



ANZCA
FPM

*Te Whare Tohu o
Te Hau Whakaora*

22 July 2025

Medical Council of New Zealand
By email: consultation@mcnz.org.nz

Tēnā koe

Development of a new supervision framework for international Medical Graduates. About the Australian and New Zealand College of Anaesthetists (ANZCA)

ANZCA, which includes the Faculty of Pain Medicine (FPM) and Chapter of Perioperative Medicine, is the leading authority on anaesthesia, pain medicine and perioperative medicine. It is the professional organisation responsible for postgraduate training programs of anaesthetists and specialist pain medicine physicians, and for setting the standards of clinical practice throughout Australia and Aotearoa New Zealand. Our collective membership comprises around 10 000 fellows and trainees in anaesthesia and pain medicine, 1300 of whom work in Aotearoa New Zealand. ANZCA is committed to upholding Te Tiriti o Waitangi in the provision of competent, culturally safe care, and to promoting best practice and ongoing continuous improvement in a high-quality health system.

Consultation

ANZCA welcomes the opportunity to comment on the new supervision framework for international medical graduates (IMGs) intended to underpin the new orientation, induction and supervision guide. This submission is informed by feedback from ANZCA's New Zealand committees including the National Committee (NCNZ), FPM NZNC, Director of Professional Affairs New Zealand, Supervisors of Training and the New Zealand Training Network, and also from ANZCA's professional networks in Australia.

Proposed framework to allow IMGs to EITHER undertake a period of collegial peer support OR supervision depending on the registration pathway.

ANZCA is generally supportive of the proposed new registration framework which offers an opportunity for an innovative approach to addressing the diversity of IMGs, efficiently and safely.

There are risks, however, unless robust employment processes, adequate timeframes, and a clear framework of expectations and reporting requirements are carefully detailed, monitored and enforced. In response to question 3, we make a number of recommendations to ensure safe, fair and efficient registration pathways that support IMGs and encourage them to remain in practice in Aotearoa New Zealand. These include recommendations relating to:

- cultural safety
- accreditation/approval and allocation of peer support
- training and guidance for peer supporters and supervisors
- monitoring
- a mechanism /pathway for raising concerns
- an appeals process
- induction and orientation
- prescribing

We note that the Australian Health Practitioner Regulation Agency (Ahpra) is also currently conducting a public consultation on the review of the supervised practice framework, various aspects of which may be relevant to this consultation. Where possible, ANZCA supports consistent processes, while recognising there are differences between the two countries.

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 the registration pathway. Please provide reasons.

Yes. We welcome the change in approach from a 'top down' supervisor model to a collegial relationship. This is more appropriate and meaningful for specialist IMGs (SIMGs) and may help to address some of the current and unexpected challenges contributing to Aotearoa New Zealand's serious lack of retention of IMGs, regardless of country of origin. We look forward to the development of collegial peer support structures, able to do more than reduce professional and social isolation, to support the genuine engagement and pragmatism needed to resolve common issues for example with employers, that IMGs face here. A major reservation we have, is that the quality of the collegial support is dependent on the time available for, and commitment to, providing high quality support from the supporting peer as that is largely dependent on employers. It is essential to ensure employers will provide non-clinical time for collegial peer support.

As SIMGs are often employed in areas where there are workforce shortages, it is important that this support is:

- readily available in the first three months, and
- preferably in person

especially when dealing with issues related to adaptation to the medical and social culture within New Zealand. Informal feedback from SIMG anaesthetists from the UK confirms research¹ that there were unexpected challenges in settling into work in Aotearoa New Zealand, some related to our medical and social culture. It is important that the collegial support for the equivalent SIMGs is not too 'hands off', as this may interfere with orientation and lead to a shortened stay.

ANZCA supports the ability to have a combined onsite and offsite supervisor as this supports rural and remote and hard to staff areas.

We agree that temporary registration and special purposes/locum tenens registration pathways need to be excluded from this process.

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

There is potential for adverse consequences if the new processes are not sufficiently well developed, understood or supported, particularly by employers who must allow sufficient time for peer supporters, IMGs and supervisors to meet the requirements. If collegial peer support is treated as a 'soft' or tacit approach to registration, there may be a heightened risk to public safety and increased turnover of IMGs. If a genuinely innovative and supportive approach is taken to welcoming and helping IMGs through a registration process where they feel their skills are valued and they are culturally, medically, and socially safe in their practice, more IMGs are likely to stay longer and perhaps remain here. The risk of doing nothing and continuing to assess and register IMGs who leave precipitately after a short period is unsustainable.

¹ Mannes, Mariska M., Thornley, Davinia J., and Wilkinson Tim J. The consequences of cultural differences: the international medical graduate journey in New Zealand. *Int. Jnl of Med.Edu.* 2023;14.43-54. ISSN:2042-6372 DOI: 10.5116/ijme.6440.0237 Retrievable from [IJME - The consequences of cultural difference: the international medical graduate journey in New Zealand](#)

There is always the possibility of inadvertent alienation of either the SIMG or their workplace colleagues if feedback, for example, from the SIMG's workplace colleagues to the person providing collegial support is not handled well and this elevates the risk of high turnover. ANZCA suggests having multisource feedback (MsF) conducted after completion of the first three months to mitigate this risk and notes that the Medical Board of Australia (MBA) requires an MSF for all expedited pathway SIMGs in Australia.

To ensure that the SIMG on the Expedited Specialist pathway is safe, ethical and competent in their specialist practice, the Board requires formal competency assessments to be undertaken against seven domains during the period of supervised practice. The assessments include a multi-source feedback assessment conducted by a Board-approved provider, and one other additional assessment. The additional assessment must be appropriate for the specialty and SIMGS can choose one of a mini-clinical evaluation exercise (Mini-CEX), direct observation of procedural skills (DOPS) or case-based discussion (CBD). You will need to specify the additional assessment to be undertaken as part of your Supervised practice plan.

Medical Board of Australia - Expedited Specialist pathway Work-based assessments.

While reports are to be submitted every three months, it is unclear how these are prepared. It could be useful to have a MsF inform the reports. ANZCA notes that the usual anaesthesia work pattern means that specialist anaesthetists do not work closely with other specialist anaesthetists, and it is often their non-anaesthetist colleagues, such as surgeons, anaesthesia technicians and recovery room nurses who first notice problems with the SIMG's practice. These perspectives should inform any work-based assessments.

Specialist pain medicine physicians (SPMPs) do not always have the same level of scrutiny as those working in interdisciplinary teams. Although the majority of the small number of SPMPs working in Aotearoa New Zealand work in hospitals, with pain medicine forming only part of their weekly rota, when they are working in this field, they frequently work independently with little support or scrutiny. This is particularly so in smaller sites which aspire to having multidisciplinary pain management units but generally don't have the structures for interdisciplinary care. In these circumstances, much will depend on how the peer support person is allocated and whether they are a good fit. Careful consideration and guidance will be needed to determine such factors to reduce the risk of personal and professional tensions that can develop to derail the SIMG's progress.

3. Other comments regarding the proposed framework

ANZCA strongly supports IMGs being encouraged/required to complete cultural awareness and Tiriti o Waitangi training before beginning to practise in Aotearoa New Zealand. We draw your attention to the Medical Sciences Board of New Zealand's proposed Recertification programme for internationally qualified Anaesthetic Technicians entering practice in Aotearoa New Zealand which requires provide proof of completion of free online courses relating to Aotearoa New Zealand's:

- health context
- privacy laws
- provision of health services (See Appendix 1)

We recommend that MCNZ considers similar requirements to ensure IMGs are immediately introduced to cultural aspects of practising in Aotearoa New Zealand, rather than relying on later completion of continuing professional development (CPD) activities to bridge knowledge gaps.

Cultural safety training and expected standards of culturally competent and safe practice must be identified as part of the peer support/supervision framework, not just as part of the orientation process.

We suggest there is a need to develop:

- a transparent accreditation /approval process for peer supporters
- guidance for determining the allocation of peer support to ensure a good 'fit' with IMG '
- assurance of commitment from employers to allocate clinical support time for supervision
- training and guidance for peer supporters and supervisors
- monitoring and reporting requirements
- a pathway / process for when a collegial support specialist thinks the SIMG is not performing. (There should be a clear delineation between employer responsibility and MCNZ registration responsibilities / requirements for IMGs successfully completing the collegial relationship period.)
- an appeals process for an SIMG if they disagree with their collegial support specialist around abilities, competencies, and safety.
- robust induction and orienteering requirements for peer support, including a working supernumerary for an appropriate time period or a minimum of two weeks.
- A framework for collegial support from MCNZ to guide the role, meeting frequency, aspects of support and what exactly is needed in the quarterly reports.
- guidelines for supervision reports and assessments.

We also suggest that information on prescribing in Aotearoa would be useful, as the availability and nuances of prescribing within the legal frameworks of different countries is subtly different. There are drugs available and used in the UK, for example, that are not available either in Australia or New Zealand; we consider having an understanding of the role of Pharmac is important for all IMGs and SIMGs.

We trust the above is useful and look forward to further engagement as the detail of the new registration pathways for IMG are developed.

Nāku noa, nā



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**Appendix 1: Medical Sciences Board of New Zealand
Proposed Recertification requirements for internationally qualified anaesthetic technicians
beginning work in New Zealand**

Practitioners need to provide proof of completion of:

- Ngā Paerewa Te Tiriti eLearning module 1: A high-level introduction to Te Tiriti o Waitangi requirements in the Ngā Paerewa Health and Disability Service Standards and how to meet the intent of those criteria.
- Health ABC and Privacy ABC: online training relating to the management of personal health information in Aotearoa New Zealand.
- Online learning provided by the Health and Disability Commissioner to understand the Code of Health and Disability Consumers' Rights (the Code):
 - o How the code of rights improves health and disability services.
 - o What you need to know about informed consent.
 - o Complaints management and early resolution.

Practitioners are also required to review the information provided in a 'Information about the Aotearoa New Zealand Health System' document.