



**Te Kaunihera  
Rata o  
Aotearoa**

Medical  
Council of  
New Zealand

## **Evaluation report**

***'Welcome to practice in Aotearoa New Zealand'*  
workshops for international medical graduates**

**held May 2022**



# Contents

Executive Summary	4
Overview	5
Learning outcomes	5
Workshop participants	6
Pre-workshop reading and activities	6
Workshop content	7
Evaluation purpose and design	8
Evaluation results	9
Immediate post-workshop survey	9
3-month post-workshop survey	10
Conclusion	11
Lessons learned	12
Recommendations	13
Appendices	14
Appendix One - Logic Model	14
Appendix Two - Evaluation methodology	15

# Executive Summary

Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand (Council) held three 'Welcome to practice in Aotearoa New Zealand' workshops in May 2022 for international medical graduates (IMGs) who had recently gained registration in Aotearoa New Zealand.

The purpose of the workshops was to introduce IMGs to Council's standards on professionalism, cultural safety, and health equity within the Aotearoa New Zealand context.

An evaluation was conducted to determine if participation in the workshop achieved the intended learning outcomes, which aspects of the workshop attendees found most useful, whether the format used was the best way to deliver the content, and whether attendees had embedded the learning into their practice.

Evaluation results showed the workshop was effective in achieving the intended learning outcomes, useful in educating IMGs on key aspects of good medical practice and cultural safety in Aotearoa New Zealand, and successful in influencing changes to the doctor's practice.

Council recommended that delivery of workshop content should continue through a mechanism that is sustainable and scalable to reach a larger cohort of IMGs. In addition, Council continues to advocate for employer and college led training in this area.

# Overview

Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand (Council) registers more than 1200 new international medical graduates (IMGs) each year. IMGs have always been an important part of the New Zealand workforce and currently the number of doctors working in New Zealand whose primary medical qualification is from overseas is about 43%.

Because they have undertaken their primary medical degree overseas, IMGs are unlikely to have received education or exposure to aspects of medical practice that are specific to working in Aotearoa New Zealand. In particular, Council wanted IMGs to have a good understanding of cultural safety, health equity, and Council's standards of professional behaviour. Therefore, to support IMGs starting work as a doctor in this country, and to protect the public and promote good medical practice, Council made the decision to develop and trial an educational workshop.

Three 'Welcome to practice in Aotearoa New Zealand' workshops were run in May 2022 for IMGs who had recently gained registration in Aotearoa. The workshops were live and interactive with participants joining via Zoom. The workshop had 4 hours of content with two 10-minute breaks.

## **Learning outcomes**

The purpose of the 'Welcome to practice in Aotearoa New Zealand' workshops was to introduce recently registered IMGs to Council's standards on professionalism, cultural safety and health equity within the Aotearoa New Zealand context.

The intended learning outcomes from the workshops were for IMGs to:

- a. become familiar with Council's statements and standards, and know where they can find guidance
- b. understand the role of the Medical Council of New Zealand (Council)
- c. have improved confidence in their ability to provide culturally-safe care to patients in Aotearoa New Zealand
- d. understand the principles of safe prescribing
- e. understand their obligations in relation to informed consent
- f. have an improved understanding of professionalism in Aotearoa New Zealand.

The logic model that informed development of the workshops can be found in [Appendix 1](#).

## **Workshop participants**

IMGs who had first registered to practice in Aotearoa New Zealand between July 2021 and March 2022 (~650 doctors) were invited by email to register to attend one of three identical workshops being held in May 2022. Attendance at each workshop was capped at 26 to facilitate participation and effective small group work, although there was some flexibility with final maximum numbers for each workshop to accommodate attendees' availability. A total of 78 doctors registered for the workshops and 71 doctors attended. Seven were absent due to illness and work commitments.

Most workshop attendees had lived in New Zealand for less than a year. Attendees came from a broad range of clinical areas of practice and were a mix of provisional general and provisional vocational scope doctors.

Attendees' primary medical qualifications were gained in:

- UK - 34%
- USA - 14%
- South Africa - 13%
- Netherlands - 7%
- India - 4%

The remaining 28% gained their primary medical qualification in Belgium, Brazil, Canada, Fiji, Germany, India, Italy, Malaysia, Myanmar, Singapore, Russia, Sierra Leone, Sri Lanka, Syria, or Zambia.

## **Pre-workshop reading and activities**

Attendees were sent the following pre-reading on cultural safety and health equity within the Aotearoa New Zealand context:

- [Council's Statement on cultural safety](#)
- [He Ara Hauora Māori: A Pathway to Māori Health Equity](#)
- [Council/Te ORA Cultural safety baseline data report](#)
- [Whakamaua: Māori Health Action Plan 2020-2025](#)
- [A window on the quality of Aotearoa New Zealand's health care 2019 – a view on Māori health equity](#)
- [Bula Sautu – A window on quality 2021: Pacific health](#)
- [Online courses offered by Mauriora](#)

Prior to the workshop, attendees were also asked to complete a multi-choice quiz, developed for this purpose, to familiarise themselves with Council statements. IMGs were directed to the relevant statement on Council's website if a question was answered incorrectly.

## **Workshop content**

The workshop started with a karakia, a welcome, and opening remarks. This was followed by 30 minutes of whakawhanaungatanga (a Māori tikanga, or customary process) where those present introduced themselves and make connections. Attendees were asked to give their name, what country they did their medical training, and what work they are doing now. There were instances where some attendees discovered they had worked together in their home country, or were based in the same hospital in Aotearoa New Zealand.

The workshop was divided into three main sessions:

A 20-minute overview of the role of Council and the mechanisms it uses to protect the public, presented by Council's Medical Adviser. This session highlighted the standards for good medical practice that may differ between countries (such as good prescribing, informed consent), and the importance of power sharing, patient-centred care, and teamwork in Aotearoa New Zealand.

A two-hour presentation which covered:

- An outline of Te Tiriti o Waitangi and the impact of colonisation on Māori
- The health inequities between Māori and non-Māori
- Council's *Statement on cultural safety* and *He Ara Hauora Māori: A Pathway to Māori Health Equity*
- what doctors can do to advance Māori health
- two methods of structuring consultations (the Hui process and the Meihana model) recommended for use with Māori patients
- an IMG perspective on the personal journey to understanding about te ao Māori, culturally safe practice and health equity in Aotearoa New Zealand.

The co-presenters of this session were:

Dr Sarah Sciascia of Ngāti Maniapoto, is a Porirua based General Practitioner, Board Member of Te Ohu Rata o Aotearoa, Māori Medical Practitioners Association (Te ORA), a Medical Educator, Hauora Māori Facilitator and Clinical Examiner for RNZCGP, and delivers Hauora Māori and Cultural Safety Education for Hauora Taiwhenua – Rural Health Network. Sarah is also one of Council's Performance Assessment Committee (PAC) members.

Dr Bronwen Chesterfield, an IMG from the UK who has been practicing in Aotearoa New Zealand for 16 years. Bronwen is vocationally registered in public health medicine and currently works at Te Tāhū Hauora | Health Quality & Safety Commission across the Health Quality Intelligence Team, Quality Systems Team, and Māori Directorate.

A 20-minute question and answer session followed the presentation by Drs Sciascia and Chesterfield, which also allowed for attendees to share their reflections on what they had learned.

A 50-minute case study exercise where attendees were allocated into breakout groups of five or six people, with a facilitator. In the breakout groups, they discussed four case study scenarios and answered questions regarding what the doctor should do and which of Council's statements could give guidance. Each group had different scenarios and reported back to the wider group with a summary of their discussion. Case study scenarios included elements from across Council's statements, particularly those identified as most likely to be the focus of a notification or complaint.

The workshop was closed with whakamutunga (closing remarks) and karakia.

### **Evaluation purpose and design**

The purpose of the evaluation was to determine:

- whether the workshop achieved the intended learning outcomes
- whether attendees found the workshops useful
- which aspects of the workshops attendees found most interesting or useful
- whether attendees would apply the learning from the workshop into their practice
- whether the format used was the best way to deliver the content.

Answers to these questions were gathered through two online surveys, one sent by email immediately following the workshop and a second emailed three months after the workshop.

The evaluation methodology, including the survey questions, can be found in [Appendix 2](#).



# Evaluation results

## Immediate post-workshop survey

All 71 attendees were invited to respond to an evaluation survey immediately following the workshop, with reminders sent to maximise the response rate. A total of 33 attendees completed the survey (a response rate of 46%). The results are summarised below.

91% of respondents agreed or strongly agreed that the workshop was useful and 93% said that the workshop mostly or fully met their objectives. All respondents said they would recommend this workshop to their peers.

The session on Te Tiriti of Waitangi, cultural safety and health equity was particularly well received by respondents with many commenting on the day and through feedback that this was a gap in their knowledge.

Comments on what participants learned that they will now apply in their practice were also weighted toward the cultural safety session, for example:

*'[I gained] more understanding of the colonial history underpinning the health inequities we see daily'.*

*'Self-awareness to prejudice/systemic racism'*

*'More understanding of the colonial history underpinning the health inequities we see daily'*

*'I plan to try and incorporate the Meihana Model into my consultation'*

*'Greater understanding of my own implicit biases'*

*'The importance of making a connection with patients, I'm going to try introducing myself followed by 'and tell me about yourself'.*

Respondents reported that they now had a better understanding of the breadth of Council statements and standards, more awareness of the role of the Council, and an improved understanding of the fundamental principles of good medical practice in Aotearoa New Zealand.

When asked which aspects of the workshop they found most interesting, many highlighted the session on cultural safety and health equity.

*'I particularly enjoyed listening to Sarah and Bronwen talk about NZ history and its impact on Māori health, and the role cultural safety'*

*'The cultural safety and equity segment was very enlightening and helped give perspective which helps you understand the history and oppression that Māori were under and it explains the current inequitable situations today'*

*'Learning history of Māori, cultural aspects and practical tips during consultation'*

*'All the presentations and the scenario discussions were very useful'*

When asked for suggestions of alternative ways that the content could be delivered, most reported that they liked the format used, with three suggesting an in-person workshop and three preferring pre-recorded online content.

*'I feel it was wonderfully delivered and the content perfect. By far the most timely and useful training I have done'*

*'It's hard to suggest improvements other than I can imagine if it were an in person meeting it would be even greater'*

*'I enjoyed the discussion at the end a lot. Sarah and Bronwen did a fantastic job on presenting, this should continue'*

*'Content available online to be viewed in our own time'*

### **3-month post-workshop survey**

All 71 attendees were sent an invitation, and reminders, to respond to a 3-month post-workshop survey and 22 completed the survey (a response rate of 31%). Attendees were asked to self-report whether they had achieved the learning outcomes from the workshop.

As summarised below, results showed that the workshop did achieve the intended learning outcomes.

All respondents agreed or strongly agreed that:

- a. they were familiar with Council's statements and standards, and knew where to find them
- b. the workshop helped them to understand the role of Council
- c. the workshop improved their confidence in providing culturally-safe care to patients in Aotearoa New Zealand
- d. they understood their obligations in relation to informed consent in Aotearoa New Zealand following the workshop.

91% of respondents agreed or strongly agreed that they understood the principles of safe prescribing in Aotearoa New Zealand following the workshop and 9% gave a neutral response.

73% of respondents said that they had fully or mostly embedded their learning from the workshop into their practice. The remaining 27% said they had somewhat embedded their learning.

When asked to reflect on how they benefitted from attending the workshop, typical answers included:

*'Excellent introduction to both Medical Council and the culture of Aotearoa'*

*'Connection with other peers, Council statement and guidance awareness, cultural safety concept and insight to Indigenous health and issues'*

*'It was a great welcome to Aotearoa and a good guide for a medical practitioner new to New Zealand'*

When asked to reflect on the most useful aspect of the workshop the answers were evenly split between cultural safety and the case study scenarios which explored Council's statements and guidance.

*'Cultural safety as [it is] so very different to my previous country of practice'*

*'Going through the scenarios'*

*'New Zealand's history from different perspectives'*

## **Conclusion**

Based on the evaluation results, Council concluded that the workshops were:

- effective in achieving the intended learning outcomes
- useful in educating IMGs on key aspects of good medical practice and cultural safety in the Aotearoa New Zealand context
- successful in influencing changes to the doctor's practice (as reported by attendees).

## Lessons learned

The 'Welcome to practice in Aotearoa New Zealand' workshops were useful in supporting IMGs to become familiar with good medical practice, cultural safety and health equity in the Aotearoa New Zealand context. The interaction that came from a live workshop, and the opportunities to discuss case studies (either provided or from attendees shared personal experiences) helped to bring meaning to the learning. It was also apparent that the lived experience of a Māori doctor, together with an IMG who has been on the journey to understanding about inequity, te ao Māori, and culturally safe practice, were key factors in providing a compelling narrative that influenced change.

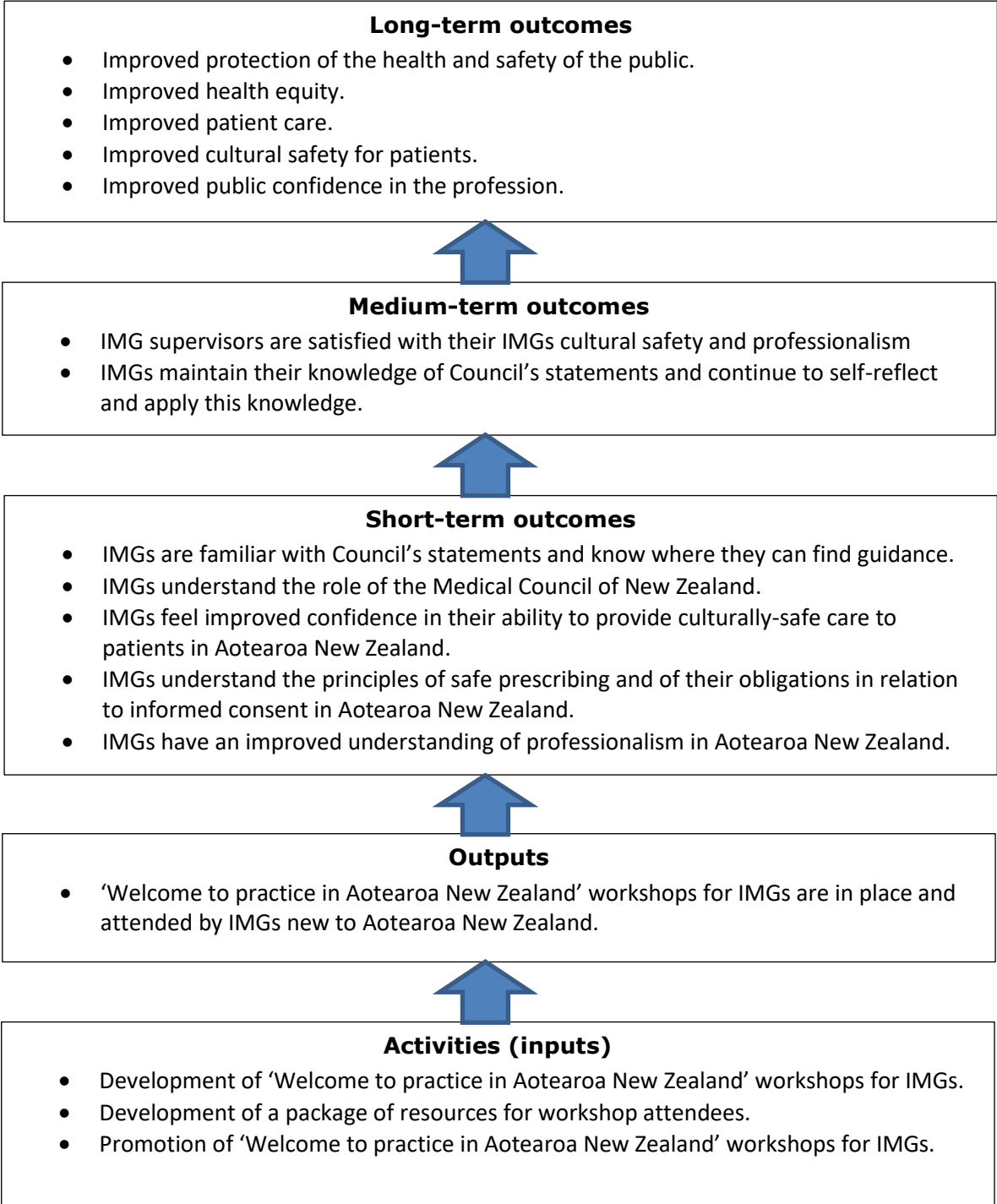
Evaluation feedback from participants was mostly in support of the model of delivery. However, from the Council's perspective, the delivery model was very resource intensive. If the workshops were to be expanded to include all newly registered IMGs, then either a different delivery model would need to be developed or the workshops would need to be delivered by another agency.

# Recommendations

1. Continue the delivery of the 'Welcome to Practice in Aotearoa New Zealand' workshop content.
2. Explore sustainable and scalable delivery options to reach a larger cohort of IMGs.
3. Continue to advocate for employer and college led training in this area.

# Appendices

## Appendix One - Logic Model



## Appendix Two - Evaluation methodology

Evaluation of the ‘Welcome to practice workshops in Aotearoa New Zealand’ workshop is based on the logic model above and the framework below.

PILOT WORKSHOPS EVALUATION							
	INDICATOR	DEFINITION How is it calculated?	BASELINE What is the current value?	TARGET What is the target value?	DATA SOURCE How will it be measured?	FREQUENCY How often will it be measured?	REPORTING Where will it be reported?
<b>Content</b>	The content is considered appropriate by Council and of interest to IMGs.	Internal opinion held by governance group. Level of satisfaction reported by IMGs.	Zero.	Positive internal opinion. High level of content satisfaction by IMGs.	Internal opinion. Likert scale.	After each workshop.	After each workshop to governance group.
<b>Delivery</b>	The delivery of content is appropriate.	Level of satisfaction by IMGs of the mechanism of delivery.	Zero.	High level of satisfaction by IMGs.	Likert scale.	After each workshop.	After each workshop to governance group.
<b>Outputs</b>	A workshop that covers the intended material (validity).	A blueprint is devised that shows what material has been covered and in what proportions.	No blueprint.	Blueprint.		Once.	The blueprint for the workshops will be presented to the governance group.

<b>Outcome (sustained change)</b>	The workshop learning will continue to be valuable in the career of an IMG.	Perception of usefulness of workshop at 3-months post-workshop.	No value.	Majority of IMG participants reporting positively on workshop usefulness at 3 months post workshop.	3-month post-workshop survey.	3 months after each workshop.	A report to the governance group.
<b>Outcome (continuous quality improvement)</b>	The workshop will be fit for purpose and sustainable.	A feedback mechanism is designed that will incorporate feedback from both IMGs and Council.	No feedback.	Operating feedback mechanism.	Changes made to the workshop resulting from feedback.	Each workshop	A report to the governance group.

## Methods

Data collection for the evaluation includes:

- [Registration information](#)
- [Post-workshop survey](#)
- [3-month post-workshop survey](#)



## Registration Information

1. Name and email address
2. Which workshop would you like to attend
  - a. Day month time

The demographic questions below are to inform an evaluation report. Names will not be used in the report.

3. Country of primary medical qualification
4. In what year did you obtain your primary medical qualification?
5. In what countries have you practiced medicine?
6. How long have you been living in Aotearoa New Zealand?
7. Date of first registration with the Medical Council of New Zealand
8. What scope of practice are you practicing in?
  - a. Provisional general
  - b. Provisional vocational
  - c. Special purpose
9. Which are of medicine are you/will you be working?

## Post-workshop survey

1. What were your objectives for attending the workshop?

2. Did the workshop meet your objectives?

Scale: 1. Did not meet my objectives / 2. Somewhat met my objectives / 3. Mostly met my objectives / 4. Fully met my objectives

3. I found the workshop useful

Scale: 1. Strongly disagree / 2. Disagree / 3. Neither agree nor disagree / 4. Agree / 5. Strongly agree

4. Which aspects of the workshop did you find most interesting or useful?

5. Which aspects of the workshop did you find least interesting or useful?

6. Name three things you learned from the workshop that you will now apply in your practice:

1)

2)

3)

7. Would you recommend this workshop to your peers?

8. Do you have any suggestions for alternative ways we could deliver the content of the workshop?

9. Any other comments?

### **3-month post workshop survey**

1. Date of workshop attended

- Date 1
- Date 2
- Date 3

2. I have embedded my learning from the workshop into my practice

Scale: 1. No, I have not changed my practice / 2. Somewhat embedded this learning into my practice / 3. Mostly embedded this learning into my practice / 4. Fully embedded this learning into my practice

3. I am familiar with Council's statements and know where I can find them

Scale: 1. Strongly disagree / 2. Disagree / 3. Neither agree nor disagree / 4. Agree / 5. Strongly agree

4. I know who I can talk to if I need guidance

Scale: 1. Strongly disagree / 2. Disagree / 3. Neither agree nor disagree / 4. Agree / 5. Strongly agree

5. The workshop helped me to understand the role of the Medical Council of New Zealand

Scale: 1. Strongly disagree / 2. Disagree / 3. Neither agree nor disagree / 4. Agree / 5. Strongly agree

6. The workshop improved my confidence in providing culturally-safe care to patients in Aotearoa New Zealand

Scale: 1. Strongly disagree / 2. Disagree / 3. Neither agree nor disagree / 4. Agree / 5. Strongly agree

7. I understand the principles of safe prescribing in Aotearoa New Zealand

Scale: 1. Strongly disagree / 2. Disagree / 3. Neither agree nor disagree / 4. Agree / 5. Strongly agree

8. I understand my obligations in relation to informed consent in Aotearoa New Zealand

Scale: 1. Strongly disagree / 2. Disagree / 3. Neither agree nor disagree / 4. Agree / 5. Strongly agree

9. On reflection, how did you benefit from attending the workshop?

10. What was the most useful aspect of the workshop?