

24 July 2025

Te Kaunihera Rata o Aotearoa
Medical Council of New Zealand

By email to: consultation@mcnz.org.nz

Tēnā koe

Re: Consultation – Development of a new collegial peer support and supervision framework for International Medical Graduates

Tū 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 a new supervision framework for Specialist International Medical Graduates (SIMGs).

As the principal organisation representing the medical specialty of psychiatry in Aotearoa New Zealand and Australia, the RANZCP shares the Council's concerns regarding current support and supervision processes for SIMGs. We recognise the valuable contribution SIMGs make to psychiatry and health care services across the motu and support a review of current guidelines and supervision requirement to improve the effectiveness and feasibility of support provided to SIMGs in Aotearoa New Zealand.

Key Messages

Based on feedback from the Vocational Education and Advisory Body (VEAB), appointed by Tū Te Akaaka Roa, we do not oppose the introduction of a peer support pathway as part of the revision of current supervision requirements. However, we recommend:

- Conducting broader review of the supervision framework to address key concerns with current processes not addressed by the proposed changes,
- Establishing a process for accreditation of new peer supporters and supervisors,
- Clarifying the role of peer supporter and supervisor, including the differences in the roles and the expectations of outcomes and review processes,
- Providing adequate guidance and training for peer supporters and supervisors to achieve standards and measure outcomes,
- Clarifying requirements for cultural safety training to be integrated into peer support and supervision,
- Developing mechanisms for ongoing monitoring and oversight of peer support and supervision which supports response to issues of concern,
- Reducing the frequency of peer reports,
- Establishing a feedback loop with the aim of improving quality of support and supervision for all SIMGs.

1. ***Do you support the proposal for a framework that allows an IMG to either undertake a period of collegial peer support or supervision, depending on registration pathway? Please provide reasons to accompany your response.***

Tū Te Akaaka Roa acknowledges ongoing challenges with current supervision and support practices for SIMGs and a need for improved processes to attract more overseas-trained specialists. We support the introduction of a modified supervision model, in principle. However, we remain unclear about the rationale behind the creation of a separate peer support pathway, which would likely only benefit a small number of SIMGs, while increasing the risk of adverse consequences and failing to address the shortcomings of current supervision and support for SIMGs.

SIMG psychiatrists commonly enter vocational training in psychiatry with significantly less general medical experience compared to Aotearoa New Zealand-trained doctors and commonly lack experience in Child and Adolescent Psychiatry (CAP) and Consultation Liaison Psychiatry (CLP). CAP and CLP are core parts of psychiatric practice in Aotearoa New Zealand and local trainees must complete rotations and related requirements in these areas. This means that SIMGs with otherwise equivalent training or experience have requirements for supervised practice in CAP and/or CLP to address the gaps and before gaining vocational registration in Aotearoa New Zealand.

Data from 2023 to 2025 shows that approximately 10% of SIMG psychiatrist were considered to have equivalent training and experience to Aotearoa New Zealand-trained psychiatrist. Therefore, only a small number of SIMG psychiatrists would likely be eligible to participate in the peer support pathway. The creation of a separate stream may unintentionally disincentivise applicants asked to complete additional requirements, particularly more senior clinicians with substantially comparable training and experience.

Additionally, the loosened regulations for those under the peer support pathway increase the risk of poor support being provided for SIMGs. Inadequate support risks the quality and safety of clinical practice being compromised and decreases the likelihood that the SIMG will stay in role. Local services often invest a significant amount of time and money in recruiting SIMGs, while individuals undergo major life changes for themselves and their whānau to commit to a position in a new country. The consequences of losing SIMG on account of insufficient support is disproportionate to the cost of robust support and supervision.

Based on feedback received by Tū Te Akaaka Roa and the VEAB, support for SIMGs is highly variable across the motu. The quality of support is often impacted by workforce shortages and demand for services where the SIMG is employed, as well as the skills and experience of local psychiatrists and local culture. These issues must be addressed as part of the development of a new supervision framework to ensure support for SIMGs is feasible and effective.

Recommendation

Tū Te Akaaka Roa does not oppose the introduction of a peer support pathway. However, we recommend a broader review of the supervision framework focusing on improving key challenges with current supervision processes and procedures, aiming to improve support for all SIMGs while ensuring training and practice standards continue to be met.

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

Robust and well supported orientation to practice in Aotearoa New Zealand, and the employer organisation, is critical to ensuring SIMGs adhere to the same practice standards as locally trained specialists. Given current challenges with the provision of support for SIMGs, we are concerned that the creation of two separate pathways and associated regulatory changes for some SIMGs may create further confusion and increase the risk of non-adherence or inadequate provision of support.

Provision of Peer Support

While we acknowledge that further information may yet to be released, the proposal lacks clarity regarding the role of peer supporters and supervisors, the distinction between them, the expectations for individuals and agencies providing support for SIMGs, and how the quality and effectiveness of peer support would be ensured. We ask that further information is provided to relevant stakeholder before proceeding with the proposed framework.

We believe a simplified framework, clear allocation of roles and responsibilities, and stronger connection between employers, the Council, and medical colleges, would allow existing resources to be utilised more effectively and help with identifying and addressing potential shortcoming or system issues.

Currently, the responsibility for providing supervision (or peer support) largely lie with the employer. While reasonable, it contributes to the disconnection and inconsistency of support for SIMGs across the motu and increases the risk for inadequate support in the context of workforce shortages and increasing demand for services. Tū Te Akaaka Roa supports the Council to take more substantial role in monitoring and oversight of peer support processes. Additionally, we believe a written commitment from employers would provide assurance that SIMGs and peer supporters are provided with sufficient time and resources for the provision of peer support.

Over recent years, Tū Te Akaaka Roa has invested a great deal of resources in providing support to SIMGs in Aotearoa New Zealand. For example, we have set up a network of RANZCP- approved mentors who have been on similar journeys and are able to provide one-to-one advice and support on how to navigate the system and processes. The RANZCP also has robust requirements for peer review as part of the RANZCP continued professional development programme which offer collegial support and enable connection with clinical networks. Therefore, we believe that the RANZCP is well positioned to provide guidance and support for SIMGs arriving in Aotearoa New Zealand, identify suitable mentors for SIMGs, and connect mentees with relevant resources and collegial networks.

Cultural Safety

Key to the orientation and supervision period is ensuring new migrants are supported to have the knowledge to provide culturally appropriate care for tāngata whai ora of all ages and backgrounds. However, cultural safety training and support is variable across the motu. The introduction of a new supervision framework is an opportunity to improve how cultural safety training is provided for SIMG, clarify the roles of employers, colleges and the Council, and set clear standards for culturally appropriate care.

Recommendation

Before proceeding with the proposed framework, we recommend the Council clarify:

- the role of peer supporter and supervisor, including the differences in the roles and the expectations of outcomes and review processes,
- how cultural safety training and support will be integrated into the framework,
- the responsibilities of the peer support role and supervisors and provide guidance and for those providing the support.

To ensure a meaningful investment and effective and consistent support for SIMGs, we further recommend the Council:

- establish an accreditation process e.g., submission of a CV and letter of recommendation from the employer's Clinical Director,
- request evidence of commitment from employers to allocate adequate time and resources to the SIMG and peer supporter for the purpose of peer support,
- monitor the quality of the experience of peer support,
- Explore how existing resources, e.g. the RANZCP's mentorship network, can be utilised,
- work with the RANZCP appointed VEAB to guide development of supervision and peer support processes.

3. Do you have any other comments regarding the proposed framework?

This proposal has a requirement for quarterly reports to the Council for those under the peer support pathway. This is undifferentiated from the reporting of the supervision requirements however the relationship is significantly different. Tū Te Akaaka Roa has understood the peer support role to be in line with a mentoring role and we are unclear about the intended function of the quarterly reports. We believe a simplified reporting system with less frequent reports would help to clarify the peer relationship and allow resources to be directed towards high-quality support rather than administrative tasks.

Recommendation

To limit the risk of unnecessary administrative burden, confusion, or inadequate provision of resources we recommend reducing the number of peer reports to every 6 months (rather than every 3 months), including:

- a peer support agreement between the SIMG and the peer supporter specifying the nature of the relationship and how it will be conducted. This document would be set up at the start of the peer support period and be considered the first report.
- a final report at the end of the peer supporter period that is provided by the SIMG and the peer supporter, outlining the support provided, reflections about the process and concluding the Council's interest in this peer support relationship.

Thank you for the opportunity to provide feedback. We welcome further discussions to support the review and improvement of support for SIMGs in Aotearoa New Zealand. If you have any further questions regarding this letter, please contact nzoffice@ranzcp.org or on +64 (0)4 472 7247.

Ngā manaakitanga



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