



Development of a new collegial peer support and supervision framework for International Medical Graduates

Executive summary

Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand (Council) currently requires all international medical graduates (IMGs) registered in the provisional general, provisional vocational and special purpose scopes of practice to work under supervision when commencing practice in New Zealand. The purpose of supervision is to:

- support an IMG to integrate safely into the New Zealand healthcare system; and
- assess the IMG's performance against the expected standard of medical practice to ensure they are competent and fit to practise before changing scopes from provisional to full general or vocational scopes of practice.

As part of ongoing work to ensure that registration policies are fit for purpose and enabling, Council is reviewing its orientation, induction and supervision [guide](#). The current guide has been in place for several years. With the evolving nature of supervision, now is an appropriate time to review and revise it. This includes developing a framework that not only addresses Council requirements but is responsive to the needs of employers and IMGs, while striking an appropriate balance between a pragmatic and principled approach.

Proposal

Council is proposing to implement an agile and flexible framework based on registration pathway, comprising of two elements. Depending on the registration pathway, an IMG will either undertake an initial period of:

- **collegial peer support; or**
- **supervision.**

Introduction

Council determines the requirements an IMG must satisfy when registered in a provisional general or provisional vocational scope of practice and special purpose scope of practice. This currently includes working under the supervision of a vocationally registered doctor for a specified period.

For IMGs registered in the provisional general and provisional vocational scopes of practice, the employer must submit an individual orientation, induction and supervision plan to Council for approval before the IMG can commence practice. The IMG must then satisfactorily complete a period of supervised practice before they are eligible to apply for full general or vocational registration.

Details of Council's registration pathways and current supervision requirements are set out at **Appendix 1**.

While public safety and maintaining standards of the profession is paramount, it is important that Council continually reviews and updates its registration policies, to ensure they are fit for purpose and enabling. As part of this ongoing work, Council is reviewing and updating its orientation, induction and supervision guide. This includes developing a flexible framework that not only addresses Council requirements but is responsive to the needs of employers and IMGs, while striking an appropriate balance between a pragmatic and principled approach. The framework will underpin the new orientation, induction and supervision guide.

Development of the framework

Noting the importance of developing a framework that is agile and flexible for IMGs and employers, while still responsive to our overarching objective of protecting public health and safety, Council established an Expert Advisory Group (EAG) to assist in developing the framework.

To develop the framework and determine the appropriate level of support or supervision, the EAG considered several key aspects, including:

- a. Practice setting – hospital setting or primary care.
- b. The level of the IMG's role/position.
- c. The requirement for onsite versus offsite supervision (i.e. supervision provided by electronic means, such as Teams, Zoom or over the phone), including the number of vocationally registered doctors at any given site and when offsite supervision might be appropriate.
- d. The dichotomy between collegial peer support and supervision.

The proposed framework determines whether an IMG will undertake an initial period of **collegial peer support** or **supervision**, based on registration pathway.

Proposal – collegial peer support and supervision framework

Council is proposing to implement an agile and flexible framework based on registration pathway, comprising of two elements. Depending on the registration pathway, an IMG will either undertake an initial period of:

- collegial peer support; or
- supervision.

Details of the framework, including the constituent elements of collegial peer support and supervision, can be found at **Appendix 2**.

A. Collegial peer support

Council is proposing collegial peer support, as opposed to supervision, for IMGs with a combination of qualifications, training and experience *equivalent to* a New Zealand-trained specialist registered in the same vocational scope of practice. These IMGs will be registered in the provisional vocational scope of practice via VOC3 or VOC4 fast-track pathways.

Key elements of collegial support under the proposed framework include:

- A horizontal arrangement between the IMG and peer, rather than a vertical arrangement, noting the equivalence of the IMG's qualifications, training and experience compared to a New Zealand trained specialist.
- The Chief Medical Officer (CMO) or Clinical Director (CD) of the Primary Healthcare Organisation (PHO) or the Clinical Lead (CL) of the general practice will be responsible for the IMG.

- The CMO, CD or CL can delegate day-to-day support to a named peer. The delegation will include signing-off quarterly peer reports.
 - Collegial peer support will be akin to a 'buddy system' with a nominated peer and additional support can be provided by other team members.
- The nominated peer will be vocationally registered in the same or similar area of medicine that the IMG is practising in under their provisional vocational scope of practice.
- As part of the arrangement, the nominated peer will provide ongoing professional guidance via multi-disciplinary team meetings and peer review of difficult cases, for example.
- Quarterly peer reports confirming engagement in the peer support process and the IMG's competence to practice, will need to be submitted to Council.
- As part of the first quarterly report, the peer will need to confirm that the IMG has satisfactorily completed relevant orientation and induction.

B. Supervision

Under the framework, Council is proposing that supervision will be applicable to IMGs who are:

- a. deemed to have a combination of qualifications, training and experience *as satisfactory as* a New Zealand-trained specialist registered in the same vocational scope of practice. These IMGs will be registered in the provisional vocational scope of practice via the VOC3 or VOC4 fast-track pathways (assessment pathway).
- b. registered in the provisional general scope of practice via the Competent Authority, Comparable Health System, Australian or UK general registrants pathways.
- c. registered in a special purpose scope of practice.

Key elements of supervision under the proposed framework include:

- A named supervisor (vocationally registered) will be agreed by the employer and Council.
- IMGs will initially require onsite supervision for a minimum of 2 weeks (in some cases, this may be extended to 3 months) depending on their qualifications, training and experience. However, to ensure a degree of flexibility, the CMO, CD of the PHO or CL of the general practice, and supervisor can sign-off on an IMG progressing to a hybrid model of supervision (offsite and onsite), once they have confirmed the IMG's competence to practice and notified Council.
- In rural settings, a sole employer can act as primary, onsite supervisor. However, there will also need to be an offsite supervisor available, to limit any conflict of interest, and provide support to the IMG if the relationship between them and the primary supervisor breaks down.
- IMGs determined to be *as satisfactory as* a New Zealand-trained specialist and practising in the provisional vocational scope of practice (via the assessment pathway) will continue to be required to complete assessment requirements, such as workplace-based assessments, according to recommendations of the relevant medical college.
- As part of the supervision arrangement, all IMGs and supervisors should meet regularly. The supervisor should provide constructive feedback to the IMG as appropriate.
- In addition, the IMG and supervisor should discuss difficult cases, and the supervisor should conduct direct observation of procedures. This will be mandatory during the initial period of supervised practice and confirmation of completion will be required as part of the first quarterly supervision report.

Rationale for developing a new framework

Council considers *effective* supervision of IMGs to be extremely important. This is particularly so during the initial 3-month period when an IMG commences practice in New Zealand (noting that the total supervision period is generally 6-18 months). During this initial period, IMGs will be adjusting to

a new environment and hospital or general practice systems. They will also be developing working relationships with their supervisor(s) and extended colleagues.

Conversely, where there has been no supervision or poor supervision of IMGs, the potential impact of this can include:

- a. IMGs left to practise in isolation without any supervision reports received. As such, assessments of their competence cannot be conducted, leading to an extension of the supervision period. This lack of assessment negatively effects an IMG's ability to progress to registration in a full scope of practice (general or vocational registration).
- b. The premature departure of IMGs from New Zealand as they have not felt supported or there have been questions raised regarding safety of practice.¹

As part of ongoing work to ensure that registration policies are fit for purpose and enabling, Council has identified the need to review its orientation, induction and supervision guide. The current guide has been in place for several years. Given the evolving nature of supervision, now is an appropriate time to review and revise it. With considerable input from the EAG, Council is proposing a framework that not only addresses Council requirements but is responsive to the needs of employers and IMGs.

Your views are important

To inform Council's decision-making you are invited to respond to the following questions.

Proposal

Council is proposing to implement an agile and flexible framework based on registration pathway, comprising of two elements. Depending on the registration pathway, an IMG will either undertake an initial period of:

- **collegial peer support; or**
- **supervision.**

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.
2. Do you see any potential adverse consequences, and if so, how can they be mitigated?
3. Do you have any other comments regarding the proposed framework?

Submissions

We invite you to provide feedback. This will be considered carefully before we make any decisions.

Please provide written submissions by completing the survey questions [online](#). Alternatively, you can email your submission to consultation@mcnz.org.nz. The consultation closes on **22 July 2025**.

Any decision made as a result of this consultation will be shared with stakeholders and all consultation respondents.

Publication of submissions

We publish submissions at our discretion on our website. Published submissions will include the names of the individuals and/or the organisations that made the submission unless confidentiality is requested.

¹ Current statistics show that we only retain 39.08% of IMGs after 2 years of registering to practise in New Zealand (see our [data dashboard](#) for further information on retention rates).

Please advise us if you do not want all or part of your submission published.

We will not place on our website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the subject of the consultation.

Appendix 1 – Registration pathways and current supervision requirements

A. Pathways to permanent registration – provisional general and provisional vocational scopes of practice

IMGs applying for registration in the general scope of practice, or the vocational scope of practice will initially be granted a provisional scope. Subject to satisfying the relevant pre-requisites, there are several pathways available to IMGs seeking to apply for registration in either scope of practice.² Once granted registration in a provisional scope of practice, IMGs are required to complete an initial period of supervision, as detailed in the table below.

Pathway	Key criteria	Current supervision period
Provisional general scope pathways		
Competent Authority (UK & Irish graduates)	<ul style="list-style-type: none"> Completed a primary medical degree and an internship in either the UK or Ireland 	6 months (fulltime equivalent (FTE))
Comparable Health System	<ul style="list-style-type: none"> Practised clinically for at least 33 months (minimum of 20 hours per week) during the 48 months prior to application in one or more comparable health systems Recency of practice must be in the same or similar area of medicine and level of responsibility 	12 months (FTE)
Australian general registrants	<ul style="list-style-type: none"> Passed the AMC registration exam (written and clinical components) Completed 12 months of supervised practice in Australia resulting in full general registration with AHPRA 	12 months (FTE)
United Kingdom general registrants	<ul style="list-style-type: none"> In the 5 years immediately prior to application: <ul style="list-style-type: none"> Passed Parts 1 and 2 of the PLAB test; and Completed FY1 or FY2 or 12 months in an approved practice setting; and Hold full general registration with the GMC 	12 months (FTE)
Provisional vocational scope pathways		
VOC3 – provisional vocational (specialist) registration and VOC4 – fast-track pathway	Equivalent to – if Council considers the combination of an IMG's qualifications, training and experience is <i>equivalent to</i> a New Zealand-trained doctor registered in the same vocational scope of practice,	6-12 months (FTE)

² The [Examinations](#) registration pathway (for IMGs who have passed (i) the NZREX Clinical examination; (ii) Parts 1 and 2 of the PLAB test; or (iii) the AMC Clinical examination) is not included as part of the new supervision framework. IMGs registered via this pathway must satisfactorily complete the 2-year prevocational training programme before they are eligible to apply for registration in the general scope of practice.

	the IMG will be required to complete 6-12 months of satisfactory supervised practice to be eligible to apply for registration in the full vocational scope (supervision pathway).	
	As satisfactory as – if Council considers the combination of an IMG's qualifications, training and experience is <i>as satisfactory as</i> a New Zealand-trained doctor registered in the same vocational scope of practice, the IMG will be required to complete 12-24 months of satisfactory supervised practice and some form of assessment (for example, a vocational practice assessment) to be eligible to apply for registration in the full vocational scope (assessment pathway).	12-24 months (FTE)

B. Pathways to temporary registration – special purpose scopes of practice

Council has several pathways under the special purpose scope of practice, which enable an IMG to work in New Zealand for a specific purpose and fixed duration. Special purpose scopes of practice are temporary forms of registration in New Zealand, specific to a particular purpose identified by Council. Further detail can be found in Council's [policy](#) on registration in a special purpose scope of practice.³

IMGs registered in one of these special purpose scopes of practice are required to work under supervision for the duration of their registration, as outlined below.

Special purpose scope	Purpose	Maximum registration period (equates to supervision period)
Teaching as a visiting expert (special purpose visiting expert scope)	The IMG is invited to teach by a Council-approved institution. The nature of any patient contact must be specified in advance.	1 week
Training as a postgraduate (special purpose postgraduate trainee scope)	The IMG must be offered a training position at a host institution with the objective of improving and advancing their clinical skills, to take back to their home country.	2 years

³ The special purpose teleradiology scope of practice is not included as part of the new supervision framework.

Undertaking research (special purpose research scope)	The IMG must be participating in a research project that has the approval of a formally-constituted ethics committee in New Zealand.	2 years
Working as a locum tenens (special purpose locum tenens scope)	The IMG must hold an approved postgraduate qualification in the branch of medicine they intend to work in, in New Zealand, together with recency of practice.	12 months within any 18-month period

Proposed collegial peer support and supervision framework for International Medical Graduates – shared responsibilities between MCNZ, Health New Zealand and employers

