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Medical Council of New Zealand
Te Kaunihera Rata o Aotearoa

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Dear Dr Katsoris

Consultation on changes to the competent authority pathway and specialist pathway for international medical graduates

Thank you for asking for the Medical Council of New Zealand (the Council) to comment on The Medical Board of Australia's consultation paper on changes to the competent authority pathway and specialist pathway for international medical graduates.

The Council has some comments to make on the questions posed in your paper. However, the paper also raised a number of issues for the Council, which go beyond the purpose and scope of your consultation. We have therefore split our response into two separate sections, the first addressing the questions raised in your paper – and the second addressing wider issues and intended to initiate a conversation with AHPRA, the AMC and the MBA about the registration and regulation of medical practitioners.

Response to your consultation paper

The introduction of provisional registration and supervision for IMGs who qualify for the competent authority pathway is consistent with the approach taken by the Council in New Zealand, and appears appropriate. Details of our registration process are attached for your information.

In our view 6 to 12 months would comprise an appropriate supervisory period for doctors applying down the competent authority pathway, with the exact timeframe dependent on the wider impact and implications of the requirement to conduct workforce based assessments on every registrant.

In the Council's view the requirement that IMGs complete specific rotations appears unnecessary, as all the applicants (excluding those from the USA and Canada) would already have completed an internship in their home country where 6 months of medical and 6 months of surgical rotations are required – meaning that applicants should have a broad mix of skills prior to entering the competent authority pathway. With specific reference to applicants from New Zealand we note that NZREX applicants are required to undertake a structured internship in order to gain a general scope of practice. The approach to US and

Canadian applicants may need to be considered, because this cohort of doctors can go straight from their Primary Medical Degree into a residency / postgraduate training programme, and there is no compulsory intern year where general medical skills are learnt.

Additional comments

The Council would also like to make some general comments about registration policy in Australia, and would like to initiate a discussion with AHPRA, the AMC and the MBA on this subject. Our concerns span three separate areas, and I would like to discuss each of those individually.

The role of the AMC

One aspect of your paper which raised particular concern with the Council was the removal of the AMC from the decision-making process, and an increasing reliance on the advice of medical colleges. We are aware that the proposed policy change simply represents the current reality in Australia, but it does alarm us. Under the structure you propose there appears to be no body responsible for ensuring that decisions made by the colleges in relation to individual doctors are consistent and appropriate, nor moderated across the sector. In our view it is not appropriate to delegate responsibility for making registration decisions without some form of monitoring and oversight of the decisions made. We also have concerns about the ability of some Australasian colleges to monitor performance adequately.

Differences in vocational registration between New Zealand and Australia

In Australia a doctor's eligibility for vocational registration is predicated on their eligibility for Fellowship. In other words, every doctor who is granted full vocational registration will first have been granted Fellowship. In New Zealand a specialist may apply for vocational registration based on their overseas qualifications, training and experience, and they do not have to achieve Fellowship in order to be granted full vocational registration. We have had (and continue to have) great difficulty with some of the Australasian colleges understanding this distinction when they are assessing international medical graduates (IMGs) for vocational registration in New Zealand; and this is reflected in their advice focussing on what an IMG needs to do to gain Fellowship, rather than vocational registration in New Zealand. We are concerned that devolving more of the decision making to the colleges is likely to exacerbate this situation for us.

Sharing of information

The Council has a memorandum of understanding with the AMC which ensures an appropriate exchange of information about doctors who move between New Zealand and Australia. We are concerned that the changes you have proposed will have a significant impact on the Council's ability to access information about vocationally registered international medical graduates who move from Australia to New Zealand, because this information will be held by the colleges rather than the AMC.

Areas of need

The Council is also concerned about the two tier system that is in place and allows less qualified doctors to provide specialist care in "areas of need". We acknowledge that these doctors are not usually eligible for Fellowship of the relevant college, and gain conditional (limited) registration instead. We would be very concerned if these doctors were to become eligible for Fellowship and full vocational registration, as this would mean that they would hold the NZ prescribed qualification for vocational registration and would therefore be

eligible for unconditional registration here. This provides doctors who would not usually meet our registration standards with a pathway to gain registration in New Zealand.

Thank you again for providing the Council with an opportunity to comment. If you have any questions please do not hesitate to contact the Council's senior policy adviser and researcher, Michael Thorn, on [redacted]

Yours sincerely,

Philip Pigou
Chief Executive