NZMA
New Zealand Medical Association

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Ashleigh Warren
Medical Council of New Zealand
PO Box 10509
Wellington 6143

By email: prevocationalfeedback@mcnz.org.nz

Pre-requisites for registration in general scope of practice for doctors who have obtained registration through NZREX Clinical

Dear Ashleigh

The New Zealand Medical Association (NZMA) wishes to provide feedback to the Medical Council on the above consultation.

The NZMA is the country's largest voluntary pan-professional medical organisation with approximately 5,000 members. Our members come from all disciplines within the medical profession and include general practitioners, doctors-in-training, specialists, and medical students. The NZMA aims to provide leadership of the medical profession, and promote professional unity and values, and the health of New Zealanders.

We note that the Council is proposing that NZREX doctors continue to be required to meet the same requirements as graduates of New Zealand and Australian medical schools to gain registration in a general scope of practice. We also note that the impetus for this particular consultation are the changes to prevocational training that take effect from November 2014 and will affect the requirements for interns to gain registration in a general scope of practice. While the consultation process for the new prevocational training requirements did not clearly define the term 'intern', we understand that the Council has always considered NZREX doctors to be interns, together with graduates of New Zealand and Australian medical schools.

The NZMA agrees with the principle of aligning the criteria for registration in a general scope of practice for local graduates and NZREX doctors. However, we do have some concerns that the new curriculum framework and assessment criteria to obtain registration in a general scope of practice could disadvantage doctors that have passed the NZREX. These concerns stem partly from the interpretation of the requirement to 'substantively attain' the learning outcomes of the

curriculum framework (in the absence of a clear definition of 'substantively attain') as well as Council guidelines stating that undergraduate experience can be included in "sign off" of individual learning objectives.

We are aware of recent curriculum mapping at a large DHB which demonstrated that locally trained house officers had experienced 196 of the first 199 learning objectives listed in the first three domains of the curriculum framework, with the vast majority of this experience obtained during their undergraduate training. If NXREX doctors are not able to use their pre-NZREX experience, they could struggle to 'substantively attain' the outcomes of the curriculum framework within 12 or even 24 months (depending on how 'substantively attain' is defined). As such, NZREX doctors could be disadvantaged compared with local graduates who may include their undergraduate experience in various speciality areas (eg, ophthalmology, obstetrics and oncology) when it comes to assessment of learning outcomes for the granting of registration in a general scope of practice.

As a possible means of addressing this, we suggest that the Council consider the establishment of a link between the NZREX examination and the recently developed curriculum framework. If an IMG passes the 16 questions of the NZREX, we submit that there could be a process by which it would be possible for them to then "pre-populate" the learning outcomes they have attained, or, more importantly, highlight their areas of weakness for particular attention during their time under provisional registration.

We note a recently published paper suggesting that approximately 10% of NZREX graduates had "significant" difficulties (as defined as scoring a 1 or 2 on attachment evaluations) in the 12 months following the NZREX examination.[1] We contend that it is difficult, if not impossible, to interpret this figure, given that there was no comparator group of graduates of New Zealand and Australian medical schools in this study. Anecdotal reports suggest that many intern supervisors are often reluctant to provide scores of 1 or 2 to underperforming interns. Comparative data from the National Clinical Assessment Service in the UK suggest that 0.4% to 0.8% of health professionals have significant 'fitness to practise' issues whereas 4% to 8% of trainees have significant issues of training and/or performance.[2] These data suggest that the figure of 10% for IMGs cited in the New Zealand study may be disproportionately high.

Finally, we note the Council's proposed requirement for IMG candidates to have passed NZREX at their first attempt in order to be eligible to work in primary care. We question the fairness of incorporating the number of attempts at the NZREX into the criteria for eligibility for registration. In virtually all other training scenarios, a pass is a pass. We would welcome further information on the rationale for this apparent exception.

We hope that our feedback on this consultation has been useful and look forward to being apprised of the decision to be made by Council regarding the proposals later this year.

Yours sincerely

Dr Mark Peterson
NZMA Chair

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[1] Lillis S & Roblin H. Progress of successful New Zealand Registration Examination (NZREX Clinical) candidates during their first year of supervised clinical practice in New Zealand. NZMJ 1 Aug 2014;123(1399):36-42.
[2] Available from http://www.ncas.nhs.uk/publications/