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Tēnā koe Christine

### **Submission - MCNZ Extension of the provisional vocational assessment period from 18 to 24 months**

Thank you for the opportunity to provide a submission on the MCNZ extension of the provisional vocational assessment period from 18 to 24 months.

The Royal New Zealand College of General Practitioners (the College) is the largest medical college in New Zealand. Our membership of 6,439 specialist GPs and rural hospital doctors comprises 40 percent of New Zealand's specialist medical workforce. The Medical Council of New Zealand accredits the College to deliver vocational training to the specialist General Practitioner and Rural Hospital Doctor workforce. Our kaupapa aspires to improve equity by upholding principles of Te Tiriti o Waitangi and supporting members to be culturally safe and competent through our Training, Continuous Quality Improvement and Quality programmes.<sup>1</sup>

### **MCNZ Consultation**

The MCNZ variation to the prescribed qualification for registration in the provisional scope of practice will enable the specific cohort of specialist international medical graduates (IMGs) who may not otherwise meet the standard, to gain provisional vocational registration by extending training to address identified deficiencies in their learning requirements.

### **Introduction**

The College notes that the proposed MCNZ process to extend the assessment period from 18 to 24 months will provide an option for IMGs in the VOC3 Assessment Pathway to work under approved supervision to meet their assessment requirements before applying to the MCNZ for registration in their vocational scope.

- The proposed change will not have a significant impact on the College VOC3 Assessment Pathway provided we can continue recommending in the 12 to 18-months option, and that the 24-month option is not mandatory.
- The GPEP programme has never supervised a candidate that would have benefited from 24 months supervision. Most recommendations are usually made between 12-18 months. In 2023/2024 there were 22 VOC3 assessments at 12-18 months and no recommendations to extend beyond 18-months.

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<sup>1</sup> College members provide medical care in the community to twenty-three million patient contacts each year, managing 90 percent of health concerns. Work by 1077 general practice teams across NZ provides first point of contact care for patients, their whānau, and wider communities.

- Time is not a barrier to Fellowship/vocational registration for VOC3 in the general practice scope. The main barrier is passing the Fellowship visit, which may require a second visit, with up to three years to complete the requirement, while working part-time.

**In answer to your questions:**

**1. Do you support the proposal to extend the assessment period from 18 to 24 months?**

The College supports the intent of the proposal however, our specialist GP supervisors raised concerns about unintended consequences of the proposed implementation for training practices and potential dilution of the standard for IMG training.

**We recommend that:**

- **Extending the time frame for the IMG workforce should not compromise the needs of GPEP trainees.**
- **The MCNZ consider specific cultural safety training modules tailored to IMG needs.**
- **MCNZ consider implementing a ‘case-by case’ approach rather than a ‘one size fits all’ solution. This would give specialist GPs the option of providing support to IMGs needing additional time to achieve requirements.**

**2. Do you see any potential adverse consequences or risks, and if so, how can they be mitigated?**

**The College focus on training and retaining our own graduate workforce should not be compromised**

An extension of time for additional supervision for IMGs in the VOC3 Assessment should not impact on the capacity of specialist GPs to provide trainee supervision for advanced registrars in GPEP.

**Time for taking on an additional 12-months**

The proposal to extend IMG supervision to 24 months could increase the number of non-vocationally registered doctors in practices. In the current health environment, high patient loads with more complex needs<sup>i</sup> and workforce shortages may pose a risk of IMGs taking on greater patient loads and more responsibility. We suggest any consideration of the ability to offer additional time may need to be balanced against workforce shortages.<sup>ii</sup>

Some issues driving additional work for specialist GPs and clinical teams:

- Increases in the number of patients presenting with more complex conditions.
- High numbers of practices with closed books.
- Longer waiting times are impacting on equitable access to care.
- Māori, Pasifika, and people with disabilities are presenting with more complex health problems<sup>iii</sup>.

**3. Do you have any other comments regarding the proposal?**

**Develop a flexible approach rather than a ‘one size fits all’**

We understand the catalyst for the MCNZ proposing the additional six months is due to IMGs who do not achieve the necessary requirements within the 18-month period. As noted in the introduction this is not the case in general practice. We understand that it is more likely to be a secondary care issue.

We suggest that an increase in the number of non-vocationally registered doctors requiring additional six months supervision in general practice needs further consideration:

- A change would result in a larger cohort of IMGs in general practices who are not vocationally registered, Fellows of the College (FRNZCGP), or are not training to become Fellows.

- If applied generically, the proposal would extend time as a non-vocationally registered doctor. The proposed extension to 24-months could result in a negative impact on specialist GPs, and IMGs who achieved the expected standard on time at the 12-month mark.
- Identified deficiencies require customised training for IMGs. Specialist GPs would be better supported if the MCNZ reviewed learning gaps and developed additional training modules, e.g. cultural safety.

## Summary

The proposal as it stands may be counter-productive for IMGs who did meet requirements for registration in their vocational scope within 12-months. There is no guarantee that IMGs who did not meet the standard at 18-months will meet the MCNZ requirements at 24-months. The College suggests consideration of a ‘case-by case’ approach rather than a ‘one size fits all’ would give specialist GPs the option of providing an extension of time, and support for IMGs to meet the requirements.

Implementing a targeted improvement approach specific to individual learning needs, and access to a suite of learning resources would better support specialist GPs to work positively with IMGs. We believe an improvement approach to remediation would help maintain the high standard of care in general practice and reduce the risk of diluting care quality.

Finally, we highlight the continued trend of IMGs leaving New Zealand immediately after their final assessment to work overseas.

For further clarification, please contact Maureen Gillon, Manager Policy, Advocacy, Insights – [Maureen.Gillon@rnzcgp.org.nz](mailto:Maureen.Gillon@rnzcgp.org.nz)

Nāku noa, nā



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<sup>i</sup> Dowell A et al. The concentration of complexity: case mix in New Zealand general practice and the sustainability of primary care. *Journal of Primary Health Care*: 2022 doi:10.1071/HC22087.

<sup>ii</sup> Bradford L. GP24: Your Work Counts. *GP Voice*. [GP24 Your Work Counts.docx](#).

<sup>iii</sup> Ministry of Health. Annual Report Ministry of Health. 2024. Annual Report for the Year Ended 30 June 2024. Wellington: Ministry of Health.2024. Accessed online: <https://www.health.govt.nz/publications/ministry-of-health-annual-report-for-the-year-ended-30-june-2024>.