Proposed new pathway (additional qualification) for registration in the Provisional Vocational scope of practice.

Information provided by Medical Council of New Zealand

Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand (Council) proposes to prescribe the following new pathway (additional qualification) for registration in the Provisional Vocational scope of practice.

That is, an applicant:

1. holds a primary medical degree from a university medical school approved from time to time and published on the Council's website.
2. holds an overseas postgraduate medical qualification awarded at the end of a period of specialist training and approved by Council.
3. intends to practise in New Zealand in an area of medicine approved by Council.
4. prior to application, has a minimum of 2 years' clinical experience in the past 5 years practising in that area of medicine, in a country recognised by Council as having a health system comparable to Aotearoa New Zealand.[1]
5. is on the specialist register in the country where they have completed postgraduate medical training.[2]

In contrast to Council's existing provisional vocational pathway, the proposed new qualification (i.e. expedited pathway) would remove the need to seek advice from the relevant medical College.

Instead, the application would be considered and determined by Council without reference to the College.

RACP response to the MCNZ expedited pathway consultation questions.

Part A - Consultation on the proposed new pathway to registration (prescribed qualification

1. Do you support the proposal for an expedited pathway, where registration may be approved without the input of the relevant college, if the applicant has a specified qualification and recency of practice? If so, why?

Given the current globally competitive healthcare environment, the Royal Australasian College of Physicians (RACP) is supportive of the changes that enable addressing the critical workforce shortages facing the Aotearoa New Zealand healthcare system.

Overall, the RACP is supportive of the proposal for an expedited pathway where registration may be approved without the input of a specialist medical college (a college) if the applicant holds a specified qualification and recency of practice from a country that has strong evidence of comparability. In analysing the data available, the RACP believes that given the number of IMGs holding a CCT or CCST who have undertaken the comparability assessment so far, there is adequate evidence that the combination of their qualifications, training and experience is generally considered equivalent to that of an Aotearoa New Zealand vocationally-trained doctor registered in the same vocational scope of practice.

However, the RACP recommends that UK/Irish trained applicants holding either the Certificate of Eligibility for Specialist Registration (CESR) and Specialty Certificate Exam (SCE) or who have completed part of their post-graduate training in another country (other than Australia and Aotearoa New Zealand) should be referred to the RACP for further assessment with regards to scope limitation and recency of practice.

Additionally, the RACP believes there are insufficient data to support expansion of this new expedited pathway to International Medical Graduates (IMGs) holding other qualifications in internal medicine from other countries or to other medical specialties relevant to the RACP. The RACP requests the Medical Council of New Zealand (the Council) consult the RACP should this be considered at a later stage.

For those IMGs applying for specialty recognition in multiple sub-specialties of internal medicine, the RACP should be consulted. This is related to the fact that scope of practice limitations may be an issue and assessing scope of practice and recency of practice from documentation alone is difficult. The RACP recommends that all dual sub-specialty applicants should be referred to the College for a more thorough assessment. This may include being interviewed to determine their scope of practice and recency of practice for each sub-specialty. The RACP recommends that dual sub-specialty IMGs hold a specialist qualification in each sub-specialty and require an on-site supervisor for each sub-specialty they are practicing in. The supervisor should hold Fellowship of the RACP and be vocationally registered for a minimum of three years in the same sub-specialty as the IMG.

2. As part of the new qualification, there is an active clinical practice requirement – an IMG must have a minimum of 2 years' clinical experience in the past 5 years practising in that area of medicine, in a country recognised by Council as having a health system comparable to Aotearoa New Zealand, prior to application. In your view, is this set at the right level?

The RACP agrees that an IMG must have a minimum of two years' clinical experience in the past five years practicing in that area of medicine, in a country recognised by Council as having a health system comparable to Aotearoa New Zealand, prior to application. However, the RACP requests that the Council ensures that IMGs must also have comparable recency of practice in their designated sub-specialty/sub-specialties prior to application.

The RACP would also like further discussions regarding career breaks and the maximum time away from practicing medicine that is permitted. There is a risk that an IMG who has had a career break of more than two years continuously prior to application would have insufficient recency of practice and retention of clinical skills. Thus, the RACP suggests applicants with lengthy career breaks would require more thorough assessment to ascertain the reasons behind the lengthy absence from practice and potential impact on their clinical skills and recency of practice. These applicants would also require closer supervision when commencing to work in the Aotearoa New Zealand health service.

3. Do you see any potential adverse consequences, and if so, how can they be mitigated?

The Council's consultation document regarding the new expedited pathway does not provide sufficient detail regarding criteria and processes for this new pathway, thus RACP requests further details and clarification on the following points to ensure quality and safety.

Dual specialists

As raised in question one, the RACP seeks further clarification regarding how dual specialists

would be assessed. The RACP perceives there is a risk that dual specialists may not have recency of practice and may inadvertently be allowed to practice outside of their scope if not adequately assessed given the differences in specialty training.

Council has recognised *internal medicine* as the vocational scope that a doctor can be registered in and work as a specialist in Aotearoa New Zealand. Internal medicine includes general and acute care medicine, cardiology, clinical immunology, clinical pharmacology, endocrinology, gastroenterology, geriatric medicine, haematology, infectious diseases, medical oncology, nephrology, neurology, nuclear medicine, palliative medicine, respiratory medicine and rheumatology. There are physicians that have been trained in and work in more than one of these sub-specialities and an IMG may request to be assessed in one or more sub-speciality. When assessing these dual applications, there are nuances that need to be explored and understood.

For example, a UK trained respiratory medicine physician may have undertaken basic training in general and acute care medicine but would not be deemed to be adequately trained to work under the full vocational scope of practice of an Internal Medicine Physician. If they were to apply for internal medicine, they will require more thorough assessment and may require limitations on their vocational registration in order to ensure they practice safely in the appropriate scope of practice.

The RACP has proven expertise in understanding the nuances of assessing IMG applications. The current RACP assessment of IMGs includes reviewing qualifications, referee reports, training, and post-Fellowship qualifications. In addition, when reviewing their consultant, experience the RACP reviews the duties, workload, case mix, collaboration with peers, teaching, supervision and managerial responsibilities, the RACP also reviews subsequent continuing professional development and exposure to different settings and experience.

The RACP requests that Council considers an ongoing role of the RACP assessing these more complex IMG applications, to ensure they are recognised for the correct sub-specialty and that their practice in a vocational scope of practice is appropriate for their training, post-graduate consultant experience and competencies.

Cultural safety requirements

The RACP recommends that IMGs undertake mandated ongoing professional development in Hauora Māori (Māori health) and Cultural Safety. This training aims to enhance their understanding of te ao Māori within the Aotearoa New Zealand health system supporting their contribution and ongoing commitment to uphold Te Tiriti o Waitangi and health equity, as we work to achieving optimal health for Māori. IMGs can choose between the RACP's eLearning course on Māori Cultural Competence, or Te Tāhū Hauora | Health Quality and Safety Commissions modules on understanding bias in healthcare.

This training is essential, because IMGs from the UK and Ireland typically have limited understanding of cultural safety relevant to Aotearoa New Zealand. It is essential for them to comprehend the ongoing effects of colonialism, systemic racism, social determinants of health, and other inequities on the local healthcare context.

Supervision

The RACP notes the Council has provided no information on who or how the UK/Irish trained IMGs will be supervised. The RACP's standards for supervision currently differ from the Council's. The RACP recommends that supervisors of IMGs should hold both Fellowship of the RACP and vocational registration in the same scope of practice as the IMG for at least three

years. In contrast, Council merely requires that supervisors of IMGs hold vocational registration in the same vocational scope as the IMG, even if they have held it for less than one year.

The RACP requirements recommended for IMGs who are found equivalent are:

- a period of satisfactory supervision of 6 to 12 months full-time equivalent (FTE)
- enrolment in the RACP CPD program
- completion of an approved/recognised cultural safety course
- completion of the RACP SPDP course if their proposed position description includes supervision of junior doctors.

To mitigate the risk of a divergence in supervision standards, ensure robust supervision and support for the IMG, and ensure patient safety, the College suggests that all IMGs should have an onsite supervisor who has held Fellowship in the same sub-speciality and vocational registration in the same scope of practice as the IMG for at least three years. In addition, IMGs who wish to practice medicine in more than one sub-speciality should have one supervisor from each sub-specialty, with each supervisor having held Fellowship of the RACP in their relevant sub-specialty for at least three years.

Fellowship and connection to peers

The RACP is the training provider of over 33 specialties, in addition it grants admission to Fellowship and associated usage of post nominals, as well as providing an accredited continuing professional development (CPD) program and a vast array of CPD and educational resources. The RACP advocates on behalf of its members and provides peer support and mentoring to IMGs. There is a risk that an IMG who is not a member of a college will not access these benefits provided by colleges and in turn feel isolated and unsupported.

Therefore, if colleges are not involved in the comparability assessment for those IMGs on the expedited pathway, the RACP would like Council to ensure that eligible IMGs are introduced to the respective colleges and actively encouraged to apply for Fellowship.

Sub-specialty recognition

Council has recognised internal medicine as a vocational scope that a doctor can be registered in and work as a specialist in Aotearoa New Zealand. As Council is aware, internal medicine can encompass general and acute care medicine, cardiology, clinical immunology, clinical pharmacology, endocrinology, gastroenterology, geriatric medicine, haematology, infectious diseases, medical oncology, nephrology, neurology, nuclear medicine, palliative medicine, respiratory medicine and rheumatology.

The RACP provides admission to Fellowship with postnominals including reference to their specific sub-specialty. This assists health service in credentialling IMGs in the relevant and correct field of specialty practice and determining their requisite local scope of practice.

It is also worth noting that given the complexity of the internal medicine sub-specialties outlined above, the RACP will need to implement a new Fellowship application process for those IMGs who have not been assessed by the RACP (once they become eligible, after obtaining vocational registration).

Evolving standards of specialist training

Specialist training is not simple nor static, nor is it an enduring qualification alone. Contemporary specialist training is complex and subject to ongoing development of curriculum and learning outcomes. With the removal of college input there may be a risk that Council will not be aware of the evolving standards of specialist training.

The RACP is currently undergoing curricula renewal. There may be a time in the future that applicants from the United Kingdom (UK) and Ireland who hold a Certificate of Completion of Training (CCT) or Certificate of Completion of Specialty Training (CCST) qualifications in internal medicine may not be found equivalent to an Aotearoa New Zealand trained physician. The RACP requests Council's ongoing collaboration and consultation with the RACP to ensure any changes adopted today remain relevant and in alignment with future local specialist training and practice.

4. Do you have any other comments regarding the proposal?

The RACP has always worked collaboratively with Council to streamline its IMG assessment processes and has led numerous innovations to provide efficiencies whilst maintaining quality and safety standards. We will continue to do this and would like to continue working with the Council to achieve a streamlined but comprehensive fast-track pathway that continues this collaboration.

The RACP would be happy to provide any IMG data to Council to ensure decisions are evidence informed.

Furthermore, this proposal is only one way of increasing specialist medical workforce in Aotearoa New Zealand. Given the retention rate post-registration for IMGs is 38% at two years (ref: https://www.mcnz.org.nz/about-us/our-data/retention/), the RACP would like to work with Council to explore ways of improving retention of those IMGs that have moved to Aotearoa New Zealand and encourage them to stay.

Part B - Request for views on the postgraduate qualifications and areas of medicine that Council may approve.

1. The current proposal is initially aimed at IMGs who have completed postgraduate medical training in the UK or Ireland. We have also identified four areas of medicine initially suitable for the expedited pathway, as well as three areas of medicine that require further exploration.

a) *Are there any additional areas of medicine that should be considered for IMGs who have completed postgraduate medical training in the UK or Ireland?*

The RACP recommends that UK and Irish trained dermatologists are generally suitable for the expedited pathway.

The RACP does not believe there are any other additional areas of medicine that should be included at this time, as there are insufficient data relating to other areas of medicine being consistently found equivalent.

Furthermore, it is requested that the new pathway should be trialed with the proposed four vocational scopes before being expanded, to ensure that there are no unintended consequences. This will also provide additional time for Council to address and clarify additional information regarding the expedited pathway that has not yet been provided.

b) *Are there any postgraduate qualifications from other countries that should be considered?*

The RACP does not believe there is enough evidence to consider any postgraduate qualifications from other countries at this time.

c) *If so, what are the relevant postgraduate qualifications?*

No

2. Do you have any other comments regarding the proposal

Regarding the MCNZ requirement five - *Is on the specialist register in the country where they have completed postgraduate medical training*. The rationale for this requirement isn't clear. If someone completed training in an approved place with all other factors in place, then moved to a different country to work, relinquishing their specialist registration in the country that they completed training, they would surely still be as competent if they met the other criteria, when subsequently applying for registration in Aotearoa New Zealand. Is this a requirement for all countries and what is the rational for this requirement?