

25 July 2024

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Via email: consultation@MCNZ.org.nz

Tēnā koe Joan,

The Council of Medical Colleges | Te Kaunihera o Ngā Kāreti Rata o Aotearoa (CMC) is writing to provide feedback to the Medical Council of New Zealand (MCNZ) on the consultation: Development of a new collegial peer support and supervision framework for International Medical Graduates.

Overall, the Council of Medical Colleges is supportive of the approach of an agile and flexible framework for supervision for International Medical Graduates (IMGs) that consists of either collegial peer support or supervision as they integrate into Aotearoa New Zealand's health system. However, we request that more detail goes into the monitoring structure for both pathways, before progressing, to ensure patient safety. We also request that a clear expectation is set out in the guidebook's revision for cultural competency, cultural safety and Hauora Māori education to support IMGs adaption and retention.

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.

Collegial Peer Support

The Council of Medical Colleges supports the idea in principle to provide a sustainable and appropriate level of supervision. However, there needs to be further clarity around the general monitoring structure before proceeding with this new framework.

For example:

- What training and support will nominated peers have to guide and monitor the performance of the IMG?
- Will there be any information given to nominated peers on the frequency of multi-disciplinary meetings needed to deliver effective professional guidance?
- How much input is expected from a CMO, CD or CL on the peer's quarterly report? What are their roles and responsibilities in this horizontal relationship?
- What is the escalation pathway for the peer when poor performance/competency issues are identified?

Supervision Pathway

Similar to the collegial peer support pathway, further clarity is needed around monitoring and escalation pathways:

Australasian College for Emergency Medicine (ACEM)	College of Intensive Care Medicine of Australia and New Zealand (CICM)	New Zealand College of Sexual and Reproductive Health (NZCSRH)	Royal Australasian College of Medical Administrators (RACMA)	Royal Australian and New Zealand College of Obstetricians and Gynecologists (RANZCOG)	Royal College of Pathologists of Australasia (RCPA)
Australasian College of Sport and Exercise Physicians (ACSEP)	New Zealand College of Musculoskeletal Medicine (NZCMM)	Royal Australasian College of Physicians (RACP)	Royal Australasian College of Surgeons (RACS)	Royal Australian and New Zealand College of Psychiatrists (RANZCP)	Royal New Zealand College of General Practitioners (RNZCGP)
Australian and New Zealand College of Anesthetists (ANZCA)	New Zealand College of Public Health Medicine (NZCPHM)	Royal Australasian College of Dental Surgeons (RACDS)	Royal Australian and New Zealand College of Ophthalmologists (RANZCO)	Royal Australian and New Zealand College of Radiologists (RANZCR)	Royal New Zealand College of Urgent Care (RNZCUC)

- What are the roles and responsibilities of an off-site supervisor for an IMG in a rural setting?
- What is the expectation around regular meetings between the IMG and supervisor?
- How is a situation managed when an IMG needs a longer period of direct supervision?

We have some concerns around the current proposal of a 2-week minimum (up to three months) for onsite supervision before sign-off onto a hybrid supervision model. We believe that the expectation for onsite supervision needs to be for a more defined period instead of 2 weeks or up to three months. When transitioning to remote supervision there should also be a team support structure placed around the IMG so that gaps in training or knowledge can be identified (not working in isolation).

The colleges would welcome the opportunity to discuss this further with MCNZ so that they are able to advise their members who are peer support or supervisors what appropriate monitoring looks like in their discipline.

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

The proposed framework of the two pathways loosens the current supervision settings. We wish to reiterate our earlier point for more clarity and guidance on the roles and responsibilities of nominated peers and supervisors to support clinical safety. It is critical that colleges are involved in nominating peers and supervisors for the new pathways to maintain standards and safety.

3. Do you have any other comments regarding the proposed framework?

The Council of Medical Colleges believes that the overall approach to supervision for IMGs needs to be embracing and have systems to encourage new IMGs to come into the colleges and become part of our training workforce.

Recent literature demonstrates that supporting the cultural adaption of IMGs into the New Zealand health system will improve retention. Cultural competency, cultural safety, and Hauora Māori education needs to be included in the revised guide to support IMGs integration and as a core part of their continuing professional development. This would include pointing to existing resources and tools available.

We would like to extend an invite for MCNZ to attend a Council Day to discuss: what does good and agile supervisor/peer monitoring look like for IMGs' integration into New Zealand's health system?

Nāku noa, nā



Dr Samantha Murton

Chair
Council of Medical Colleges

Australasian College for Emergency Medicine (ACEM)	College of Intensive Care Medicine of Australia and New Zealand (CICM)	New Zealand College of Sexual and Reproductive Health (NZCSRH)	Royal Australasian College of Medical Administrators (RACMA)	Royal Australian and New Zealand College of Obstetricians and Gynecologists (RANZCOG)	Royal College of Pathologists of Australasia (RCPA)
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