



ANZCA
FPM

July 16, 2024

Medical Council of New Zealand | Te Kaunihera Rata o Aotearoa

e mail: consultation@mcnz.org.nz

Dear Mrs Joan Simeon,

Expedited pathway for registration in the Provisional Vocational scope of practice

The Australian and New Zealand College of Anaesthetists (ANZCA), the Faculty of Pain Medicine (FPM), is committed to setting the highest standards of clinical practice in the fields of anaesthesia, perioperative medicine, and pain medicine. As one of the largest bi national medical colleges in Australia and New Zealand, ANZCA is responsible for the postgraduate training programs of anaesthetists and specialist pain medicine physicians, in addition to promoting best practice and ongoing continuous improvement that contributes to a high-quality health system.

Thank you for the invitation to provide feedback on the proposed expedited pathway for registration in the vocational scope of practice. In answer to your targeted questions:

1. Do you support the proposal for an expedited pathway, where registration may be approved without the input of the relevant college, if the applicant has a specified qualification and recency of practice? If so, why?

We acknowledge that internationally qualified health practitioners play a vital role in our health system and are needed to supplement and fill critical vacancies in the short term. Of utmost importance is that this approach continues to be a short-term strategy and is not considered a longer-term or largescale strategy for specialist staff training, recruitment and retention. Strategies to continue to grow our domestic workforce over time is essential to ensure a sustainable workforce is cultivated.

ANZCA's [SIMG assessment process](#) successfully conforms to the Memorandum of Understanding between MCNZ and ANZCA that relates to SIMG assessment, and is regularly reviewed for consistency with regulatory changes. The SIMG assessment process includes assessment methods which have been chosen for their reliability, validity and feasibility.

Applications from SIMGs that ANZCA provides advice on to MCNZ most often originate from the United Kingdom, Ireland, South Africa, and Germany.

The majority of ANZCA's SIMGs undertake the MCNZ and ANZCA SIMG processes concurrently, and complete both successfully. Most of those that do not pass ANZCA's Performance Appraisal (which is similar to MCNZ's Vocational Practice Assessment) in the first instance, successfully complete a repeat assessment after a remediation program lasting at least six months.

In providing this advice, ANZCA meets or exceeds MCNZ response-time key performance indicators. The college advises on outcomes of all phases of assessment to relevant stakeholders within required timeframes (usually within 10-14 business days of the assessment). An annual report is also provided to the Medical Council.

Our aim is to continue to ensure that SIMGs are supported in their transition to the healthcare system and they, and their families, settle into their new lives in Aotearoa New Zealand. This not only contributes to better outcomes for patient safety but will ensure longevity and retention of the workforce.

2. As part of the new qualification, there is an active clinical practice requirement – an IMG must 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 Aotearoa New Zealand, prior to application. In your view, is this set at the right level?

For anaesthesia, in addition to the above, ANZCA would recommend that any SIMG in the expedited pathway should have been in practice in clinical anaesthesia for at least 0.2 FTE within 12 months of anticipated arrival to work in New Zealand. This would be on top of the above 2 years FTE clinical experience in the past 5 years in clinical anaesthesia (noting that both specialist intensive care medicine and specialist pain medicine are not within the specialty of anaesthesia). ANZCA would also recommend that time is expressed as FTE, as 2 years at less than 0.1 FTE, while still meeting the definition, is very different from 2 years at 1.0 FTE. If the FTE requirements are not met, or the anticipated gap is longer than 12 months, ANZCA recommends that the application should be

referred to the current process for advice. This would include a full assessment of the SIMG's qualifications, training, and experience (including CPD) including the duration of and reason for the gap in practice.

ANZCA's professional guideline on this (*PG50(A) Guideline on return to anaesthesia practice for anaesthetists 2017*) recommends that anaesthetists returning to practice after a 12 month or longer gap from anaesthesia practice undergo a return to practice program.

Reason: anaesthesia is a high acuity specialty that requires the ability to make rapid and accurate clinical assessments; often concurrently with time-critical management decisions as well as undertake a range of technical skills. Performance of tasks at optimal levels depends on recent clinical practice. Performance deteriorates when there is an interruption to clinical activities; at a rate which is related to several factors including duration of the interruption, duration of specialist practice prior to the interruption, and cognitive changes with ageing or illness.

Specific to anaesthesia, ANZCA proposes the following expedited model:

Proposed expedited entry requirements

ANZCA agree with the MCNZ in considering SIMGs from United Kingdom or Ireland as the only SIMGs that ANZCA usually assesses as 'equivalent' or 'substantially comparable' and thus, should be the only countries to be considered eligible for a proposed expedited pathway for anaesthesia. The highest level of qualification achieved from Ireland or the United Kingdom for entry into the expedited pathway is attainment of BOTH:

- Fellowship (FRCA UK, FCAI Ireland), AND
- Certificate of Completion of Training (CCT, UK) OR Certificate of Satisfactory Completion of Specialist Training (CSCST, Ireland).

It is important to note that this training must be undertaken and completed in and certified by the respective country only (i.e. Ireland or the United Kingdom). It should not include people who have gained the qualification or registration via any other pathway, such as those from UK with the Certificate of Eligibility for Specialist Registration (CESR).

Noting, for anaesthesia in both those countries fellowship is an early and mid-training qualification, not an end-of-training qualification as is ANZCA's fellowship, and so, unlike ANZCA's, their fellowships do not certify that specialist training has been completed.

ANZCA deems the following as practice minimum requirements for entry:

- Clinical anaesthesia practice in the previous year (recency of practice), *AND*
- Current CPD participation:
 - UK – participation in the appraisal/revalidation process overseen by the GMC,
 - Ireland - participation in an appraisal/revalidation process similar to that in the UK.

Reason:

The UK appraisal/revalidation process, overseen by the GMC, has a very robust practice evaluation component, which includes mandatory MSFs and patient experience surveys.

Proposed expedited pathway requirements

ANZCA acknowledges the importance of the welfare of doctors undertaking the pathway requirements to ensure patient safety. Therefore, it is imperative they receive the same level of resources and undertake certain requirements once accepted onto the SIMG pathway (whether that be the current SIMG pathway or proposed expedited pathway). For those accepted into the expedited pathway, ANZCA recommends the requirements should include the following:

All Medical Colleges

- Undertake CPD via the CPD program of the relevant medical college (for anaesthetists in New Zealand this is ANZCA's program).
- Relevant medical college to advise MCNZ on suitability of any position description.
- Completion of an external assessment such as Workplace Based Assessment / Performance Assessment/Vocational Practice Assessment in the final three months of supervised practice.
- Completion of cultural safety training and training in indigenous cultures especially from a health perspective.
- Supervision and mentoring of SIMGs that includes cultural safety and understanding of the context of practicing in a bicultural country, and the unique features of Māori culture.

Anaesthesia specific

- Undertake 6 months of Clinical Practice Assessment (CPA) full-time equivalent (FTE) in clinical anaesthesia practice.
- Supervision / CPA report submitted every three months.
- Completion of the [Effective Management of Anaesthetic Crisis \(EMAC\) course](#).

This is designed by ANZCA and provided by independent providers. The simulation based EMAC

course provides training in the management of anaesthetic emergencies. The course consists of five modules run over two and a half days covering the topics of human factors, airway management, cardiovascular emergencies, anaesthetic emergencies and trauma management. It introduces the SIMGs to the local practices in emergency management and the medical culture in Aotearoa New Zealand; research shows that SIMGs tend to revert to their previous ways of working when in stressful situations such as emergencies (Mannes, 2023).

3. Do you see any potential adverse consequences, and if so, how can they be mitigated?

We understand a level of uniformity across medical colleges and acceleration is considered a priority by government in relation to the operation of this expedited SIMG registration pathway to grow our specialist workforce in a rapid manner. Therefore, ANZCA would like to highlight potential risks and impacts that will need to be taken into consideration in minimising unintended consequences.

- **Lack of skilled professional support** from specialists in that specialty:
 - ANZCA has a high level of professional support from experienced directors of professional affairs (DPA) who are fellows for the SIMG assessment process. They also ensure ANZCA meets all time related KPIs for the SIMG assessment process.
 - Fellows who practice in the SIMG's specialty will be best placed to identify any anomalies in the SIMG's information attached to their application that may indicate that SIMG is better considered within the current process.
- **Vocational specialty training in smaller hospitals (regional, rural, remote) may be jeopardised** if there are not an adequate number of fellows of the specialty medical college working at that site to provide supervision to their trainees. This would be a consequence of no college involvement in their SIMG pathway resulting in a lack of assessment for a concurrent path to eligibility for fellowship of the specialty college. This may mean that ANZCA may need to remove training site accreditation from a hospital that is without enough appropriately qualified supervisors.
- ANZCA has discovered that the main bottleneck is not in college processes but rather at stages such as Immigration NZ visa processing and being offered employment.

Mitigation strategies:

- **Vocational specialty training in smaller hospitals (regional, rural, remote) jeopardised:**
 - This could be mitigated by ensuring that the SIMGs on the expedited pathway are also eligible for fellowship. This could be done in one of two ways, either:
 - The expedited pathway being within the college processes, or
 - SIMGs in the MCNZ pathway should continue to be offered a concurrent process for progression towards eligibility for fellowship, as occurs currently with ANZCA minimising any duplication by using MCNZ's supervision reports as its clinical practice assessment reports.

 - **Bottleneck in time through the whole SIMG pathway:**
 - The college would like to work with the MCNZ to look at the whole end-to-end SIMG pathway process to see where components could be accelerated. We consider this might indeed be at other stages that are outside the control of colleges, such as visa processing and being offered employment.
4. [Do you have any other comments regarding the proposal?](#)
- No

Further questions:

To inform Council's decision-making you are invited to respond to the following questions.

The current proposal is initially aimed at IMGs who have completed postgraduate medical training in the UK or Ireland. It has also identified four areas of medicine initially suitable for the expedited pathway, as well as three areas of medicine that require further exploration.

- a) Are there any additional areas of medicine that should be considered for IMGs who have completed postgraduate medical training in the UK or Ireland?*

We note the intention in New Zealand to include Anaesthesia, Emergency Medicine, General Practice and Internal Medicine in the first tranche, with Obstetrics and Gynaecology, Psychiatry, and Diagnostic and Interventional Radiology to follow. In Australia, the MBA propose prioritising the following four specialities: general practice, anaesthesia, obstetrics and gynaecology and psychiatry. This mismatch may have unintended consequences for New Zealand, such as

increasing or decreasing choices for IMGs of particular specialities. ANZCA considers that that question should be answered by each vocational education advisory body for their own specialty.

b) Are there any postgraduate qualifications from other countries that should be considered?

No. ANZCA recommends that only anaesthetist SIMGs with full Irish and UK training and qualifications are eligible for the expedited pathway. We consider these are the only SIMGs who are routinely assessed as “equivalent” to a locally trained anaesthetist.

c) If so, what are the relevant postgraduate qualifications?

N/A

d) Do you have any other comments regarding the proposal?

We would like to reiterate that we consider the existing combined pathway preferable and would be happy to work with MCNZ to further streamline ANZCA’s involvement in the SIMG assessment process.

Thank you again for the opportunity to comment on these proposals.



Mr Nigel Fidgeon, CEO

Dr Graham Roper,
Chair, New Zealand National Committee

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