



**Te Kaunihera  
Rata o  
Aotearoa**

Medical  
Council of  
New Zealand

## **NZREX Clinical: Candidate handbook**

Contact details:

- Phone: 0800 286 801
- Email: [nzrex@mcnz.org.nz](mailto:nzrex@mcnz.org.nz)
- Website: <https://www.mcnz.org.nz/registration/getting-registered/registration-exam-nzrex/>

# Contents

<b>Applying to sit the NZREX Clinical</b>	<b>3</b>
English language requirements	3
Medical knowledge	3
Primary source verification	3
Late applications	4
<b>Location and timing of NZREX Clinical</b>	<b>4</b>
<b>NZREX Clinical format</b>	<b>4</b>
<b>NZREX Clinical standard and domains</b>	<b>5</b>
Introduction	5
<b>The seven domains</b>	<b>6</b>
1. Communication	6
2. Professionalism	6
3. Cultural safety	6
4. History taking	7
5. Physical examination	8
6. Investigations and clinical reasoning	8
7. Management	8
<b>Satisfactory standard</b>	<b>9</b>
<b>Appeal on the basis of impairment</b>	<b>9</b>
<b>Appeal of examination process</b>	<b>9</b>
<b>Inaccurate result</b>	<b>9</b>
<b>Feedback</b>	<b>10</b>
<b>Withdrawals</b>	<b>10</b>
<b>False declarations</b>	<b>10</b>
<b>Communication with examination staff</b>	<b>10</b>
<b>After NZREX Clinical</b>	<b>10</b>
<b>NZREX Clinical matrix</b>	<b>11</b>
<b>Policies</b>	<b>14</b>
<b>Other links</b>	<b>14</b>

## Introduction

The New Zealand Registration Examination (NZREX Clinical) was established by Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand (the Council) to assess overseas trained doctors who are not eligible for registration via any other pathway, before they commence clinical practice.

The Council's goal for NZREX Clinical is to be a valid, fair, reliable and consistent assessment. The objective of the examination is to ensure that candidates are clinically safe to commence practice, registered in the provisional general scope of practice in Aotearoa New Zealand, during which time they will begin practising in the two-year prevocational (intern) training programme. The standard is set at the level of a newly-qualified New Zealand graduate at the start of their first postgraduate year.

## Applying to sit the NZREX Clinical

Applicants must meet the requirements to sit the NZREX Clinical in full, for the examination they are applying for. Eligibility criteria, and application forms, are available on our website.

[Registration Exam \(NZREX\)](#)

### English language requirements

To be accepted to sit NZREX Clinical or to be registered with the Council, applicants must demonstrate they meet **one** of seven [English language requirements](#), as published on our website. We **do not** accept alternatives not listed in this policy.

Candidates who pass the NZREX Clinical will not be required to meet the English language requirements again for the purposes of registration, provided the NZREX Clinical pass is still valid (valid for 5 years of the date of the examination passed).

If comprehension and communication deficiencies are noted during NZREX Clinical, candidates will be required to undertake further remediation and/or testing of their ability to comprehend and communicate effectively in English before being eligible to apply to re-sit NZREX Clinical (if needing to re-sit) or applying for registration.

### Medical knowledge

NZREX Clinical candidates must have passed, within the last 5 years, one of the following prerequisite examinations:

- United States Medical Licensing Examination (USMLE) Steps 1 and 2 (Clinical Knowledge)
- Professional and Linguistic Assessments Board (PLAB) Part 1
- Australian Medical Council MCQ
- Medical Council of Canada Qualifying Examination (MCCQE Part I).

### Primary source verification

Candidates' prerequisite examination results (PLAB, MCCQE, or AMC MCQ) must be primary source verified, through EPIC (Electronic Portfolio of International Credentials). These credentials must be verified **prior** to submitting your NZREX application.

If a candidate's prerequisite examination is the USMLE Steps 1 and 2, they must submit a transcript request through the [Federation of State Medical Boards](#) (FSMB) to release results directly to the Medical Council of New Zealand.

If the time from when the candidate passed one of these examinations has expired past the 5-year validity point, the candidate must sit or re-sit one of the possible prerequisite examinations.

Under the Educational Commission for Foreign Medical Graduates' (ECFMG) rules, a candidate may not re-sit a USMLE step once they have already passed it. However, if the result exceeds the 5 year NZREX Clinical timeframe the ECFMG will allow NZREX Clinical candidates to re-sit the USMLE Steps 1 and 2. If this is the case, the candidate must complete the 'request to re-sit the USMLE Steps 1 and 2 form' which the candidate should request from Council staff. Council staff will then write to the ECFMG confirming that the candidate wishes to sit NZREX Clinical and therefore needs to re-sit the USMLE examination(s).

### **Late applications**

Applications received after the closing date will not be accepted and applicants will be notified accordingly.

## **Location and timing of NZREX Clinical**

NZREX Clinical is held twice yearly in Auckland. Council reserves the right not to hold an examination if there are insufficient candidate numbers. If this were the case, candidates will be informed and moved to the next available examination date.

Candidates must organise their own transportation, accommodation and relevant visa to sit NZREX Clinical. Websites that can be helpful include [www.tourism.net.nz](http://www.tourism.net.nz), which provides good general information on accommodation and transport, and [at.govt.nz/bus-train-ferry/bus-services/](http://at.govt.nz/bus-train-ferry/bus-services/) for Auckland bus services.

## **NZREX Clinical format**

The NZREX Clinical is an objective structured clinical examination (OSCE). This is a well-established method of assessment that is used in many universities' undergraduate programs and postgraduate medical colleges throughout the world.

There are 12 stand-alone or "active" stations. Two of the 12 active stations are linked stations, which means that there is a pre-reading station prior to entering the linked station with the simulated patient and examiner. Examples of pre-reading before a linked station include additional information, investigations, or radio-imaging. Depending on the number of candidates sitting the exam, there will be two to four rest stations.

Candidate allocation to starting stations is made randomly. Some candidates will start on a rest station; however, all candidates will have the same number of rest stations during the exam.

Each station lasts for 12 minutes. Two minutes are allocated for reading the station instructions outside the station, followed by 10 minutes in each station.

All stations use a simulated patient with an examiner, except for the two pre-reading stations where candidates are alone with a staff member in attendance only.

Most stations primarily test one topic or area with multiple tasks required.

## **NZREX Clinical standard and domains**

### **Introduction**

The standard is set at the level of a newly-qualified New Zealand graduate at the start of their first postgraduate year. The NZREX Clinical assesses the candidate's ability to:

1. communicate and display professionalism
2. conduct a patient-centred medical history
3. demonstrate an appropriately focussed physical examination
4. demonstrate clinical reasoning and appropriately select investigations
5. demonstrate safe and appropriate clinical management and
6. interpret laboratory results and other clinically relevant data.

There are seven domains that can be assessed, with 6 being assessed at every station.

The seven domains are:

1. communication
2. professionalism
3. cultural safety
4. history taking
5. physical examination
6. investigations/clinical reasoning
7. management

These seven domains are detailed further on pages 6-9.

Three domains are always assessed in each station: communication, professionalism, and cultural safety.

Three of the four remaining domains, history taking, physical examination, investigations/clinical reasoning, and management, will be assessed in each case.

At least one case will focus on child health, mental health and women's health.

The primary competencies that will be tested are history taking (three cases), clinical examination (four cases), investigating (two cases), management (three cases) and clinical reasoning (four cases).

Other competencies may also be examined, such as requiring the candidate to display specific communication or professional skills. For example, discussing a diagnosis with a patient, working with whānau (family), cultural safety, undertaking an informed consent process, or giving bad news.

Candidates may be asked to present a preferred diagnosis, management plan, and investigations to the examiner.

## The seven domains

### 1. Communication

All stations will assess the candidate's communication skills. Candidates should demonstrate appropriate communications skills as this is key to an effective doctor-patient relationship and impacts on outcomes. The style of consulting in Aotearoa New Zealand is patient-centred, not doctor-centred or interrogative.

There is a strong emphasis on culturally safe and appropriate communication. This reflects Council's and the profession's commitment to Te Tiriti o Waitangi and to addressing health equity in Aotearoa New Zealand's health system.

Candidates should demonstrate rapport building skills and active listening skills. Examples of these include warm introductions, active listening, reflecting, clarification, appropriate body language and using language that the patient can relate to (including avoidance of medical jargon).

Candidates should explore the presenting problem from the patient's perspective (that is, the illness); this should be sought in conjunction with information that allows an accurate medical assessment (that is, the disease). This will include the patient's ideas, concerns and expectations as well as understanding their values and beliefs, as well as those of their whānau or family.

Candidates should recommend and negotiate a tailored management plan with the patient. This would include a discussion on treatment options and the advantages and disadvantages of each.

Candidates may also be examined on specific communication skills, this could include breaking bad news to a patient, obtaining informed consent, communication with children, communication with family members, communication regarding medication and other similar skills.

Candidates are expected to demonstrate good communication skills across a wide variety of contexts tailored to the patient's age, gender identity, culture, ethnicity, religion, and sexual orientation.

### 2. Professionalism

A doctor's first concern is to take care of their patient, and to do so with respect, honesty and professionalism. Therefore, all stations include an assessment of professional behaviour. The Council's publication [Good Medical Practice](#) sets out the principles and values that define good medical practice, and provides guidance to doctors on the standards we expect of them in all aspects of their professional behaviour.

The Council's standards of clinical and cultural competence and ethical conduct for doctors are [available on our website](#).

### 3. Cultural safety

All stations will assess the candidate's cultural safety and cultural competence capabilities.

Candidates are expected to demonstrate what they know about culturally safe engagement with their patient. Such engagements are more likely to lead toward more equitable health

care outcomes for patients and their whānau and families. Candidates will display an orientation towards, and some skills and approaches they have developed in, culturally safe practice.

Candidates are expected to demonstrate cultural competence in working with a patient from a non-majority culture, including with Māori.

The orientation towards culturally safe practice might be assessed by the examiner seeing:

- An acknowledgement to the patient that the doctor might be from a different culture than the patient and that the doctor is open to understanding that this may require a different approach than the doctor's standard one.

Some skills and approaches in developing culturally safe practice might include:

- checking in with the patient during the consult to see if the patient is comfortable with how the consult is going
- inviting the patient to give their views on the presenting issue
- inviting the patient to share their views on what management options might work for them before creating a shared management plan.

Cultural competence in working with a patient from a non-majority culture (including Māori) might include the candidate:

- taking particular care to pronounce patient's name correctly
- ensuring that they acknowledge and engage with any whānau, family member present, and understand the relationship between them and the patient
- being prepared to share some information about themselves to generate a shared whakawhanaungatanga (with Māori patients) or an enhanced rapport (for all patients) between them.

#### **4. History taking**

Candidates will be assessed on their abilities to conduct a history and seek relevant information from a patient that will allow the synthesis of a differential diagnosis or (working) diagnosis. Candidates are expected to display an ordered, logical sequence of information gathering in these stations except where the patient's presentation does not allow for this. A standard approach to conducting a history in a hospital setting would be set out in the form of:

- history of presenting complaint
- past medical history
- relevant family history
- current medications and allergies
- relevant psychosocial history
- substance use including smoking, alcohol, and drug use.

In the early part of a patient-centred consultation, the use of open-ended questions is recommended as this tends to gather more information. Closed-ended questions are necessary at times to clarify or expand on points. At the end of taking a history, candidates should have gathered sufficient information about the patient's perspective of their illness and to formulate a differential diagnosis.

## **5. Physical examination**

Candidates will be assessed on their ability to conduct a physical and mental state examination (MSE) on a simulated patient.

Candidates may be expected to undertake the following physical examinations: cardiovascular, respiratory, neurological, musculoskeletal, abdominal, ears, eyes, and mental state.

Candidates are expected to talk through the physical examination they are conducting with the examiner listening. Examiners will be looking for a structured, organised, accepted and correct approach to physical examination of the area or joint.

Candidates are also expected to attend to hand hygiene inside the consultation room as the examiners will be marking on this as part of the physical examination technique. A face mask may be required but candidates will be informed when this is the case.

## **6. Investigations and clinical reasoning**

### **Investigations**

#### **Ordering**

When ordering investigations, candidates are expected to demonstrate an efficient and effective approach to investigation of a particular clinical scenario. Good clinical reasoning should predict choice and sequence of testing.

#### **Interpretation**

Candidates are expected to interpret and act appropriately on all basic investigations. This will include:

- ECG
- standard x-rays
- haematological investigations
- pathology results.

For investigations such as MRI, CT and ultrasound, candidates are expected to understand the result and be able to interpret and explain to the patient the significance of the findings. Candidates are not expected to interpret the films.

#### **Clinical reasoning**

Candidates should demonstrate a logical and reasonable approach to making a diagnosis and devising a management plan.

This will include prioritising clinical intervention in a timely manner according to severity and urgency of clinical need.

## **7. Management**

Candidates will be assessed on their ability to develop a shared management plan in consultation with whānau and caregivers where appropriate. It should be based on all



available information, be safe and with appropriate safety netting (measures to ensure ongoing safe practices) outlined.

## Satisfactory standard

The standard of the NZREX Clinical is primarily determined to ensure the safety of the public of Aotearoa New Zealand.

The results are determined by using a criterion-referenced, contrasting groups system to determine a cut score. Candidates who score above this cut score are deemed to have passed.

Theoretically, if all candidates are at a standard above the criterion, then all would pass. Candidates will be scored for each of the 12 stations separately and the scores aggregated into a final mark.

All stations in NZREX Clinical are of equal importance.

Individual performance narrative at each station will not be provided to the candidate. The candidate will receive an overall outcome of “pass” or “did not pass”. This outcome indicates that the candidate has met the standard to safely commence prevocational training as a new PGY1 or has not met the standard.

Passing the examination does not guarantee access to prevocational training. See the ‘After NZREX Clinical’ section for more information.

## Appeal on the basis of impairment

A candidate may be disadvantaged during the examination due to a temporary impairment, which occurred close to, or during, the examination and which affected their performance. This may include situations such as illness or pressing domestic circumstances. Submissions claiming impairment must be lodged in writing **within 3 working days** of the examination.

[Policy on recount and appeals](#)

## Appeal of examination process

A candidate may consider that an incident, which occurred during the process of the examination, impacted on their performance in the examination. Appeal submissions must be lodged in writing **within 3 working days** of the examination.

[Policy on recount and appeals](#)

## Inaccurate result

Electronic marking has been adopted to ensure that there are no errors in the collation of results. If a candidate considers that their examination result does not accurately reflect their performance in the examination, they may request that their result be recounted.

This process only looks at whether a candidate’s marks were correctly transcribed – it does not look to review the examiners’ opinion on the day.

Requests for a recount of an examination result must be lodged **within ten (10) working days** after receipt of written feedback.

[Policy on recount and appeals](#)

## Feedback

The Council's current policy is that candidates who do not pass the NZREX Clinical will receive limited feedback to assist them in understanding their result. Feedback will not be provided to candidates who pass NZREX Clinical.

It is difficult to give any kind of feedback on NZREX Clinical as it is a summative examination, not a formative examination. The objective of NZREX Clinical is to ensure that candidates are clinically safe to commence practice, registered in the provisional general scope of practice in Aotearoa New Zealand, during which time they will begin practising in the two-year prevocational (intern) training programme. The examination is not designed to give candidates feedback about where they need to improve.

[Policy of feedback](#)

## Withdrawals

Candidates may request to withdraw from a particular sitting of the NZREX Clinical, or request to transfer to another sitting. This policy sets out the process for applicants to transfer or withdraw from the NZREX Clinical and the associated fee or refund for each process.

[Policy on refunds to candidates withdrawing from the NZREX](#)

## False declarations

The Council will make a decision on an application, in reliance on the information provided in the application. The provision of false, misleading, or intentionally incomplete information may result in the forfeiting of an applicant's eligibility to take NZREX Clinical. A person, who wilfully makes a false statement or provides false information in their application form or in the documents attached, may also be liable, on conviction to a fine of up to \$10,000.

## Communication with examination staff

Candidates must not communicate directly with the examiners, the Examinations Director or Assistant Examinations Director regarding their performance or results in NZREX Clinical. All communication is to be directed to the Council office. Failure to observe this rule may lead to the prohibition from further admission to NZREX Clinical.

Candidates must not communicate with the actors, examiners, or Council staff at any point regarding the possible outcome of their results or about the examination cases.

## After NZREX Clinical

Information on how to register as a doctor in Aotearoa New Zealand will be sent to all candidates who passed.

Doctors who have sat and passed NZREX Clinical will need to seek employment at an accredited training provider prior to applying for registration.

There is no guarantee of employment for doctors who have sat and passed NZREX Clinical.

Those who pass NZREX Clinical and receive a job offer are registered within the provisional general scope of practice and are required to participate in an intern training programme provided by an accredited training provider and meet the prevocational medical training requirements set by Council. Further information is provided at [www.mcnz.org.nz](http://www.mcnz.org.nz).

Prevocational medical training is a two-year programme, however interns can apply for a general scope of practice once they have met the requirements for registration within the general scope (usually after one year).

[Examinations registration pathway](#)

[Prevocational – PGY1/PGY2 training requirements](#)

## **NZREX Clinical matrix**

The following matrix provides a structure for the selection of the clinical symptoms assessed in stations, but it is not an exhaustive list:

### **Cardiovascular**

- Chest pain
- Shortness of breath
- Fall/collapse
- Raised blood pressure
- Leg swelling
- Low BP/shock

### **Respiratory**

- Cough
- Shortness of breath
- Cyanosis
- Haemoptysis
- Chest pain
- Wheeze

### **Neurological**

- Headache
- Visual disturbance
- Dizziness/Vertigo
- Confusion/Delirium
- Weakness
- Collapse/Fall
- Tremor
- Unsteady gait
- Disturbed consciousness
- Seizures
- Speech difficulty

## **Gastrointestinal**

- Abdominal pain
- Anorectal pain
- Groin pain
- Abdominal distension
- Altered bowel habit
- Nausea/Vomiting
- Abdominal mass
- Difficulty swallowing
- Jaundice
- Haematemesis
- Rectal bleeding

## **Genitourinary**

- Urinary retention
- Genital discharge
- Genital pain
- Urinary frequency
- Nocturia
- Urinary incontinence
- Leg swelling
- Scrotal swelling

## **Musculoskeletal**

- Joint pain
- Joint pain
- Traumatic injury – bone
- Traumatic injury – soft tissue
- Back pain

## **Women's health**

- Bleeding in pregnancy
- Abdominal pain in pregnancy
- Fever in pregnancy
- Raised BP in pregnancy
- Contraception
- Irregular periods
- Abnormal vaginal bleeding
- Pelvic mass
- Pelvic pain
- Vaginal discharge
- Breast lump

## **Endocrine/Metabolic**

- Weight loss

- Weight gain
- Lethargy
- Infertility
- Sexual dysfunction
- High blood sugar
- Low blood sugar
- Collapse

### **Hematological**

- Lethargy
- Pallor
- Abdominal bruising

### **Oncological**

- Neck lump
- Enlarged lymph glands
- Enlarged spleen
- Enlarged liver
- Pain
- Terminal patient

### **Behavioral**

- Depression
- Hallucinations
- Agitation/aggression
- Substance abuse
- Anxiety
- Learning difficulty
- Deterioration in intellect
- Confusion

### **Senses**

- Eye pain
- Reduced vision
- Ear pain
- Hearing change
- Facial pain
- Oral pain

### **Other**

- Unwell child
- Allergic reaction – medication
- Allergic reaction – environmental
- Fever
- Skin rash

- Skin - suspicious lesion
- Abnormal laboratory test

## Policies

- [Policy on English Language requirements](#)
- [Examination rules](#)
- [Policy on recount and appeals of the NZREX Clinical](#)
- [Policy on critical incidents](#)
- [Examiners raising serious concerns about candidate performance](#)
- [Policy on the pass and fail criteria](#)
- [Policy on the NZREX Clinical feedback](#)
- [Policy on the eligibility requirements and identity verification for candidates of NZREX Clinical](#)
- [Policy on candidates transferring or withdrawing from the NZREX Clinical and associated fees and refunds](#)

## Other links

NZREX Clinical sample questions, marking grid, competency skills sheet and reading list can be found in the documents linked below:

- [NZREX Clinical sample questions, marking grid and competency skills sheet](#)
- [NZREX Clinical reading list](#)

