

Portfolio:	Pathways to Fellowship	Ref. No.	REG-2046
Team:	SIMG Assessments		
Title:	Vocational Assessment of International Medical Graduates in Aotearoa New Zealand		

1. PURPOSE AND SCOPE

RACS's training programmes and Fellowships are recognised by Te Kaunihera Rata o Aotearoa - the Medical Council of New Zealand (MCNZ) as providing appropriate surgical training and experience to warrant award of vocational registration in the specialties of the Fellowships.

This policy defines the process for assessing applications from International Medical Graduates (IMGs) for vocational registration in one of those specialties.

The MCNZ has the statutory responsibility for all medical registration decisions. Any application for vocational registration referred to RACS by the MCNZ will be assessed in accordance with this policy and advice provided to the MCNZ.

Vocational registration as a surgeon in Aotearoa New Zealand does not confer Fellowship of RACS.

2. KEYWORDS

Medical Council of New Zealand, Vocational Assessment, Fellowship

3. VOCATIONAL ASSESSMENT

3.1. Assessment Process

- 3.1.1. IMGs with formal postgraduate specialist qualifications seeking recognition in Aotearoa New Zealand as a surgeon may apply to the MCNZ for vocational registration in that scope of practice. That application may then be referred to RACS for assessment subject to the provisions of this policy and RACS' Memorandum of Understanding (MoU) with the MCNZ.
- 3.1.2. The Aotearoa New Zealand National Committee (Aotearoa NZNC) of RACS acts as a Vocational Educational Advisory Body (VEAB) of the MCNZ for the nine specialties in which RACS awards Fellowships. It is in that capacity that the Aotearoa NZNC provides advice on the equivalence of qualifications, training and experience of IMGs as compared with those of an Aotearoa New Zealand vocationally-trained medical practitioner registered in the same vocational scope of practice. The Aotearoa NZNC has delegated the assessment of applications to the Aotearoa New Zealand Censor/Deputy Censor and Assessors Network. As a VEAB, RACS and its nominated Assessors are deemed to be agents of the MCNZ in all aspects of a vocational assessment. As agents, they are indemnified by the MCNZ.
- 3.1.3. The vocational assessment is based on the IMG's qualifications, training and experience. These include but are not limited to the content and format of the IMG's training; level of formal assessment during training, including examinations; quality and quantity of clinical experience during and after training; recency of relevant practice; and relevant professional skills and attributes.
- 3.1.4. Equivalence is assessed with reference to the standards outlined in RACS' policies in item 4.1.
- 3.1.5. The documentation required to commence the vocational assessment will be provided by the MCNZ. RACS is not obliged to assume comparability where evidence is not provided, or to actively seek additional information

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to supplement that which has been provided. The vocational assessment may consist of a document based preliminary assessment and/or an interview, according to the request(s) of the MCNZ.

- 3.1.6. The vocational assessment start date occurs when RACS receives all required documentation. A document based preliminary assessment should normally be completed within six weeks of the start date. An interview assessment should normally be completed within four months, of the date RACS receives the request from the MCNZ to interview that IMG.
- 3.1.7. The vocational assessment will focus on the standards outlined in sections 3.3 to 3.5 to determine the IMG's equivalence to a surgeon who has trained in the relevant specialty programme of this College, as accredited by the MCNZ.
- 3.1.8. Where requested, the preliminary assessment should be conducted by an Assessor from the relevant Specialty selected by the Executive of the Aotearoa NZNC, and the Aotearoa New Zealand Censor /Deputy Censor or nominee.
- 3.1.9. In some instances the MCNZ uses this preliminary assessment to grant the IMG provisional vocational registration, thus enabling the IMG to begin medical practice in Aotearoa New Zealand. In those instances, the MCNZ seeks approval from RACS of that IMG's potential position and supervisor(s).
- 3.1.10. An IMG may choose to proceed to an interview even if the preliminary assessment indicates it is unlikely s/he will be considered eligible for either the MCNZ's supervision or assessment pathway to vocational registration.
- 3.1.11. The assessment interview panel is convened as a subsection of the Aotearoa New Zealand Assessors Network and will consist of the following:
- a. The Aotearoa New Zealand Censor/Deputy Censor or nominee.
 - b. An Assessor selected by the Executive of the Aotearoa NZNC in the specialty for which the IMG is being assessed (this Fellow is usually the Chair of the Interview Panel).
 - c. A minimum of one, but up to two, Assessor(s) selected by the Executive of the Aotearoa NZNC in specialties other than the one for which the IMG SIMG is being assessed.
 - d. RACS' EO SIMGs Aotearoa NZ or nominee.
- 3.1.12. On completion of the interview, the panel will determine a recommendation as outlined in section 3.2. This recommendation is subject to approval by the Executive of the Aotearoa NZNC. The approved recommendation is communicated to the MCNZ.
- 3.1.13. The MCNZ makes the vocational registration decision after consideration of RACS' recommendation, but is not compelled to accept that recommendation. The MCNZ will communicate its decision to the IMG and at that time provides the IMG with a copy of RACS' recommendation to the MCNZ. A copy of RACS' recommendation is provided to the relevant Specialty Training Board/Committee with an indication whether the MCNZ agreed with that recommendation.

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3.2. Recommendations

- 3.2.1. The vocational registration assessment focuses on surgical qualifications, training and clinical experience and expertise to determine the degree of equivalence to a surgeon who has trained in the relevant specialty programme of this College, as approved by the MCNZ.
- 3.2.2. For the purpose of the recommendation to the MCNZ, RACS will determine whether the IMG's qualifications, training and experience:
- appear equivalent to those of a doctor registered within the same vocational scope of practice who holds the FRACS; or
 - appear as satisfactory as those of a doctor registered within the same vocational scope of practice who holds the FRACS); or
 - appear neither equivalent to nor as satisfactory as those of a doctor registered within the same vocational scope of practice who holds the FRACS.

3.3. Assessment Recommendation: Neither equivalent nor as satisfactory as

- 3.3.1. An IMG will be deemed neither equivalent nor as satisfactory as if:
- there is insufficient evidence of recency of specialist surgical practice in the relevant specialty; and/or
 - there is insufficient evidence of completion of a comparable specialist training programme to RACS' programmes, including acquisition of the required competencies, skills and attributes.
 - There is insufficient evidence of recent surgical practice at the level, scope or responsibility expected of an Aotearoa New Zealand surgeon registered in the same specialty.

3.4. Assessment Recommendation: As satisfactory as

- 3.4.1. An IMG will be deemed as satisfactory as if:
- there is evidence of recency of surgical practice in the relevant specialty that appears in scope and responsibility to be as satisfactory as that of an Aotearoa New Zealand trained doctor vocationally registered in that specialty; and
 - there is evidence of completion of a specialist training programme as satisfactory as RACS' programmes including the competencies, skills and attributes; or the depth and scope of surgical practice in the specialty since attainment of his/her surgical qualification is of a sufficiently high standard and duration to counteract deficiencies in training; and
 - the IMG has completed an exit examination as satisfactory as RACS' Fellowship Examination.

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- 3.4.2. Where an IMG is recommended for this category, the MCNZ requires that s/he undertakes a period of supervised clinical assessment of between 12 and 18 months to ensure practice is at the required standard. RACS can recommend details of this assessment to the MCNZ and, in addition to the period of supervised clinical practice, this may include one or more of the following:
- satisfactory attendance at designated courses (e.g. Operating with Respect Course);
 - satisfactory completion of learning activities (e.g. cultural safety course);
 - 360° evaluation (colleagues, patients and self);
 - an MCNZ Vocational Practice Assessment;
 - formal audit of specified interventions / procedures;
 - other forms of assessment.
- 3.4.3. While it is the responsibility of the IMG to locate a suitable position for the required period of clinical assessment, this position and the supervisor(s) must be approved by RACS and the MCNZ. Reports on the IMGs progress must be provided at regular intervals by the supervisor(s) to both RACS and to the MCNZ. The reports to RACS will be in the format required by RACS; and a logbook of operative procedures will also be required.
- 3.4.4. When the IMG has completed the period of clinical assessment and all other assessment requirements to the satisfaction of the Assessor who undertook the preliminary and/or interview assessment for that IMG, notification of satisfactory completion is communicated to the MCNZ.
- 3.4.5. Where the IMG has not completed the specified requirements of the Vocational Assessment, the Aotearoa NZ Censor/Deputy Censor will advise the MCNZ of this and recommend that the IMG not be included on the vocational register in the relevant vocational scope of practice until either the assessment requirements have been fulfilled or the IMG has undertaken further formal training.

3.5. Assessment Recommendation: Equivalent

- 3.5.1. An IMG will be deemed equivalent if their training and assessment process has allowed them to function in their scope of practice at a level comparable to a RACS Fellow in the same scope.
- 3.5.2. Where an IMG is recommended for this category, the MCNZ requires that 6 - 12 months of supervised clinical practice is completed in order to acculturate to the Aotearoa New Zealand health environment.
- 3.5.3. While it is the responsibility of the IMG to locate a suitable position for the required period of clinical assessment, this position and the supervisor(s) must be approved by the MCNZ and reports on the IMG's progress must be provided at regular intervals by the supervisor(s) to the MCNZ.
- 3.5.4. If the supervisor's reports are satisfactory, the MCNZ will then include the IMG on the vocational register in the relevant vocational scope of practice.

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3.6. Assessment Recommendation: Equivalent or as satisfactory as with Limited Scope

- 3.6.1. The MCNZ is able to award vocational scope registration with the practitioner limited to designated elements within a vocational scope.
- 3.6.2. When recommending that an IMG is either equivalent (Section 3.5 above) or as satisfactory as (Section 3.4 above) the Aotearoa NZNC may recommend the IMG be considered for a limited scope within the relevant specialty. In such instances, the scope exclusions will be identified in the recommendation to the MCNZ.
- 3.6.3. A limited scope recommendation will occur only where that limited scope is considered valuable to the community.

3.7. Notification and Feedback

RACS does not advise the IMG of its recommendation to the MCNZ. When the MCNZ notifies the IMG of its decision regarding the application for vocational registration a copy of RACS' recommendation is also provided.

3.8. Validity of Recommendation Period

- 3.8.1 IMGs approved by the MCNZ for the vocational registration pathway are advised that they have 2 years from notification of the MCNZ decision on their application to commence their period of supervised / assessed clinical practice.
- 3.8.2 IMGs may be reassessed at the request of the MCNZ (e.g. because the validity period of the MCNZ decision has expired; because of the submission of new data; or as a consequence of an appeal or complaint).

3.9. Fees

Vocational registration assessment fees are paid by the IMG to the MCNZ. RACS has a funding agreement with the MCNZ as outlined in its MoU with RACS.

3.10. Educational Support

- 3.10.1. An IMG who has undergone a vocational assessment and who is recommended to complete RACS courses or attend other RACS training activities will have access to these activities at a fee.
- 3.10.2. RACS cannot guarantee IMG's access to optional (i.e. non-mandatory) educational activities usually undertaken by trainees that are offered by specialty societies or other providers or for which there are limited places.

3.11. Appeal

Decisions relating to vocational registration and vocational assessments, and reassessments are made by the MCNZ and appeals are conducted by the MCNZ in accordance with its policies.

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3.12. Specialist Recognition in Australia

- 3.12.1. An IMG who has vocational registration in Aotearoa New Zealand and who does not have a Fellowship of the Royal Australasian College of Surgeons will have to apply to the Australian Medical Council for specialist recognition if they wish to practice in Australia. They will then be considered by RACS under RACS' Policy "Assessing a Specialist International Medical Graduate's Comparability to an Australian and Aotearoa New Zealand Trained Surgical Specialist".
- 3.12.2. Alternatively, they can apply to RACS for Fellowship under the Aotearoa New Zealand Vocationally Registered Doctors Applying for Fellowship Regulation.

4. ASSOCIATED DOCUMENTS

4.1. RACS Documents

Assessing a SIMG's Comparability to an Australian and Aotearoa New Zealand Trained Surgical Specialist

Specialist International Medical Graduates Assessed with a Limited Scope of Practice

4.2. MCNZ Documents

MCNZ Policy on registration within a vocational scope of practice for overseas trained doctors

Approver Education Committee
Authoriser Council

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