



Te Kaunihera Rata
o Aotearoa

**Medical Council
of New Zealand**

NZREX Clinical Handbook for Candidates

Medical Council of New Zealand
Level 24
AON Centre
1 Willis Street
Wellington New Zealand

Telephone 0800 286 801,
www.mcnz.org.nz, nzrex@mcnz.org.nz

Protecting the public, promoting good medical practice
Te tiaki i te iwi whānui me te whakatairanga pai i te mahi e pā ana ki te taha rongoā

Contents	
Introduction	3
English language requirements	3
Medical knowledge	4
Location and timing of NZREX Clinical	5
Format and content of NZREX Clinical	5
Instructions to candidates	10
Communication	10
Professionalism	11
Management	11
Clinical reasoning	11
History	11
Investigating	12
Clinical examination	12
Pass mark	12
Examination result	13
Appeal on the basis of impairment	13
Appeal of examination process	13
Recount of result	13
Feedback	13
Withdrawals	14
False declarations	14
Late applications	14
Communication with examination staff	14
After NZREX Clinical	14
Certificates of professional status (good standing)	14
Policies	14

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.

English language requirements

To be accepted to sit NZREX Clinical or to be registered with the Council, applicants must meet one of the following English language requirements.

1. Have a primary qualification from a New Zealand medical school; or
2. English is the graduate's first language and the graduate has an acceptable primary medical qualification from Australia, New Zealand, the United Kingdom, the Republic of Ireland, the United States, Canada or a South African medical school where English is the sole language of instruction, or
3. Satisfy the Council of having completed at least 24 months full time equivalent of a health-related postgraduate qualification (diploma, masters or PhD) at an accredited New Zealand university within the 5 years immediately prior to application.

And

Provide references from two professors from an accredited New Zealand university who are registered as doctors in New Zealand and who speak English as a first language. The referees must be able to attest to the applicant's ability to read, write, speak and understand spoken English: or

4. Satisfy Council of continuous work as a registered medical practitioner in an institution where English was the first and prime language for a period of at least 2 years within the 5 years immediately prior to application.

And

Provide the names and contact details of at least two referees who are senior suitable medical practitioners who speak English as a first language, and who can attest to the applicant's ability to comprehend and communicate effectively in English in a clinical setting with both patients and professional colleagues. Referees will be contacted directly by the Council or a body Council authorised to do this (employer or recruitment agency); or

5. Doctors registered with the Medical Council of New Zealand on or after 18 September 2004, whose registration was cancelled for administrative reasons (and not as a result of an order of the Health Practitioners Disciplinary Tribunal or a direction by the Council under section 146 or 147 of the Health Practitioners Competence Assurance Act 2003 (HPCAA)).

And

Provide the names and contact details of at least two referees who are senior suitable medical practitioners registered in New Zealand, and who can attest to the applicant's ability to comprehend and communicate effectively in English in a clinical setting with both patients and professional colleagues. Referees will be contacted directly by the Council or a body Council authorised to do this (employer or recruitment agency); or

6. Pass the Academic Module of the International English Language Testing System (IELTS) by achieving a minimum of the following within one result (must be dated within 2 years of the examination date the candidate will be sitting*):

Required scores

Minimum requirements:

Required scores	
Speaking	7.5
Listening	7.5
Writing	7.0
Reading	7.0

*Repeat candidates for NZREX Clinical will not be required to re-sit IELTS for up to 5 years of the examination date if they have been, since the last NZREX Clinical sat, residing continuously in New Zealand, Australia, the United Kingdom, the Republic of Ireland, the United States, Canada (English speaking region, not Quebec) or South Africa. Acceptable evidence includes a letter of reference from an employer or landlord with a passport displaying visa or residency.

7. Pass the Medical Module of the Occupational English Test (OET) by achieving a minimum of 'A' or 'B' (or by achieving a minimum score of 350) in each of the four components (reading, writing, listening and speaking) within one result (must be dated within 2 years of the examination date the candidate will be sitting*)

*Repeat candidates for NZREX Clinical will not be required to re-sit OET for up to 5 years of the examination date if they have been, since the last NZREX Clinical sat, residing continuously in New Zealand, Australia, the United Kingdom, the Republic of Ireland, the United States, Canada (English speaking region, not Quebec) or South Africa. Acceptable evidence includes a letter of reference from an employer or landlord with a passport displaying visa or residency.

NOTE: The test of the English as a Foreign Language (TOEFL) is not accepted by the Council as an approved English test.

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)
- PLAB Part 1
- Australian Medical Council MCQ
- Medical Council of Canada Qualifying Examination (MCCQE Part I)

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 a NZREX coordinator. The NZREX coordinator 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).

Location and timing of NZREX Clinical

NZREX Clinical is held three times a year in Auckland. Council reserves the right not to hold an examination if there are insufficient candidate numbers. If this was the case, candidates would 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, which provides good general information on accommodation and transport, and www.maxx.co.nz for Auckland bus services.

NZREX Clinical format

The current NZREX Clinical is an Objective Structured Clinical Examination (OSCE) format 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 Clinical content

NZREX Clinical 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 candidate's ability to demonstrate safe and appropriate clinical management.

Each organ system/domain will be tested in at least one station. The primary competencies that will be tested are history (three cases), clinical examination (four cases), investigating (two cases), management (three cases) clinical reasoning (four cases). Secondary competencies will also be examined, such as requiring the candidate to undertake a focused examination or focused history. Candidates may also be asked to present a preferred diagnosis, management plan, and investigations to the examiner. There will be at least one case on child health, one case on mental health and one case on women's health.

The following matrix strongly influences the topics for station design and selection in the NZREX Clinical:

Cardiovascular	Communication (global)				
	Professionalism (global)				
	History	Clinical Examination	Investigating	Management	Clinical Reasoning
Chest pain					
Shortness of breath					
Fall/collapse					
Raised blood pressure					
Leg swelling					
Low BP/Shock					

Respiratory	Communication (global)				
	Professionalism (global)				
	History	Clinical Examination	Investigating	Management	Clinical Reasoning
Cough					
Shortness of breath					
Cyanosis					
Haemoptysis					
Chest pain					
Wheeze					

Neurological	Communication (global)				
	Professionalism (global)				
	History	Clinical Examination	Investigating	Management	Clinical Reasoning
Headache					
Visual disturbance					
Dizziness/Vertigo					
Confusion/Delirium					
Weakness					
Collapse/Fall					
Tremor					
Unsteady gait					
Disturbed consciousness					
Seizures					
Speech difficulty					

Gastrointestinal	Communication (global)				
	Professionalism (global)				
	History	Clinical Examination	Investigating	Management	Clinical Reasoning
Abdominal pain					
Anorectal pain					
Groin pain					
Abdominal distension					

Altered bowel habit					
Nausea/Vomiting					
Abdominal mass					
Difficulty swallowing					
Jaundice					
Haematemesis					
Rectal bleeding					

Genitourinary	Communication (global)				
	Professionalism (global)				
	History	Clinical Examination	Investigating	Management	Clinical Reasoning
Urinary retention					
Genital discharge					
Genital pain					
Urinary frequency					
Nocturia					
Urinary incontinence					
Leg swelling					
Scrotal swelling					

Musculoskeletal	Communication (global)				
	Professionalism (global)				
	History	Clinical Examination	Investigating	Management	Clinical Reasoning
Joint pain					
Joint swelling					
Traumatic injury - bone					
Traumatic injury – soft tissue					
Back pain					

Women's health	Communication (global)				
	Professionalism (global)				
	History	Clinical Examination	Investigating	Management	Clinical Reasoning
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	Communication (global)				
	Professionalism (global)				
	History	Clinical Examination	Investigating	Management	Clinical Reasoning
Weight loss					
Weight gain					
Lethargy					
Infertility					
Sexual dysfunction					
High blood sugar					
Low blood sugar					
Collapse					

Haematological	Communication (global)				
	Professionalism (global)				
	History	Clinical Examination	Investigating	Management	Clinical Reasoning
Lethargy					
Pallor					
Abdominal bruising					

Oncological	Communication (global)				
	Professionalism (global)				
	History	Clinical Examination	Investigating	Management	Clinical Reasoning
Neck lump					
Enlarged lymph glands					
Enlarged spleen					
Enlarged liver					
Pain					
Terminal patient					

Behavioural	Communication (global)				
	Professionalism (global)				
	History	Clinical Examination	Investigating	Management	Clinical Reasoning
Depression					
Hallucinations					
Agitation/ aggression					
Substance abuse					
Anxiety					
Learning difficulty					
Deterioration in intellect					
Confusion					

Senses	Communication (global)				
	Professionalism (global)				
	History	Clinical Examination	Investigating	Management	Clinical Reasoning
Eye pain					
Reduced vision					
Ear pain					
Hearing change					
Facial pain					
Oral pain					

Other	Communication (global)				
	Professionalism (global)				
	History	Clinical Examination	Investigating	Management	Clinical Reasoning
Unwell child					
Allergic reaction - medication					
Allergic reaction - environmental					
Fever					
Skin rash					
Skin - suspicious lesion					
Abnormal laboratory test					

Number of cases (total cases = 16)	3	4	2	3	4
---	----------	----------	----------	----------	----------

Instructions to candidates

It is very **important** that you follow the instructions for each case. . Most stations are blended where there is a primary competency being examined (such as clinical examination) but where other competencies will also be examined (such as management/investigations). There are 16 stations in total. Each station lasts for 12 minutes. There is 2 minutes allocated for reading the station instructions outside the station, followed by 10 minutes in each station.

Communication (global)

All stations require candidates to demonstrate communication skills expected of a recent New Zealand medical graduate working in a New Zealand hospital. These could 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 culture in New Zealand society. All 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.

Professionalism (global)

Professionalism is considered to be an essential part of doctor-patient interactions. Therefore, professional aspects of behaviour will be assessed and marked in all stations.

Professionalism can be defined as:

- honesty
- integrity
- respect for patients
- good moral reasoning and ethical practice (including cultural competence, with respect to gender and race boundaries and New Zealand biculturalism).

Management

This entails devising a management plan for a particular clinical circumstance. It should be based on all available information. A management plan should be formulated in conjunction with, and respecting patients' rights and beliefs.

The standard expected of candidates in these areas is that of a recent graduate from a New Zealand medical school. Dangerous and highly inappropriate management will be marked down heavily.

Clinical reasoning

This will require you to demonstrate a logical and reasonable approach to making a diagnosis and/or devising a management plan.

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

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, you should have gathered sufficient information to formulate a differential diagnosis.

Investigating

Ordering:

When ordering investigations you 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:

You are expected to interpret and act on appropriately, all basic investigations. This will include, but is not limited to:

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

For investigations such as MRI and ultrasound you would be expected to understand the result and be able to interpret and explain to the patient the significance of the findings. You would not be expected to interpret the films.

Clinical examination

You will be assessed on your ability to conduct a physical examination on either a real or simulated patient.

The physical examination that you are expected to undertake may include, but is not limited to: cardiovascular, respiratory, neurological, musculoskeletal, abdominal, ears, eyes, and mental state.

The standard of physical examination expected is that of a recent New Zealand medical graduate.

You are expected to inform the examiner of the process you are going through during the examination. Examiners will be looking for a structured, organised approach to physical examination.

You are also expected to attend to hand hygiene inside the consultation room as the Examiners will be marking you on this as part of your physical examination technique.

Pass mark

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

The NZREX Clinical is a high stakes, high quality examination, which is reliable [fit for purpose]. The results are determined by using a criterion referenced, contrasting groups system to determine a cut score, the score above which the candidate is deemed to have passed. For some stations, a modified Angoff process will be used to inform the cut score.

Theoretically, if all candidates are at a standard above the criterion, then all would pass. Historically the pass rate for NZREX Clinical has averaged around 60%. Candidates will be scored for each of the 16 stations separately and the scores aggregated into a final mark.

Unlike other examinations, all stations in NZREX Clinical are of equal importance. There are no stations which, if failed, will result in failure of the entire examination.

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 are no partial passes.

Appeal on the basis of 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. Submissions claiming impairment must be lodged in writing **within 3 working days** of the examination.

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. Appeal submissions must be lodged in writing **within 3 working days** of the examination.

Inaccurate result

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

Please note that this process only looks at whether your marks were correctly transcribed – it does not look to review the examiners opinion on the day.

Applications for a recount must:

- be lodged using the NZREX7 form, no more than 10 working days after receipt of written feedback from the Council office
- include specific reasons for requesting the recount, based on the feedback provided
- include payment (see fee schedule) for each recount requested.

Once the application has been received it is sent to the Examinations Director and the Assistant Examinations Director.

The Examinations Director or Assistant Examinations Director will check each marking sheet to ascertain that all marks for the station have been awarded and accounted for, check that the overall mark has been correctly calculated, check that the mark has been correctly compared to the pass mark, and make a recommendation to the Council's Registrar on this basis alone.

Please note the allocation of marks given to you by an examiner in individual stations may not be reassessed or altered as part of the recount.

Any decision made by Council will be binding by both parties.

Feedback

Council's current policy is that candidates will only receive their overall result ('competent' or 'not yet competent'). Limited 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.

Please understand that 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 at the level of a recent New Zealand medical graduate and competent to enter a period of provisional registration in New Zealand. The examination is not designed to give candidates feedback about where they need to improve.

Withdrawals

1. Applicants whose application has been accepted as a candidate for the examination whose application to withdraw from NZREX Clinical is received 6 or more weeks prior to the date of the examination is entitled to a refund of their NZREX Clinical examination fee less an administration fee (see fees schedule)
2. Applicants who have been accepted as candidates for the examination are entitled to a refund of their NZREX Clinical application fee, less 20 percent, if their application to withdraw from NZREX Clinical is received by the Registrar of the Council at least **20 working days** before the day of the examination.
3. Applicants who have been accepted as candidates for the examination who apply to withdraw **within 19 working days** of the examination day can only be considered for any refund of fee in exceptional circumstances, such as illness or accident. Documented supporting evidence is required.
4. Applicants who travel from overseas to sit NZREX Clinical and withdraw due to being declined a New Zealand Visa, will be subject to the Council's usual withdrawal policy (refer paragraphs 1-3 above).
5. All applications for withdrawal from a NZREX Clinical must be made on the NZREX 5 examination withdrawal form.

False declarations

A person, who wilfully makes a false statement or provides false information in his or 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 with examination staff

Candidates must not communicate directly with the examiners or the Examinations Director or Assistant 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, Council staff, or administration staff either during or after the examination regarding the possible outcome of their results or examination cases before or after the examination.

After NZREX Clinical

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

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

Please note: 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 a provisional general scope of practice and are required to participate in the intern training programme provided by their DHB and meet

the prevocational medical training requirements set by Council. Further information is provided at www.mcnz.org.nz.

Prevocational medical training is a 2 year programme, however you can apply for a general scope of practice once you have met the requirements for registration within a general scope (usually after 1 year).

Certificates of professional status (good standing)

Before you can be registered and begin work, you will need to provide a certificate of professional status (good standing) from the regulatory authority(ies) of each jurisdiction in which you have worked for 5 years prior to your application for registration. It can take some time to obtain certificates of professional status (good standing). If you want to start work in New Zealand immediately after passing NZREX Clinical, you may want to request certificates of professional status (good standing) from the applicable authority(ies) prior to passing NZREX Clinical. Be cautious about obtaining a certificate of professional status (good standing) too soon – they must have been issued within 3 months of the date you intend to start work for Council to accept the certificate of professional status (good standing).

Policies

- [Policy on English Language requirements](#)
- [Policy on validity time for the USMLE Step 1 and Step 2\(CK\) , AMC MCQ, MCCQE Part I, and PLAB Part 1](#)
- [Examination rules](#)
- [Policy on recount and appeals of the NZREX Clinical](#)
- [Policy on refunds for candidates withdrawing from 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 passport photos for candidates for the NZREX Clinical](#)
- [Policy on approval of Taiwanese medical schools](#)