



NZREX Clinical Handbook for Candidates

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Mid City Tower, 139-143 Willis Street, P O Box 11-649, Wellington, New Zealand

Telephone 0800 286 801, 64-4-384 7635, Fax 64-4-385 8902,
www.mcnz.org.nz, mcnz@mcnz.org.nz

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Introduction

The New Zealand Registration Examination (NZREX Clinical) was established by the Medical Council of New Zealand (“the Council”) to assess overseas trained doctors, whose primary qualifications are not recognised in this country, before they enter any form of clinical practice.

The goal of NZREX Clinical is to be a valid, fair, reliable and consistent assessment. The objective of the examination is to ensure that candidates are competent to enter a period of provisional registration in New Zealand, during which time they will be further assessed.

To be eligible to apply for NZREX Clinical, candidates must satisfy the Council of their competence in English and medical knowledge by successfully completing the following pre requisites:

Requirements

Doctors applying to sit NZREX Clinical will be required to have achieved an overall band of 7.5 or above in the academic module of International English Language Testing System (IELTS website), within the last:

- two years for new NZREX candidates, or
- five years for repeat NZREX candidates.

A minimum band of 7 is required in each of the four individual components of the test (listening, reading, writing and speaking).

Medical knowledge

A pass within the last five years of one of the following:

- United States Medical Licensing Examination (USMLE) Steps 1 and 2 (Clinical Knowledge)
- PLAB Part 1
- Australian Medical Council MCQ.

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

Under the Educational Commission for Foreign Medical Graduates’ (ECFMG) rules a candidate may not resit a USMLE step once they have passed it. ECFMG allows NZREX Clinical candidates to resit the USMLE Steps 1 and 2 within five years if the Council requires it. Candidates wishing to resit USMLE Steps 1 and 2 must include with their application a letter from Council addressed to ECFMG confirming that the applicant has applied to sit NZREX Clinical and outlining Council’s policy for the validity period for USMLE Steps 1 and 2.

Location and timing of NZREX

NZREX is held twice a year in Auckland. Council reserves the right not to hold an examination if there are insufficient candidate numbers. Candidates will be moved to the next available examination date.

Candidates must organise their own transportation and accommodation. Websites that can be helpful include www.tourism.net.nz, which provides good general information on accommodation and transport, and www.maxx.co.nz for Auckland bus services.

NZREX format

The current NZREX examination is an Objective Structured Clinical Examination (OSCE) format examination of 16 stations. This is a well established method of assessment that is used in many universities and postgraduate medical colleges throughout the world.

NZREX content

NZREX assesses the following core competencies:

- the ability to safely undertake basic procedures and interpret laboratory results and other clinically relevant data
- the candidate's ability to take a medical history
- the candidate's ability to demonstrate appropriate physical examination techniques
- the safe and appropriate management of acute serious deterioration
- the ability to prioritise problems and their management.

Each organ system/domain will be tested in at least one station. The competencies that will be tested are communication skills (2 cases), prioritisation of management (4 cases), recognition of acute serious deterioration and its management (2 cases), history taking (four cases), physical examination (3 cases) and interpretation of tests and procedures (1 case). There will be at least one case on child health, one case on mental health and one case on women's health.

The 16 stations for the NZREX will be drawn from the following matrix.

Cardiovascular	Communication	Problem prioritisation	Acute serious deterioration	History	Physical examination	Tests procedures
Chest pain						
Shortness of breath						
Fall/collapse						
Raised blood pressure						
Leg swelling						
Low BP/Shock						

Respiratory	Communication	Problem prioritisation	Acute serious deterioration	History	Physical examination	Tests procedures
Cough						
Shortness of breath						
Cyanosis						
Haemoptysis						
Chest pain						
Wheeze						

Neurological	Communication	Problem prioritisation	Acute serious deterioration	History	Physical examination	Tests procedures
Headache						
Visual disturbance						
Dizziness/Vertigo						
Confusion/Delirium						
Weakness						
Collapse/Fall						
Tremor						
Unsteady gait						
Disturbed consciousness						
Seizures						
Speech difficulty						

Gastrointestinal	Communication	Problem prioritisation	Acute serious deterioration	History	Physical examination	Tests procedures
Abdominal pain						
Anorectal pain						
Groin pain						
Abdominal distension						
Altered bowel habit						
Nausea/Vomiting						
Abdominal mass						
Difficulty swallowing						
Jaundice						
Haematemesis						
Rectal bleeding						

Genitourinary	Communication	Problem prioritisation	Acute serious deterioration	History	Physical examination	Tests procedures
Urinary retention						
Abnormal vaginal bleeding						
Genital discharge						
Genital pain						
Urinary frequency						
Nocturia						
Urinary incontinence						
Leg swelling						
Scrotal swelling						

Musculoskeletal	Communication	Problem prioritisation	Acute serious deterioration	History	Physical examination	Tests procedures
Joint pain						
Joint swelling						
Traumatic injury - bone						
Traumatic injury – soft tissue						
Back pain						

Pregnancy	Communication	Problem prioritisation	Acute serious deterioration	History	Physical examination	Tests procedures
Bleeding						
Abdominal pain						
Fever						
Raised BP						

Endocrine/ Metabolic	Communication	Problem prioritisation	Acute serious deterioration	History	Physical examination	Tests procedures
Contraception						
Weight loss						
Weight gain						
Lethargy						
Infertility						
Sexual dysfunction						
High blood sugar						
Low blood sugar						
Collapse						
Menstrual disturbance						

Haematological	Communication	Problem prioritisation	Acute serious deterioration	History	Physical examination	Tests procedures
Lethargy						
Pallor						
Abnormal bruising						

Oncological	Communication	Problem prioritisation	Acute serious deterioration	History	Physical examination	Tests procedures
Breast lump						
Neck lump						
Enlarged lymph glands						
Enlarged spleen						
Enlarged liver						
Pain						
Terminal patient						

Behavioural	Communication	Problem prioritisation	Acute serious deterioration	History	Physical examination	Tests procedures
Depression						
Hallucinations						
Agitation/aggression						
Substance abuse						
Anxiety						
Learning difficulty						
Deterioration in intellect						
Confusion						

Senses	Communication	Problem prioritisation	Acute serious deterioration	History	Physical examination	Tests procedures
Eye pain						
Reduced vision						
Ear pain						
Hearing change						
Facial pain						
Oral pain						

Other	Communication	Problem prioritisation	Acute serious deterioration	History	Physical examination	Tests procedures
Unwell child						
Allergic reaction - medication						
Allergic reaction - environmental						
Fever						
Skin rash						
Skin - suspicious lesion						
Abnormal laboratory test						

Number of cases	2	4	2	4	3	1
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Instructions to candidates

It is **imperative** that you follow the instructions for each case. If the station requires you to undertake a physical examination, marks will only be awarded for physical examination. Spending time taking a history will reduce the time available to complete a physical examination and therefore may compromise your performance in the station. There will be 16 stations in total and the time available for each station will be between 5 – 10 minutes depending on the complexity of the task to be examined.

Communication stations

The stations that focus on communication skills will be based on standard communication skills expected of a new graduate working in a New Zealand hospital. These would include breaking bad news to a patient, obtaining informed consent, explaining how to use asthma inhalers, communication with children, communication with family members, communication regarding medication etc. There will be a strong emphasis on culturally appropriate communication. This reflects the multicultural nature of New Zealand society and the special place of Maori in New Zealand society. It should be noted that many stations will incorporate some degree of communication skills.

Examiners will be looking for demonstration of good listening skills. These would include active listening, reflecting, clarification, choosing an appropriate level of medical terminology, body language etc. Incorporating the patient's or family's own values and beliefs is considered an integral part of good communication skills.

Understanding the presenting problem from the patient's perspective (the illness) should be sought in conjunction with information that allows an accurate medical assessment (the disease).

An often overlooked part of communication skills is the generation of a mutually agreed management plan with the patient. This would include a discussion on what treatment options are available with the advantages and disadvantages of each.

Candidates are expected to demonstrate good communication skills across a wide variety of social situations irrespective of the patient's gender, race, religion or sexual orientation.

Acute serious deterioration

These stations are an assessment of how the candidate would respond to an acute deterioration of a patient's condition. Such clinical problems are common in hospital work and it is important that interns are able to cope with these scenarios. Typical clinical problems would include deteriorating level of consciousness, psychiatric deterioration, concern over deteriorating vital signs, laboratory tests indicating urgent intervention etc.

You will be expected to arrive at appropriate conclusions and solutions that would be expected of a safe doctor who has just graduated from medical school. It is not sufficient to rely on immediate referral to senior colleagues as the only form of management of a deteriorating patient. Effective management of acute serious deterioration commonly incorporates safety features (such as the correct choice, dose and order of medications to use in anaphylaxis, myocardial infarction, asthma etc). The standard expected of candidates in these areas is that of a new graduate from a New Zealand medical school. Dangerous and highly inappropriate management will be marked down heavily.

Problem prioritisation

A common clinical problem found in the work of interns is decisions on the most efficient and effective methods of investigation, treatment or other aspects of clinical work. You should be aware that issues of safety may occur in such scenarios and again, lack of basic safety knowledge will significantly detract from overall marks.

History

Stations focusing on history taking will assess your ability to seek relevant information from a patient that will allow the formation of a differential diagnosis or diagnosis. You are expected to display an ordered logical sequence of information gathering in these stations. A standard approach to taking a history in a hospital setting would be set out in the form of:

- history of presenting complaint
- past history
- relevant family history
- current medications and allergies
- relevant social history.

In the early part of the interview, the use of open questions is appropriate as this tends to gather more information. Closed questions are necessary at times to clarify particular points. At the end of taking a history, the candidate should have gathered sufficient information to formulate a differential diagnosis.

Tests and procedures

It is expected that you will be able to interpret basic laboratory results, X rays, ECGs etc. The knowledge that is testable is those investigations that a new graduate would be likely to encounter and be expected to interpret. For example, it would be expected that you would recognise a pneumothorax on a chest x-ray. You would not be expected to be able to interpret a CT or MRI scan. It is important that you prepare for this section by concentrating on what is common and of direct clinical relevance. Knowledge of rare and atypical test results is unlikely to be of benefit during the examination.

You are expected to be able to perform the basic procedures necessary to work effectively in the hospital environment. This would include such tasks as taking an ECG, measuring a peak flow, measuring and interpreting spirometry, taking blood, taking blood gases, inserting intravenous lines, setting up appropriate intravenous fluid at appropriate volumes etc.

Pass mark

The method of deciding on the pass mark is a criterion based system. Theoretically, if all candidates are at a standard above the criterion, then all could pass. Historically the pass rate for NZREX has averaged around 50%. Candidates will be scored for each of the 16 stations separately and the scores aggregated into a final mark.

Examination result

The examination result will reflect your overall clinical competence. You will be marked as 'competent' or 'not yet competent'. Domains of subject matter will not be marked separately, grades will not be given and there will be no partial passes.

Appeals

In certain circumstances a candidate may have a legitimate reason to ask for a review of the Council's decision regarding the outcome of the exam.

Impairment

A candidate may have been disadvantaged during the examination due to a temporary impairment, which occurred close to, or during the examination and which affected his or her performance. This may include situations such as illness or pressing domestic circumstances.

Appeal of examination process

A candidate may consider that an incident, which occurred during the process of the examination, impacted on his or her performance in the examination.

Unfair result

A candidate may consider that his or her examination results do not accurately reflect his or her performance in the examination and may request that the result be reviewed.

Privacy issues

Council's current policy is that candidates will only receive their overall result ('competent' or 'not yet competent'). Feedback will be provided to candidates deemed 'not yet competent' to enable them to determine the areas in which improvements are required, prior to further attempts.

Candidates are currently advised that Council will not release any notes made by examiners as these are considered to be an 'aide-memoire'.

Withdrawals

- (i) Applicants whose written withdrawal is received **prior to the closing date for applications** will be entitled to a full refund of their fee.
- (ii) Applicants who have been accepted as candidates for the examination will be entitled to a refund of fee less 20% only if a written withdrawal is received by the Registrar of the Council up to **28 days (4 weeks)** before the first day of the examination.
- (iii) Applicants who have been accepted as candidates for the examination and who withdraw **within 27 days (4 weeks less 1 day)** of the first day of the examination will be considered for any fee refund only in exceptional circumstances (eg severe illness or pressing domestic circumstances). Documented proof is required.
- (iv) Applicants who travel from overseas to sit NZREX Clinical and withdraw due to being declined New Zealand visa, will be subject to the Medical Council's usual withdrawal policy (refer points (i)-(iii) above).

False declarations

A person, who wilfully makes a false statement or provides false information in his/her application forms or in the documents attached, may have committed an offence. In addition, an applicant may forfeit his or her eligibility to take NZREX Clinical or, if registration has already been obtained, may be subject to disciplinary action.

Late applications

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

Communication

Candidates must not approach actors regarding the examination cases before or after the examination.

Candidates must not communicate directly with the examiners or the 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, Council, or administration staff either during or after the examination regarding the possible outcome of their grades.

After NZREX

An information pack on how to register as a doctor in New Zealand will be sent to all candidates who are found competent.

Candidates who have been found competent will be required to work within a provisional general scope of practice until they have completed:

- at least four runs (three months each), including:
 - one category A medical run
 - one category A surgical run
 - two other runs, which may be category A, B or C runs

- three consecutive runs where overall performance has been assessed to be of adequate standard.

Once these requirements have been met, IMGs who have completed NZREX will be eligible to apply for registration within a general scope. At this stage, it is possible to submit an application for entry into a postgraduate training programme to the programme provider.