

Portfolio:	Education	Ref. No.	ETA-IMG-002
Team:	IMG Assessments		
Title:	Vocational Assessment of International Medical Graduates in New Zealand		

1. PURPOSE AND SCOPE

The normal pathway to vocational scope registration in New Zealand and thus to independent specialist surgical practice involves obtaining Fellowship of this College by completing a training programme that includes success in an exit examination. Under these circumstances the New Zealand Government and its agencies and the New Zealand public can be assured of both the quality of the training and the standards of the exit examination as all aspects are under the aegis of RACS. RACS's training programmes and Fellowships are recognised by the MCNZ as providing appropriate surgical training and experience to warrant award of vocational scope registration in the specialties of the Fellowships.

This policy defines the process for assessing IMGs who wish to obtain vocational scope registration in one of those specialties. Any IMG referred to RACS by the MCNZ will be assessed in accordance with this policy and a recommendation provided to the MCNZ. The MCNZ has the statutory responsibility for all medical registration decisions. It considers RACS recommendation but is not bound by it.

RACS has an MoU with the MCNZ that outlines the responsibilities and expectations of both parties.

Vocational registration as a surgeon in 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 New Zealand as a surgeon may apply to the MCNZ for vocational scope registration in that specialty. The applicant may then be referred to RACS for a vocational assessment subject to the provisions of this policy and RACS's agreement with the MCNZ.
- 3.1.2. The New Zealand National Board 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 National Board makes recommendations on the suitability of these applicants for vocational scope registration. The National Board has delegated the associated assessment tasks to the New Zealand Censor's Committee (NZCC).
- 3.1.3. As a VEAB, RACS and its delegated officials are deemed to be agents of the MCNZ in all aspects of a vocational assessment. As agents, they are indemnified by the MCNZ.
- 3.1.4. The vocational assessment is based on the IMG's training, qualifications 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.

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- 3.1.5. The standard for assessing a comparable training program and a comparable exit examination are specified in individual policies applicable to each specialty as listed in section 4.1 of this policy.
- 3.1.6. The documentation required to commence the vocational assessment will be provided by the MCNZ. The vocational assessment may consist of a document based preliminary assessment only, or a face to face interview only, or a preliminary assessment followed by an interview, according to the request(s) of the MCNZ.
- 3.1.7. The vocational assessment activation date occurs when RACS receives all required documentation. A document based (preliminary) assessment should normally be completed within four weeks of the activation date. An interview assessment should normally be completed within four months of the activation date or, if an IMG has already had a preliminary assessment, of the date RACS receives the request from the MCNZ to proceed to an interview with that IMG.
- 3.1.8. The vocational assessment will be focused on the standards outlined in sections 3.3 to 3.5 to determine the IMG's comparability to a surgeon who has trained in the relevant specialty programme of this College, as accredited by the MCNZ.
- 3.1.9. Where requested, the preliminary assessment should be conducted by the New Zealand specialty training Chair / New Zealand representative on the relevant Specialty Board, or nominee, and the New Zealand Censor.
- 3.1.10. 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 New Zealand while awaiting the vocational registration interview. In those instances, the MCNZ seeks approval from RACS of that IMG's potential position and supervisor(s).
- 3.1.11. An IMG may choose to proceed to an interview even if the preliminary assessment indicates that it is unlikely s/he will be considered suitable for either the MCNZ's supervision or assessment pathway to vocational registration.
- 3.1.12. The assessment interview panel is convened as a subsection of the New Zealand Censor's Committee (NZCC) and will consist of the following:
- The New Zealand Censor or nominee.
 - The Chair of the New Zealand specialty training Committee / NZ Representative on the Specialty Board or nominee in the specialty for which the IMG is being assessed (this Fellow is usually the Chair of the Interview Panel).
 - A minimum of one, but preferably two, other Chairs of the New Zealand specialty training Committees / NZ Representatives on the Specialty Board or nominee in specialties other than the one for which the IMG is being assessed.
 - RACS's New Zealand Manager or nominee.
- 3.1.13. 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 New Zealand National Board The approved

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recommendation is communicated to the MCNZ and copied to the relevant Speciality Board and the IMG Assessment Department.

- 3.1.14. 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.

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 comparability 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 (i.e. nearly equivalent) to 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 (i.e. nearly equivalent to) those of a doctor registered within the same vocational scope of practice who holds the FRACS; so the IMG requires further formal training in order to meet the required standard.

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 program to RACS programs, including acquisition of the required competencies, skills and attributes.
- 3.3.2. Where an IMG is deemed to be neither equivalent nor as satisfactory as, RACS will recommend to the MCNZ that further formal training is required to meet the required standard.

3.4. Assessment Recommendation: As satisfactory as (i.e. nearly equivalent to

- 3.4.1. An IMG will be deemed likely to be as satisfactory as (i.e. nearly equivalent to) if:
- there is evidence of recency of surgical practice in the relevant specialty that appears similar in scope and responsibility to that of a New Zealand trained doctor vocationally registered in that specialty; and
 - there is evidence of completion of a specialist training program similar to RACS programs including the competencies, skills and attributes; or the depth and scope of surgical practice in the specialty since that

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attainment of his/her surgical qualification is of a sufficiently high standard and duration to counteract deficiencies in training and

- c. the IMG has completed a comparable exit examination to RACS Fellowship Examination; or the depth and scope of surgical practice in the specialty since the attainment of their surgical qualification is not of a sufficiently high standard and duration as to waive a need to sit the Fellowship Examination.

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. 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:

- a. satisfactory attendance at designated courses;
- b. satisfactory completion of learning activities (e.g. on-line case studies);
- c. presenting for and passing the relevant specialty examination(s), including the Fellowship examination;
- d. 360° evaluation (colleagues, patients and self);
- e. a MCNZ performance assessment;
- f. formal audit of specified interventions / procedures;
- g. 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 New Zealand training Chair / NZ representative on the relevant specialty Board and the New Zealand Censor, the National Board will recommend to the MCNZ that s/he be included on the vocational register in the relevant vocational scope of practice.

3.4.5. Where the IMG has not completed the specified requirements of the Vocational Assessment, the National Board 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. Where further formal training is required, RACS will not approve a position and supervisor for further assessment.

3.5. Assessment Recommendation: Equivalent

3.5.1. An IMG will be deemed equivalent if:

- a. there is evidence of recency of surgical practice in the relevant specialty that appears equivalent in scope and responsibility to that of

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a New Zealand trained doctor vocationally registered in that specialty; and

- b. there is evidence of completion of a specialist training program comparable to RACS programs including the competencies, skills and attributes or the depth and scope of surgical practice in the specialty since the attainment of their surgical qualification is of a sufficiently high standard and duration to counteract any deficiencies; and
- c. the IMG has completed a comparable exit examination to RACS Fellowship Examination or the depth and scope of surgical practice in the specialty since the attainment of their surgical qualification is of a sufficiently high standard and duration as to waive a need to sit the Fellowship Examination.

3.5.2. Where an IMG is recommended for this category, the MCNZ requires that e 6 - 12 months of supervised clinical practice is completed in order to acculturate to the 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 IMGs 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.

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

3.6.1. The MCNZ is able to award vocational scope registration with the practitioner restricted 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 National Board may recommend that the IMG be considered for a defined scope within the relevant specialty. In such instances, the restrictions will be identified in the recommendation to the MCNZ.

3.6.3. A defined scope recommendation will occur only where the defined 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

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. 3.9 Subsequent Vocational Assessments

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).

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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 present for the Fellowship Examination will have equal access to all mandatory educational requirements that are currently offered to RACS trainees preparing for the Fellowship Examination, at a fee.
- 3.10.2. 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.
- 3.10.3. RACS cannot guarantee IMGs 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 under Section 0, are made by the MCNZ and appeals are conducted by the MCNZ in accordance with its policies.

3.12. Specialist Recognition in Australia

- 3.12.1. An IMG who has vocational registration in 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's Policy "Specialist Assessments of International Medical Graduates in Australia".
- 3.12.2. Alternatively, they can apply to RACS for Fellowship under the New Zealand Vocationally Registered Doctors Applying for Fellowship.

4. ASSOCIATED DOCUMENTS

4.1. RACS Documents

IMG Assessed with a Defined Scope of Practice Policy

Comparable Specialist Surgical Training and Exit Examination in Cardiothoracic Surgery Policy

Comparable Specialist Surgical Training and Exit Examination in General Surgery Policy

Comparable Specialist Surgical Training and Exit Examination in Neurosurgery Policy

Comparable Specialist Surgical Training and Exit Examination in Orthopaedic Surgery Policy

Comparable Specialist Surgical Training and Exit Examination in Otolaryngology Head and Neck Surgery Policy

Comparable Specialist Surgical Training and Exit Examination in Paediatric Surgery Policy

Comparable Specialist Surgical Training and Exit Examination in Plastic and Reconstructive Surgery Policy

Comparable Specialist Surgical Training and Exit Examination in Urology Policy

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Comparable Specialist Surgical Training and Exit Examination in Vascular Surgery Policy
 Selection to Surgical Education and Training (SET).

New Zealand Vocationally Registered Doctors Applying for Fellowship

4.2. MCNZ Documents

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

Approver Education Board

Authoriser Council

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