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Medical Council of New Zealand
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Possible alternatives to internship requirements for NZREX

Thank you for inviting feedback on the Medical Council of New Zealand's proposal for alternatives to internship requirements for the New Zealand Registration Examination (NZREX) ("the Proposal").

As Commissioner, I am charged with promoting and protecting the rights of health and disability services consumers, as set out in the Code of Health and Disability Services Consumers' Rights (the Code). One of my functions under the Health and Disability Commissioner Act 1994 is to make public statements in relation to any matter affecting the rights of health or disability services consumers.

It is important that the Council strikes a balance between providing means for an adequate supply of medical services, by not unduly restricting pathways to registration, and protecting the public by ensuring the quality and safety of those medical services. I commend the Council on recognising that tension in its consideration of alternatives to internship requirements for international medical graduates (IMGs) who have passed the NZREX.

Overall, I consider that the Proposal is reasonable and does not, on its face, appear to increase the risk to patient health and safety. The narrow scope of eligibility for this pathway, in particular the requirement to have passed the NZREX on the first attempt, as well as the requirements for NZREX applicants to practise under supervision for the first year of internship, and being unable to be registered under a general scope of practice until their supervisor is satisfied that supervision is no longer necessary, would minimise any concerns I have about ensuring the applicants have the necessary skills and competence to practise in a clinical setting.

However, as with junior doctors, it is imperative that supervision of applicants seeking registration through this pathway is stringent, despite the fact that some of the applicants will have had previous experience in the specific area of medicine in which they are completing their internship. International experience has highlighted the risk that adequate supervision of IMGs does not occur, even though it is required.¹ This may be because of employer or colleague perception that the doctor's overseas experience means such supervision is unnecessary. Mechanisms must be put in place to ensure that adequate supervision does in fact occur, and allows for any issues of concern to be raised in a timely and appropriate fashion.

¹ House of Representatives Standing Committee on Health and Aging, "Lost in the Labyrinth: Report on the Inquiry into Registration Processes and Support for Overseas Trained Doctors" (The Parliament of the Commonwealth of Australia, 2012).

It will also be important that the internships via the proposed alternative pathway include education on the Code and the functions of my Office. Such matters are integral to doctors' legal obligations in the New Zealand medico-legal landscape, and concepts which IMGs are unlikely to have had as part of their curriculum. I note particularly that the nature of the doctor-patient relationship (including, for example, the importance placed on information provision and consent) may be quite different in New Zealand compared to the country in which a doctor has previously worked. The medical hierarchy may also be markedly different, leading to difficulties in understanding one's responsibilities as part of a team.

It will also be important for the public to be aware that doctors who have been registered through this pathway are only able to practise within the specific area of medicine. I assume that, as usual, the condition on the relevant doctors' scopes of practice will be available on the public register. However, some additional thought may need to be given to ensuring such limitations are communicated adequately to patients.

I trust the above comments are helpful.