



Te Kaunihera  
Rata o  
Aotearoa

**Medical  
Council of  
New Zealand**

# Consultation

## Proposed changes to the comparable health system pathway

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### Executive summary

This consultation proposes two key changes to the comparable health system pathway to registration in the Provisional General scope of practice. We welcome your feedback about these proposed changes before we make any decisions.

### About us

Te Kaunihera Rata o Aotearoa, the Medical Council of New Zealand (Council), is the professional regulator of doctors in Aotearoa New Zealand. We protect the public and promote good medical practice.

One of our key regulatory functions is the registration of doctors, both Aotearoa New Zealand-trained and from overseas. Our function and powers are set out in the Health Practitioners Competence Assurance Act 2003.

### Consultation on two proposals

We are seeking feedback on:

1. reducing the required weekly hours of work in the active clinical practice requirement from 30 to 25; and
2. broadening our policy for determining whether an applicant has worked in the same or a similar area of medicine, and at a similar level of responsibility, in relation to rural general practice.

We must be assured that any proposed changes to the prescribed qualification or general criteria for this pathway does not pose risk to public health and safety.

This consultation therefore poses questions to address both the potential benefit and any potential risks of change.

### Background

#### Registration – scopes of practice and pathways

Doctors apply for registration in a specific scope of practice. There are several of scopes of practice, and ‘pathways’ to registration within those scopes.

These reflect the different aspects of medical practice in Aotearoa New Zealand while still ensuring the maintenance of high standards of medical practice.

Each pathway has its own requirements for registration, formally known as the 'prescribed qualification'.

A qualification, in this context:

- does not relate solely to degrees or diplomas awarded following completion of an educational or training programme
- can include experience in the provision of health services and registration with an overseas body that performs a similar role to us.

These scopes of practice and prescribed qualifications are published in the New Zealand Gazette, and we consult on any changes we are proposing to make. The [current notice](#) of scopes of practice and prescribed qualifications for the practice of medicine came into effect in 2018.

To be registered, an applicant must:

- hold the 'prescribed qualification' for the relevant scope of practice and pathway
- be fit for registration
- be competent to practise within the scope of practice they're applying for.

### **The Provisional General and the General scopes of practice**

Doctors registered in the General scope of practice can practise any area of medicine, clinically and non-clinically, at any level. They must practise in line with our professional standards, which require doctors to practise within their level of competence.

In the Provisional General scope, doctors must practise in a Council-approved position, under Council-approved supervision. We check that doctors have suitable experience for the level of position they wish to practise in.

While doctors can practise at specialist (including general practitioner) level within these scopes, they are not defined as specialist scopes of practice, and we do not recognise such doctors as specialists.

Our pathways to registration in the Provisional General and General scopes are described in full on [our website](#).

### **Comparable health system (experience-based) pathway**

The comparable health system (CHS) pathway to registration in the Provisional General scope is an experience-based pathway. It is for doctors who have recently practised medicine in at least one of [23 countries](#) that have health systems comparable to Aotearoa New Zealand.

Once registered, they will be permitted to practise in Aotearoa New Zealand in a position similar to their previous practice in the comparable health system.

Other registration pathways rely on the doctor:

- holding additional (educational or training) qualifications in addition to an acceptable primary medical qualification (PMQ)
- passing an entrance exam, or
- passing another form of assessment of competence.

Significantly, this pathway requires only that a doctor holds an acceptable primary medical qualification. We rely on the doctor's recent demonstrated experience in a country in which we have determined to be a comparable health system to Aotearoa New Zealand.

For this reason, the pathway could be described as the riskiest of the registration pathways.

The full requirements are:

To be eligible for registration in the Provisional General scope of practice, under the comparable health system pathway, the applicant is required to:

1. have worked for at least 33 months (for at least 30 hours per week) during the 48 months prior to application (in other words, a minimum of 3,960 hours worked, counting a maximum of 40 hours per week and excluding on-call and overtime hours) in a comparable health system (*the **active clinical practice requirement***); and
2. have worked, for those 33 months:
  - a. in the same or a similar area of medicine to; and
  - b. at a similar level of responsibility to  
the proposed New Zealand position (*the **same or similar area of medicine, and similar level of responsibility requirements***); and
3. either (*the **registration or training requirement***):
  - a. hold current full or general registration with the regulatory authority of at least one of the comparable health systems worked in during the 48 months; or
  - b. be satisfactorily participating in a training programme recognised by the American Boards or the Canadian specialist colleges, or
  - c. be registered by the Irish Medical Council as a specialist trainee.

### **Proposal 1 – Alteration to weekly clinical hours requirement**

**We propose** that the active clinical practice requirement of the prescribed qualification for provisional general registration, on the CHS pathway, be amended. We propose reducing the minimum hours required in a week, for that week to be counted, from 30 hours to 25 hours.

To improve the clarity of the terminology, **we also propose** changing 'worked' to 'practised clinically' and removing reference to the explanatory text in brackets while maintaining the requirement that the hours must exclude on-call and overtime.

The proposed active clinical practice requirement, would therefore require an applicant to:

*have practised clinically for at least 33 months, for at **least 25 hours per week** excluding on-call and overtime hours, during the 48 months prior to application, in a comparable health system.*

## Rationale for proposal

The reason for the proposal is that 25 hours better reflects the accepted medical practice of many currently practising doctors.

Many applicants have a mixed practice, combining active clinical practice with other roles, with variation week to week.

Other applicants have worked virtually continuously but for understandable reasons have dropped below “full time equivalent” for certain periods. For registration purposes, we recognise 30 hours as “full time”.

Arguably, requiring a 30-hour minimum effectively limits applications to doctors who have worked full time, in a specific area of clinical practice, for the full 33 months required.

This proposed change would affect all applicants via this pathway across all areas of medicine – not just applicants seeking to practise general practice.

**Question 1:** Do you agree or disagree with reducing the minimum hours for ‘weeks counted’ from 30 hours to 25 hours?

Strongly agree / agree / neither agree nor disagree / disagree / strongly disagree / don’t know

Please explain the reasons for your response.

**Question 2:** Do you agree that the proposed wording of the active clinical practice requirement improves the clarity of this requirement?

Strongly agree / agree / neither agree nor disagree / disagree / strongly disagree / don’t know

Please explain your response.

## Proposal 2 – Extending criteria for same or a similar area of medicine/similar level of responsibility

Applications for registration in the Provisional General scope of practice via the CHS pathway are closely assessed to ensure that the applicant has the required level of experience in the same or a similar area of medicine and at a similar level of responsibility.

For most areas of medicine, where Aotearoa New Zealand medical practice reflects international medical practice (particularly that in comparable health systems), this assessment can be clearly made.

To give greater flexibility for those seeking to practise as a general practitioner, in December 2020 we adopted new policy.

Our policy now allows doctors applying for positions as *general practitioners* who do not have 33 out of 48 months of *general practice experience* to have satisfied both the *same or similar area of medicine* and the *similar level of responsibility* requirements if they:

- have been awarded a formal postgraduate qualification in general practice in a comparable health system within the preceding three years immediately prior to application; and

- have practised for at least 18 of the required 33 months in general practice in a position in which the range of presentations and patient base is not restricted.

### **Proposed change**

We have now identified a further situation where a more flexible approach may be warranted.

**We propose** that a doctor seeking to practise in rural general practice would have time practising that meets the following three criteria count towards meeting the same or similar area of medicine requirement:

- practised as a family physician or a general practitioner in a hospital setting; and
- practised in a hospital setting which serves a population size of less than 25,000; and
- treated a range of presentations and the full spectrum of age groups.

### **Rationale for change**

This is given the nature of family medicine particularly in the United States and Canada, with such family medicine physicians typically seeking to practise as general practitioners in Aotearoa New Zealand.

The US family medicine residency programmes contain only a small component of what would be considered general practice in Aotearoa New Zealand, and most of the training programme is focused on rotations across other medical and surgical areas.

American- and Canadian-trained family medicine physicians tend to work in hospitals, as hospitalists. They work across several different disciplines, such as internal medicine, emergency medicine and obstetrics and gynaecology.

These doctors are often limited to treating only adult-based patient populations. For example, they have no experience in treating paediatric populations (patients below 18 years old). Their practice is either not, or is less community orientated and there is no, or less, continuity of care.

For these two reasons, our view has typically been that these doctors' practice is not either the same, or similar, to general practice in Aotearoa New Zealand. Such applicants would be unlikely to meet the policy requirements outlined above as they would not have 18 months of unrestricted general practice.

However, feedback from stakeholders has indicated that there are similarities to rural general practice. Rural general practitioners would be more likely to provide in-hospital care, after hours services, clinical procedures, and emergency care, than their urban counterparts.

To keep our application processes quick and cost-effective, it is important that our policy requirements are:

- simple for applicants to understand
- simple for applicants to demonstrate they meet
- straightforward for decision-makers, acting under delegation, to determine – in almost all cases.

**Question 3:** Do you agree or disagree that doctors with this recent experience would have suitable experience to practise in rural general practice in Aotearoa New Zealand?

Strongly agree / agree / neither agree nor disagree / disagree / strongly disagree / don't know

Please explain your response.

**Question 4:** Do you have suggestions about other types of overseas medical experience that might be considered similar to rural general practice in Aotearoa New Zealand?

## **Submissions**

We are inviting general comments on the two proposals outlined in detail above. You are welcome to respond to some or all the questions that have been posed.

Please provide written submissions by completing the survey questions online by close of business on **Friday 10 December 2021**.

Once this consultation process has concluded, the feedback will be considered and we will make a decision on how to proceed. 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. Published submissions will include the names of the individuals and/or the organisations that made the submission, unless confidentiality is requested.

We generally publish submissions on our website to encourage discussion and inform stakeholders. 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.