

22 July 2025

**Dr Rachelle Love, Chair**

**Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand (Council)**

**Development of a new collegial peer support and supervision framework for International Medical Graduates (IMGs)**

**Tēnā koē Rachelle**

Te Whare Piki Ora o Māhutonga – the Royal Australasian College of Surgeons (RACS) is the leading advocate for surgical standards, professionalism and surgical education in Aotearoa New Zealand and Australia. Our mission is *‘To improve access, equity, quality and delivery of surgical care that meets the needs of our diverse communities’*. Health advocacy is a central competency of a surgeon, and a core value of this College.

We are pleased Council is examining its registration policies to ensure they are fit for purpose, particularly by reviewing your orientation, induction and supervision guide. We agree the need for a framework which addresses Council's requirements for ensuring patient safety and is responsive to the needs of employers and IMGs, while striking an appropriate balance between a pragmatic and principled approach.

RACS is pleased Sarah Rennie, our Surgical Advisor, was able to participate in designing the proposed framework. Our feedback is, in summary:

- We support in principle an agile and flexible framework based on two registration pathways where an IMG will be allocated to an initial period either of collegial peer support or of formal supervision.
- Before finalising the framework, more work needs to be done on the underlying principles of Collegial Peer Support and Supervision. Currently the framework provides only a high-level overview.
- More detail is needed on what collegial peer support and supervision entail, what each pathway looks like, the preference for group supervision consensus, tools for supervising, and separating responsibility for decision-making regarding competence from responsibility for supervision.

## **Discussion**

The framework seems sensible and pragmatic with the distinction between:

- collegial peer support to help competent doctors to acclimatise to living and working in Aotearoa New Zealand
- supervision where this is required to ensure the doctor is practicing competently and safely in our healthcare setting.

However, this is only a framework. Consideration needs to be given to revising the overall guidelines for Orientation and Induction and Supervision of IMGs, ensuring there is more detail underpinning the framework.

Some assessors identified the need for better explanatory material on the distinction between the terms “equivalent to” and “as satisfactory as” and how these are determined for IMG assessment. This becomes even more critical than currently, as it will have such significant impact on placing an IMG on either pathway in the framework.

Most issues and problems currently raised during supervision are related to cultural competence and how the health system in Aotearoa works, not the clinical ability of the IMG. The guidelines need to include in common for the two pathways the detail of:

- training required in relation to cultural safety and Te Tiriti o Waitangi
- how IMG's will be inducted into the Aotearoa New Zealand health care system.

Either pathway relies on relationship building which takes time to be effective – so it can't be expedited to less than a six month period. We imagine relationships built will continue to develop after the period of official peer collegial support or supervision.

The guidelines need to recognise the importance of supervisors and collegial peer supports being trained well, and knowing their role, responsibilities, and legal obligations/risks.

### **Peer support**

The guidelines need a clear description of peer support in practice. Surgical assessors were concerned to ensure the delegated pathway for collegial peer support is robust enough:

- Chief Medical Officers, Clinical Directors and Clinical leads have different agendas – filling positions, gaps in rosters for call, and ensuring standards.
- There is potential for undermining the role of the person responsible for signing off the IMG where this role is delegated. This delegation aspect needs to be considered carefully.

### **Supervision**

- Supervision is currently very variable between departments, hospitals and specialities. Group consensus and feedback discussions with the whole SMO group are important. Yet in some departments the IMG supervisor doesn't currently discuss their supervisory meetings with the rest of the department to ensure a consensus view or across departments or disciplines (eg the anaesthetist works closely with surgeons and theatre staff). Ideally all groups should be considered in the supervision pathway.
- Consideration should be given as to who is able to supervise IMG doctors, their training and accreditation.
- Training and guidance should be provided to both Peer Collegial Supporters.
- Consideration should be given to mandating a commitment by the employer to provide protected, paid time for supervision duties for the main supervisor or those providing supervision for upskilling IMGs in specific areas.
- The supervisor should not be making final decisions regarding the competence of their supervisee. There may be conflicts of interest in terms of the requirement to have someone in the post or fear of failing someone.
- There is currently guidance on areas which might be covered and tools which might be used to assess a supervisee but no requirement to actually use these. The new framework should make clearer these should be used for those undergoing supervision, with recommendations of when and where (not for peer collegial support).
- Greater emphasis should be given to the assessment of professional skills such as cultural competence and safety, professionalism, good communication, collaboration and teamwork, leadership and decision making.
- Evaluation and monitoring of both Collegial Peer Supporters and Supervisors.
- An effective concerns and complaints process for IMGs, Collegial Peer Supporters, and Supervisors.

We would be pleased to discuss these matters and contribute to further mahi in this area to help achieve a fair, safe, and sustainable health system in Aotearoa New Zealand.

**Nāku noa, nā**

**Ros Pochin**

**Chair**

**Aotearoa New Zealand National Committee**

**RACS represents more than 1,100 surgeons and 400 surgical Trainees and IMGs across nine surgical specialties in Aotearoa New Zealand. We are the accredited training provider in nine surgical specialities.**