



Policy on vocational practice assessments

Policy Statement

This policy must be read with reference to the Medical Council of New Zealand (Council) *Policy on registration within a vocational scope of practice - Doctors who do not hold the approved New Zealand or Australasian postgraduate qualification.*

This policy applies to international medical graduates (IMGs) who do not hold the prescribed Fellowship, Diploma or Certificate qualification, and have applied for vocational registration because they hold an overseas postgraduate medical qualification.

The vocational practice assessment (VPA) is Council's preferred tool for assessing competence and applies specifically to IMGs that Council deem eligible for registration within a provisional vocational scope of practice (assessment pathway).

Rationale

1. Council is responsible for protecting the health and safety of members of the public by providing for mechanisms to ensure that doctors are competent and fit to practise medicine in New Zealand (HPCAA, section 3). Specifically, Council can only register a doctor who meets the following three requirements:
 - has a prescribed qualification
 - is fit for registration
 - is competent to practise within the scope of practice for which they have applied.
2. IMGs registered within a vocational scope must demonstrate that their qualifications, training and experience are *equivalent to, or as satisfactory as*, that of a doctor holding the prescribed qualification, which is the approved New Zealand or Australasian Fellowship; Diploma or Certificate (depending on the relevant vocational scope).
3. Each branch advisory body (BAB) is charged with assessing an IMG's qualifications, training and experience (QTE). If deficiencies in QTE are identified, then the IMG needs to demonstrate competence to Council, by completing a vocational practice assessment (VPA), or another form of assessment.
4. Historically, the standard form of assessment was the relevant BAB Fellowship examination. This was applied despite an IMG holding an overseas postgraduate qualification, often having many years of specialist level experience, or having narrowed their scope of practice due to sub-specialisation.
5. To address this Council created the VPA as Council's preferred form of assessment¹, designed to protect the public, to focus on competence improvement, and to ensure a process that is thorough and fair.

¹ The VPA is Council's preferred method of assessment rather than requiring a Fellowship examination. An examination is only to be supported by MCNZ in extenuating circumstances.

6. The VPA is used in particular circumstances for assessing the competence of IMGs applying for vocational registration, after a period of supervised practice of up to 18 months.

Who needs a VPA?	<p>7. An IMG deemed eligible for provisional vocational registration (assessment pathway) is usually required to have a VPA when:</p> <ul style="list-style-type: none">• The IMG has not completed any clinical examinations (eg assessment and observation of the doctor undertaking clinical tasks at their place of employment or role playing with actors portraying patients);• The IMG has not completed any external examinations (eg national or regional level examinations);• The IMG has not completed any exit or final examinations at the conclusion of their postgraduate training;• The IMG has not completed an objective and independent accredited postgraduate training programme; or• Competence issues have been identified related to qualifications, training and experience, or registration and practising certificate policies.
What is the VPA?	<p>8. A VPA is a workplace assessment. An IMG may be required to complete a VPA as an <i>assessment</i> under the provisional vocational scope registration (assessment pathway), alongside 12 to 18 months of supervised practice.</p>
Standard of assessment	<p>9. The purpose of the VPA is to assess competence across all domains of competence including:</p> <ul style="list-style-type: none">• medical care• communication• collaboration• management• scholarship• professionalism <p>10. The VPA is a valuable method of assessment as it enables Council to determine if the IMG is:</p> <ul style="list-style-type: none">• practising at the level of a doctor holding the prescribed Fellowship, Diploma or Certificate qualification;• practising at the level of a doctor registered in the same vocational scope; and• competent to practise independently and unsupervised across the broad vocational scope of practice.
Format	<p>11. The VPA is generally a one day assessment, where two assessors (doctors registered within the same vocational scope in which the IMG has applied) are onsite, observing and interacting with the doctor and his / her colleagues using a set of assessment tools.</p>
Standard tools	<p>12. The VPA typically includes the following tools:</p> <ul style="list-style-type: none">• Opening interview• Observation of procedures (where appropriate)• Observations of interactions with patients in an outpatient setting (where appropriate)• Observations of interaction with patients during a ward round (where appropriate)• Review of 20 consecutive patient records from their caseload• Case-based oral assessment, based on the knowledge and competencies required for the

specific scope of practice, records selected for records review and observation of IMG with patients

- Interview with colleagues
- Peer ratings from medical and non-medical colleagues using the peer ratings tool (completed prior to the day of assessment)
- Closing interview

Additional VPA tools / reports

13. Additional tools may be incorporated into the IMG's *terms of reference*, depending on the vocational scope being assessed. These tools may be included to assess procedures undertaken or be a specific type of supervision, relevant to the particular vocational scope. The IMG is advised of any additional tools included in the VPA.

Supervision reports

14. Council's supervision reports are another form of competence assessment required from all provisional and special purpose registrants. Supervision reports must be completed and submitted at 3-monthly intervals (quarterly) to Council, during the supervised period. These reports are in addition to a VPA and other types of reports.

Procedural reports

15. Council may also require procedural reports to be completed specific to a particular vocational scope. If so, these procedural reports are also required at 3-monthly intervals (quarterly), during the supervised period. These are in addition to a VPA and Council's supervision reports.

16. For example, the Royal Australian and New Zealand College of Obstetricians and Gynaecologists have supervision reports specific to procedures; seven basic and seven advanced surgical procedures are reported and signed off throughout the supervised period. These are shared with the VPA assessors, alongside Council's quarterly supervision reports.

17. The supervision and procedural reports may be used to inform the *terms of reference* of the VPA. The completed reports are always required for a change of scope application (provisional vocational to vocational).

VPA procedure

18. Before the end of the supervision period, Council staff contact the IMG to discuss arrangements for the VPA, including the IMG's availability.

Terms of reference

19. Once a date is agreed, the IMG is sent a *terms of reference* (a legal document) outlining:

- what happens on the day of the VPA;
- the proposed assessors;
- the tools used in the VPA; and
- where the VPA takes place.

20. The IMG is given the opportunity to comment on the *terms of reference* and raise any concerns, such as conflicts of interest with the assessors. If any concerns are raised, Council considers them and may alter the *terms of reference* and / or select alternative assessors. If the IMG is satisfied with the arrangements, he / she signs it and returns the *terms of reference*.

21. Council is unable to move forward with the VPA until the *terms of reference* are signed by the IMG.

- Selecting VPA assessors**
22. Council liaises with the relevant BAB to request a list of potential assessors that they consider suitable. Council's current criteria for selecting assessors are whether the assessor is:
- in good standing with the Council and the relevant BAB (if applicable);
 - vocationally registered in the same scope in which the IMG has applied to be registered;
 - experienced in practising in public or private practice (if applicable);
 - experienced in practising in a rural or metropolitan centre (if applicable);
 - experienced in practising in a sub-specialty area (if applicable);
 - experienced in assessment methodology (if applicable).
23. If there are delays with receiving the BAB's advice in identifying assessors, Council may identify assessors by alternative means, in the interest of meeting Council's obligation to the IMG to have the VPA completed in a reasonable timeframe.
- VPA venue**
24. The VPA is usually held at the IMG's place of employment or at the tertiary centre where they are undertaking their tertiary centre experience.
25. Discretion may be used for where the VPA should be held in particular circumstances (taking into account the advice of the BAB and / or the VPA assessors and / or Council's Medical Adviser(s)).
- Timing of the VPA**
26. The VPA is organised to occur immediately after completion of the full supervised period.
27. If there is a break of 1 month or more in the IMG's employment in NZ during this time, the IMG is required to return to work for at least 3 months of continuous supervised practice (one block of time) before the VPA is undertaken.
28. If the IMG leaves NZ to practise abroad and does not complete their full period of supervised practice, or the required VPA, and then returns to NZ, they need to meet the following requirements before the VPA and completion of other assessment requirements:
- **Return to practice in NZ within 3 years** – complete at least 3 months of continuous supervised practice under assessment, or complete the remaining period of their supervised practice (whichever is the longer).
 - **Return to practice in NZ after 3 years** – complete at least 6 months of continuous supervised practice under assessment, or complete the remaining period of their supervised practice (whichever is the longer). These IMGs are also required to comply with Council's *Policy on doctors returning to medical practice in New Zealand after an absence of 3 or more years working overseas* and the *Policy on restoration to the medical register* (whichever is applicable).
- Outcome of the VPA**
35. Once the VPA has been completed, the assessors send their report to Council staff with a recommendation that the IMG's practice is either *satisfactory* or *not satisfactory*. This is usually 3 weeks after the VPA.

	<p>36. As the VPA is held at the end of the supervised period, a change of scope application² is requested from the IMG, so that both the VPA report, and the change of scope from provisional vocational to vocational, can be considered concurrently.</p> <p>37. Vocational registration is not solely dependent on the VPA report. In making a decision on vocational registration, Council takes into account a breadth of information, including the VPA report, supervision reports, BAB advice, application, CV, referee reports, etc.</p>
Not satisfactory	<p>38. If the VPA assessors' recommendation is <i>not satisfactory</i>, the report is taken to a full Council meeting for a decision on whether:</p> <ul style="list-style-type: none"> • the VPA is <i>not satisfactory</i>; and • whether the doctor should be granted a vocational scope (by taking into account the information outlined above in para 37 above). There is no typical outcome from a full Council meeting, as each case is considered on its own merits.
Satisfactory	<p>39. If the VPA recommendation is <i>satisfactory</i>, Council staff can make a decision on the report under delegation³.</p> <p>40. Council staff also have the delegation⁴ to approve a change of scope application after a <i>satisfactory</i> report is received, by taking into account all information before them, including the VPA report, supervision reports, medical College advice, application, CV, referee reports, etc.</p> <p>41. If the VPA is considered <i>satisfactory</i>, but concerns arise based on other sections of the application, then the application may be referred to one or more of the following:</p> <ul style="list-style-type: none"> • a full Council meeting • professional standards team • health team.
Information to the BAB	<p>42. Council informs the BAB of VPA arrangements once these are confirmed (including names of assessors, date, venue, etc).</p> <p>43. The final VPA report is copied to the BAB for their information only.</p>
Related legislation, policy, etc	<ul style="list-style-type: none"> • Vocational practice assessments are authorised under Section 19(5) of the HPCAA. • Council's <i>Policy on registration within a vocational scope of practice - Doctors who do not hold the approved New Zealand or Australasian postgraduate qualification</i> must be read in conjunction with this policy.
Document control	<ul style="list-style-type: none"> • Approved by Council July 2011. • The Council's delegations approved by Council (see footnote 3) June 2011. • Review date 1 November 2013.

² Vocational registration is not automatically granted. The IMG must submit a change of scope application once they meet all requirements under a provisional vocational scope, before Council considers granting the IMG vocational registration. The change of scope application confirms to Council that the requirements have been met with both, the IMG and supervisor signing the form.

³ Delegation to approve satisfactory VPA and whether to grant vocational registration – approved at June 2011 meeting

⁴ Refer 3 above.

