

7 August 2024

Te Kaunihera Rata o Aotearoa
Medical Council of New Zealand

By email to: consultation@mcnz.org.nz

Tēnā koutou

Re: Consultation – Expedited Pathway for Registration in the Provisional Vocational Scope of practice

Tu Te Akaaka Roa, the New Zealand office of The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the opportunity to provide feedback on Te Kaunihera Rata o Aotearoa | The Medical Council of New Zealand (the Council)'s proposal to introduce an expedited pathway for registration in the Provisional Vocational Scope of practice.

As the principal organisation representing the medical specialty of psychiatry in Aotearoa New Zealand and Australia, the RANZCP shares the Council's concerns about the ongoing health workforce shortages and supports a collaborative and innovative approach to addressing these constraints. The psychiatry workforce relies heavily on specialist international medical graduates (SIMGs), with around 40% of psychiatrists in Aotearoa New Zealand having completed their specialist training overseas. According to records of SIMGs whose applications were assessed by the Tu Te Akaaka Roa over the past five years, the majority had received their postgraduate qualification from the USA (62), South Africa (45), and UK (34). Tu Te Akaaka Roa recognises the valuable contribution SIMGs make to psychiatry and health care services across the motu, and tautoko the exploration of new processes to streamline their migration and registration pathways. Over the past year, we have created new resources for SIMGs, including a network of RANZCP- approved mentors who provide one-to-one advice, and support SIMGs navigate the registration process and the mental health system in Aotearoa New Zealand.

We have provided specific comments and recommendations on the specialist qualification in psychiatry as relevant to the proposed expedited pathway.

Comparability of International Qualifications

No overseas qualification is, in and of itself, substantially comparable to the Fellowship programme offered by the RANZCP. The equivalency of SIMGs qualifications is assessed using a holistic approach, taking into consideration the content, structure, and assessment of formal specialist training, as well as advanced and ongoing training and the applicant's experience in comparable health systems. Members of the Vocational Educational &

Advisory Body (VEAB), appointed by Tu Te Akaaka Roa, use their expertise, experience, and knowledge of psychiatric training and services in Aotearoa New Zealand to provide advice on a candidate's suitability and the type of training required to meet local standards.

Given the nuances of different training programmes and types of training experiences, the interview is an integral part of the assessment process and forms the basis of the VEAB's recommendations to the Council.

Recommendation: We recommend the acknowledgement of the lack of equivalence of overseas qualifications and the RANZCP Fellowship programme in future documentation related to this topic.

Psychiatry Training in the UK and Ireland

There are several similarities of the formal psychiatry training offered in the UK and Ireland and the fellowship programme of the RANZCP, including training requirements for psychotherapy, Electroconvulsive Therapy, and academic research; competencies are assessed using a mix of work-placed based assessments and external written and clinical exams, akin to the RANZCP.

The main difference between the programmes lies in the training requirements for Child and Adolescent Psychiatry (CAP) and Consultation Liaison Psychiatry (CLP). CAP and CLP are core areas of practice in Aotearoa New Zealand and local trainees must complete at least one 6-months rotation in CAP and one 6-months rotation in CLP.

Contrarily, the specialist psychiatry training programme in the UK has a high degree of choice and does not mandate trainees to complete clinical placements in either CAP or CLP. As a result, applicants from the UK often have limited, or no experience in these areas of practice. As for the UK, psychiatry registrars in Ireland are also not required to practice in CLP as part of their training; CAP training requirement differ between training cohorts, due to changes to the [regulations](#) in recent years. This means that there may be substantial variation between applicants from Ireland regarding their experience in CAP, depending on when they started their specialty training.

Additionally, we note that 14% of applicants from the US and 30% of applicants from the UK had completed their primary medical degree elsewhere and would not meet the criteria proposed by the Council. So, not everyone who comes from a single country can be assumed to have undertaken training in the same manner and to the standard required to work in Aotearoa New Zealand.

Tu Te Akaaka Roa believes it is essential that all SIMGs are capable and confident in caring for tāngata whai ora of all ages, and in medical settings, as they may be required to do so as part of their on-call duties. Information and evidence of CAP and CLP training experiences (with evidence) should be collected from all SIMGs.

Recommendations:

1. We recommend that applicants are asked to provide detailed information and evidence regarding their training and experience in the areas of CAP and CLP, including clinical placements and subsequent clinical experience.
2. Where the equivalence of these to NZ training experiences are unclear, VEAB-run interviews should be recommended to seek clarification and plan measures for addressing identified gaps in necessary training. Requirements for additional training (that can be completed during the first year or two of work in the country) should be decided by the VEAB.

Potential for adverse consequences

Increased entry of SIMGs requiring additional CAP and/or CLP training might mean further restriction of these limited rotations for psychiatric trainees. Given service and workforce limitations, a balance needs to be struck between increasing the psychiatry workforce and meeting the needs of local trainees.

Recommendation: We recommend that any changes to the SIMG regulations must be carefully considered and approved by the RANZCP to ensure local trainees are not disadvantaged.

Appeal and Review

Additional consideration must be given to appeal procedures if applicants wish to argue the case for mitigation as well as the review of international regulations. As exemplified by the programme regulations in Ireland, training requirements may change over time. The RANZCP has completed a comprehensive assessment of international psychiatry programmes, including regional variations, and regularly monitors changes made to the international regulation and curricula.

Recommendation: We recommend that the Council publishes policies for appeal and review procedures and regularly monitors international regulations for both primary and secondary medical qualifications in consultation with the RANZCP to ensure SIMGs are held to the same standard as locally trained psychiatrists.

General Comments

We believe ongoing collaboration between the key agencies of the health sector, including the Council, Te Whatu Ora | Health New Zealand and the RANZCP is critical for achieving our common goals. We recommend addressing the issues noted above and invite the Council to meet with representatives of Tu Te Akaaka Roa and the VEAB to further discuss potential avenues for streamlining the SIMG registration process.

Thank you for the opportunity to provide feedback. If you have any further questions regarding this letter, please contact Tu Te Akaaka Roa, the New Zealand National Office via nzoffice@ranzcp.org or on +64 (0)4 472 7247.

Ngā manaakitanga



Dr Hiran Thabrew
Chair, Tu Te Akaaka Roa