



8 July 2024

Tēnā koe Dr Tonkin

### **Public consultation on the revised Registration standard: specialist registration**

Thank you for providing Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand (Council) with the opportunity to comment on the consultation regarding the Medical Board of Australia's (MBA) draft revised standard for specialist registration.

We note that as part of the consultation, the MBA, and the Australian Health Practitioner Regulation Agency (AHPRA) has considered two options – (i) relying on the existing standard or (ii) revising the existing standard. The consultation paper explains that the MBA/AHPRA's preferred option is to revise the existing standard, with a view to supporting the implementation of an expedited specialist registration pathway and ensuring the suitability and eligibility requirements for specialist registration are clear for international medical graduates (IMGs).

Broadly, we understand the expedited pathway will allow specialist registration where an applicant is deemed to hold a qualification that is substantially equivalent or based on similar competencies to an approved specialist qualification for the specialty.

Council supports the MBA/AHPRA's proposal. We recognise the importance of ensuring that registration standards and policies are fit for purpose and enabling, particularly in the context of current workforce shortages in the medical profession. Overlaying this, is the importance of public safety and ensuring any IMGs gaining registration are competent and fit to practise.

We acknowledge the findings contained in the Final Report of the Independent Review of Health Practitioner Regulatory Settings (the Kruk review), including the recommendation to expand fast-track registration pathways to include medical specialists.

### **General comments on the draft revised standard**

In response to the consultation, the MBA/AHPRA invites general comments on the draft revised standard, as well as responses to specific questions. Council is providing general comments on the draft revised standard, as set out below.

We note that under the current pathways to specialist registration in Australia, under sections 58(a) and 58(c) of the Health Practitioner Regulation National Law (the National Law), the applicant must, in essence, hold an approved qualification, or successfully complete an examination, period of supervised practice or other assessment. The proposed expedited specialist registration pathway will be available to IMGs deemed to hold a qualification that *is substantially equivalent or based on similar competencies to an approved specialist qualification* for the speciality. The MBA/AHPRA intends to devise a list of these qualifications with input from the Australian Medical Council and relevant medical colleges.

You may be aware that we are also consulting on establishing an expedited pathway for specialist IMGs to gain registration in the provisional vocational scope of practice in New Zealand. Like yours, this comprises two elements:

- The creation of a ‘mechanism’ to enable registration based on approved qualifications; and
- The ability to define from time to time what those qualifications are.

### The mechanism

The mechanism that we have proposed for New Zealand contains greater detail, in an effort to provide transparency and clarity.

The proposed pathway would require an applicant to:

1. hold a primary medical degree from a university medical school approved from time to time and published on the Council’s website.
2. hold an overseas postgraduate medical qualification awarded at the end of a period of specialist training and approved by Council.
3. intend to practise in New Zealand in an area of medicine approved by Council.
4. prior to application, 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 New Zealand.
5. be on the specialist register in the country where they have completed postgraduate medical training.

We understand that additional registration standards will apply to applicants for registration under your proposed expedited pathway. One consideration may be whether it would be beneficial to set out the specific requirements. This could provide a greater level of transparency and clarity for applicants and all those involved.

### The content – approved qualifications and areas of medicine

Council agrees about the importance of discussions with the colleges, to ensure both the robustness and credibility of the pathway, and the maintenance of public health and safety.

Council’s approach is also that, while discussions with the colleges will be vital in determining what areas of medicine and what qualifications will be approved, we are also drawing on our own data. For example, in deciding on the likely initial areas of medicine, we analysed application assessment outcomes from the previous five years across multiple areas of medicine.

Based on that approach, our proposed expedited pathway initially focuses on IMGs who have completed postgraduate medical training in the United Kingdom (UK) or Ireland and are applying in areas of medicine that have, in Council’s experience, provided a demonstrably competent and safe cohort of registrants. We are therefore proposing that four areas of medicine be included in the initial implementation of the pathway – (i) anaesthesia; (ii) emergency medicine; (iii) general practice; and (iv) internal medicine.


However, we are also requesting feedback from the colleges on other qualifications from outside the UK or Ireland that may meet the standard, across all areas of medicine. In addition, there are three specific areas of medicine that Council is exploring further with the relevant medical colleges before including them as part of the proposed pathway – (i) diagnostic and interventional radiology; (ii) obstetrics and gynaecology; and (iii) psychiatry.

We identified particular challenges in each of these three areas of medicine, in that the training undertaken by an IMG often does not span the broad scope or area of medicine, and in addition they have also not worked across the broad scope. This, more often than not, requires advice from the relevant college around appropriate limitations that need to be placed on the IMG's scope of practice, or alternatively, areas that they need to upskill in before they are eligible for registration in the vocational scope of practice. Examples of this include those with a postgraduate qualification in psychiatry from the UK, where the IMG has not trained in child and adolescent psychiatry or consultant liaison psychiatry, or in obstetrics and gynaecology where the IMG has gaps in their training or experience in performing colposcopies.

One important consideration for the MBA/AHPRA may be around how to address deficits or gaps in an IMG's training or experience that are specific to a particular area of medicine, when they have not trained or practised across the full scope or specialty area.

Finally, thank you for the opportunity to provide feedback. We congratulate you on this important work and look forward to our continued liaison on this and other areas of common interest. We welcome any comments you may wish to submit regarding our [consultation](#) on a proposed expedited pathway for specialist IMGs, which closes on **30 July 2024**.

Nāku noa, nā



David Dunbar

**Pouroki | Registrar**