions by Procedure and Duration of Pregnancy
December Year 2016

Procedure	Under 9 weeks	9th week and over	Total
Total	**4,885**	**7,938**	**12,823**
Surgical	3,371	7,442	**10,813**
Medical only (no surgery)	1,498	472	**1,970**
Failed medical only followed by surgical	15	17	**32**
Failed surgical followed by medical	0	2	**2**
Other	1	5	**6**

10. Complication

Table 10.1

Induced Abortions by Complication
December Year 2016

Complication	Number	Percent
Total	**12,823**	**100.0**
None	12,767	99.6
Retained placenta/products	19	0.1
Haemorrhage (500ml or more)	17	0.1
Haemorrhage and retained placenta/products	10	0.1
Other/Haemorrhage and Other	8	0.1
Perforation of Uterus	2	0.0

Note: Percentages may not sum to stated totals due to rounding

11. Contraception

Table 11.1

Induced Abortions by Contraception Used
December Year 2016

Contraception Used	Number	Percent
Total	**12,823**	**100.0**
None	7,329	57.0
Condoms	3,133	24.4
Combined oral contraceptives	1,207	9.4
Progesterone only contraceptives	459	3.6
Natural family planning	212	1.7
Emergency contraception	168	1.3
Intra-Uterine contraceptive device without hormones	153	1.2
Depo provera injections	100	0.8
Intra-Uterine contraceptive device with hormones	31	0.2
Other	19	0.1
Long-acting implant	12	0.1

Graph 11.2

Percentage of Abortions by Contraception Used
December Year 2016

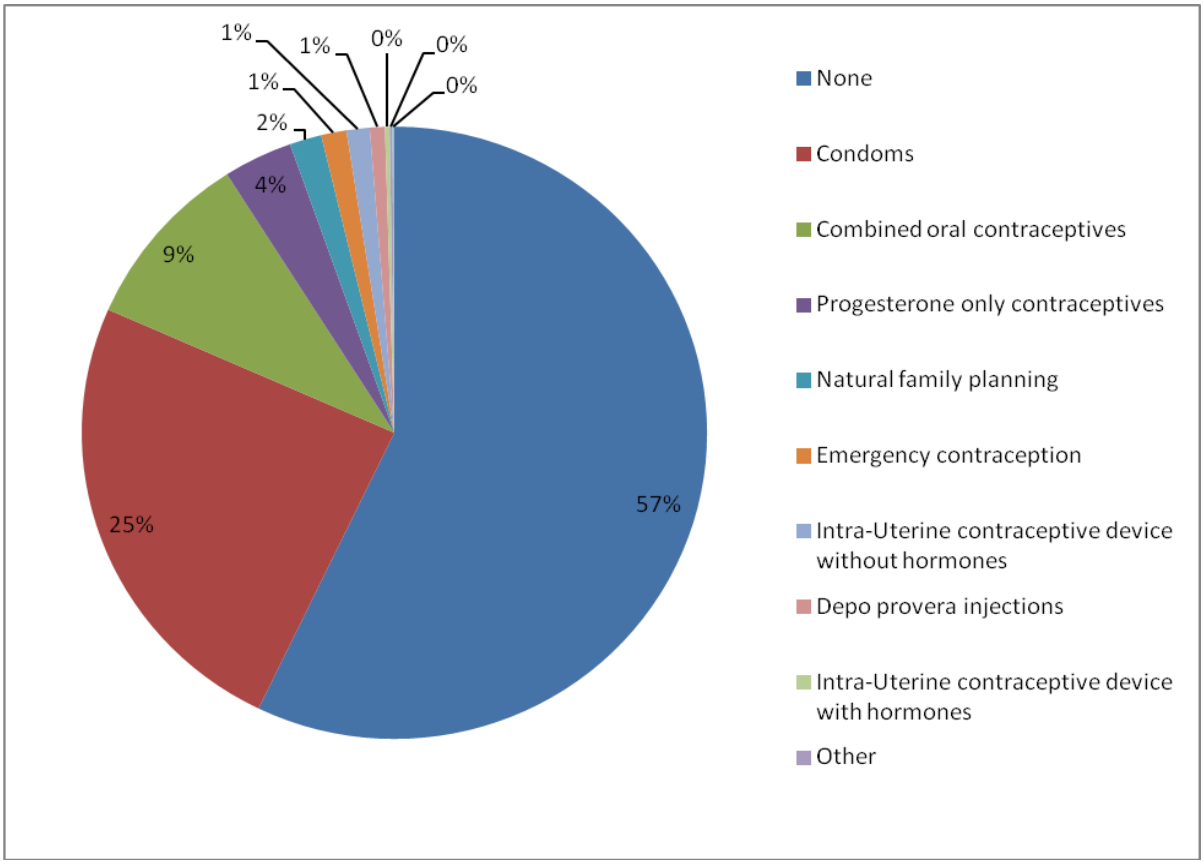


Table 11.3

Induced Abortions by Age and Contraception Use
December Year 2016

Age Group (years)	Total	No Contraception Used	Contraception Used
All Ages	**12,823**	**7,329**	**5,494**
Under 20	1,478	916	562
20-24	3,537	2,047	1,490
25-29	3,368	1,860	1,508
30-34	2,343	1,309	1,034
35-39	1,443	811	632
40 +	654	386	268

Graph 11.4

No Contraception Used by Age Group
December Year 2016

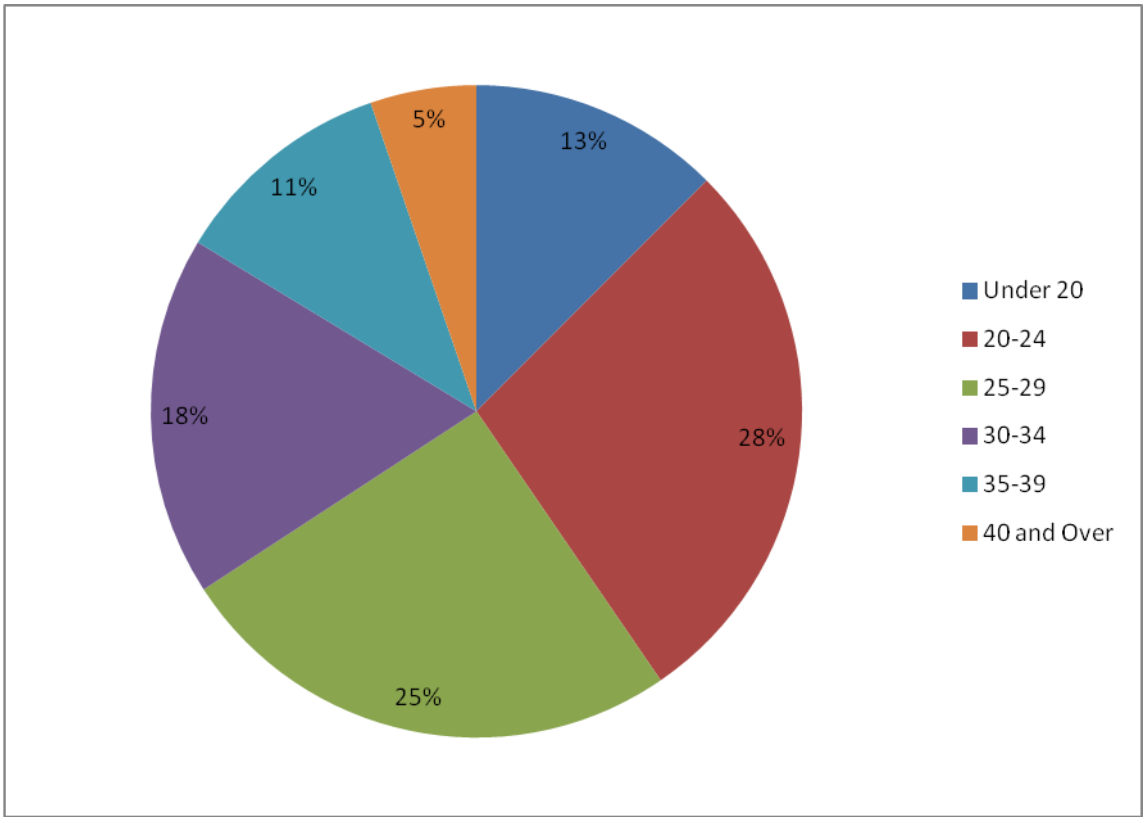


Table 11.5

Contraception Used by Previous Live Births and Previous Abortions

December Year 2016

Number	Previous Live Births			Previous Abortions		
	Total	No Contraception Used	Contraception Used	Total	No Contraception Used	Contraception Used
Total	**12,823**	**7,329**	**5,494**	**12,823**	**7,329**	**5,494**
0	5,516	3,075	2,441	8,144	4,783	3,361
1	2,575	1,502	1,073	3,009	1,645	1,364
2	2,754	1,536	1,218	1,075	572	503
3	1,201	715	486	396	220	176
4 or more	777	501	276	199	109	90

Table 11.6

Contraception Provided at the Time of the Procedure by Previous Abortions

December Year 2016

Previous abortions	Total	Type of contraceptive						
		None	IUCD	Implant	Oral Contraceptives	Depo Provera	Condoms	Other
Total	**12,823**	**1,198**	**4,764**	**1,542**	**2,913**	**1,183**	**1,273**	**290**
0	8,144	843	2,807	976	1,936	697	914	221
1	3,009	226	1,246	352	658	299	246	41
2 or more	1,670	129	711	214	319	187	113	28

Note:

(a) Because a small number of women are provided with more than one type of contraceptive, contraceptives provided sum to more than the number of abortions.

(b) 'Referred to general practitioner' or 'referred for vasectomy' responses are in the 'none' category.

(c) ‘Oral Contraceptives’ includes combined oral contraceptives and progestrone only contraceptives.

(d) ‘Other’ contraceptives are largely the emergency contraceptive pill.

Table 11.7

Induced Abortions by Contraception Provided at the Time of the Procedure

December Year 2016

Contraception Used	Number	Percent
Total	**12,823**	**100.0**
IUCD insertion	4,734	36.9
Combined oral contraceptives	2,302	18.0
Implant insertion	1,539	12.0
None	1,198	9.3
Depo provera injections	1,174	9.2
Condoms	949	7.4
Progesterone only contraceptives	566	4.4
Condoms and emergency contraceptive pill	266	2.1
Progesterone only contraceptives and condoms	20	0.2
IUCD insertion and condoms	17	0.1
Other	16	0.1
Combined oral contraceptives and condoms	13	0.1
IUCD insertion and combined oral contraceptives	8	0.1
Emergency contraceptive pill	5	0.0
Depo provera injections and condoms	4	0.0
IUCD insertion and depo provera injections	4	0.0
Condoms and Other	2	0.0
Implant insertion and condoms	2	0.0
Depo provera injections and progesterone only contraceptives	1	0.0
IUCD insertion and progesterone only contraceptives	1	0.0
Implant insertion and combined oral contraceptives	1	0.0
Progesterone only contraceptives and emergency contraceptive pill	1	0.0

Notes:

(a) 'Referred to general practitioner' or 'referred for vasectomy' responses are in the 'none' category.

(b) 'Other' contraceptives are largely sterilisation.

Table 11.8

Contraception Provided at the Time of the Procedure by Residence of Woman

Regional Council

December Year 2016

Regional Council	Total	Type of contraceptive						
		None	IUCD	Implant	Oral Contraceptives	Depo Provera	Condoms	Other
New Zealand	**12,823**	**1,198**	**4,764**	**1,542**	**2,913**	**1,183**	**1,273**	**290**
Northland Region	385	31	197	23	46	63	23	5
Auckland Region	4,896	520	1,950	547	947	260	684	207
Waikato Region	1,148	84	439	158	242	127	114	26
Bay of Plenty Region	735	40	227	100	193	113	79	27
Gisborne Region	172	7	76	34	30	17	9	3
Hawke's Bay Region	382	18	127	75	90	44	28	1
Taranaki Region	310	49	89	48	76	37	12	0
Manawatu-Wanganui	567	46	191	82	146	79	25	0
Wellington Region	1,348	125	468	187	358	114	94	4
Tasman Region	77	17	20	7	18	8	5	2
Nelson Region	104	21	34	6	24	9	8	2
Marlborough Region	94	8	23	16	32	12	3	0
West Coast Region	71	3	26	12	17	8	4	1
Canterbury Region	1,604	158	531	142	444	213	117	3
Otago Region	623	41	218	55	193	64	60	9
Southland Region	248	18	128	47	43	10	3	0
Area Outside Region	59	12	20	3	14	5	5	0

Note:

(a) Because a small number of women are provided with more than one type of contraceptive, contraceptives provided sum to more than the number of abortions.

(b) 'Referred to general practitioner' or 'referred for vasectomy' responses are in the 'none' category.

(c) Oral Contraceptives includes combined oral contraceptives and progestrone only contraceptives.

(d) 'Other' contraceptives are largely the emergency contraceptive pill.

APPENDIX ONE

Functions and powers of the Supervisory Committee

The functions and powers of the ASC are set out in section 14 of the Contraception, Sterilisation, and Abortion Act 1977.

s14(1)

(a) Keep under review all the provisions of the abortion law, and the operation and effect of those provisions in practice.

(b) Receive, consider, grant, and refuse applications for licences or for the renewal of licences under this Act, and to revoke any such licence

(c) Prescribe standards in respect of facilities to be provided in licensed institutions for the performance of abortions

(d) Take all reasonable and practicable steps to ensure that:

- ***i. licensed institutions maintain adequate facilities for the performance of abortions; and***
- ***ii. all staff employed in licensed institutions in connection with the performance of abortions are competent***

(e) Take all reasonable and practicable steps to ensure that sufficient and adequate facilities are available throughout New Zealand for counselling women who may seek advice in relation to abortion

(f) Recommend maximum fees that may be charged by any person in respect of the performance of an abortion in any licensed institution or class of licensed institutions, and maximum fees that may be charged by any licensed institution or class of licensed institutions for the performance of any services or the provision of any facilities in relation to any abortion

(g) Obtain, monitor, analyse, collate, and disseminate information relating to the performance of abortions in New Zealand

(h) Keep under review the procedure, prescribed by sections 32 and 33 of this Act, whereby it is determined in any case whether the performance of an abortion would be justified

(i) Take all reasonable and practicable steps to ensure that the administration of the abortion law is consistent throughout New Zealand, and to ensure the effective operation of this Act and the procedures thereunder

(j) From time to time report to and advise the Minister of Health and any district health board on the establishment of clinics and centres, and the provision of related facilities and services, in respect of contraception and sterilisation

(k) Report annually to Parliament on the operation of the abortion law.

APPENDIX TWO

In the year from 1 July 2016 to 30 June 2017 the Supervisory Committee held 11 meetings and appeared before the Justice and Electoral Select Committee.

Visits

Ministry of Health, Auckland
Whangarei Hospital, Whangarei

Meetings

The Supervisory Committee met with:

- Ministry of Justice Staff
- Various certifying consultants
- Licence holders
- Whangarei Hospital staff
- Ministry of Health staff
- Standards Committee

Certifying Consultants

As at 30 June 2017 there were 162 certifying consultants (of whom 108 met the Act's specialist category requirements) on the Supervisory Committee's list.

Fees payable to certifying consultants for consultations with women considering termination of pregnancy totalled $3,940,855 in the year ended 30 June 2017.