

24 July 2025

Medical Council of New Zealand Level 24, AON Centre 1 Willis Street WELLINGTON 6011

By email: <a href="mailto:consultation@mcnz.org.nz">consultation@mcnz.org.nz</a>

Tēnā koe

## Medical Council of New Zealand – Development of a new collegial peer support and supervision framework for International Medical Graduates

The Royal New Zealand College of General Practitioners (the College) is the largest medical college in Aotearoa New Zealand with a membership of 6,018 specialist General Practitioners (GPs). Our General Practice Education Programme (GPEP) and Rural Hospital Medicine Training Programme (RHMTP) trains the specialist General Practitioner and Rural Hospital Doctor workforce. The Medical Council of New Zealand (MCNZ) accredits the College to deliver a Vocationally Registered workforce through its Continuing Professional Development Programme, making up 40 percent of the specialist medical workforce. The College is committed to prioritising the reduction of health inequities experienced by Māori, honouring Te Tiriti o Waitangi, and the rights of Māori. To do this we prioritise initiatives that support our members to develop cultural safety capability throughout our Training, Member Professional Development and Quality¹ programmes.

Our members provide first point of contact medical care to patients and their whānau to manage 90 percent of all patient healthcare concerns in the community. Each year approximately 24 million<sup>1</sup> patient contacts are recorded by 1,085 general practice teams working across Aotearoa.

In answer to the MCNZ questions, Dr Kerryn Lum, Chief Censor has outlined the implications of the proposed collegial peer support and supervision framework for IMGs in the General Practice Education Programme (GPEP).

# 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?

The College supports the MCNZ's proposal in principle, with the aim of implementing a sustainable, agile, and appropriately flexible framework based on the registration pathway. This framework should include both collegial peer support and supervision components.

Depending on the registration pathway, an IMG will undertake an initial period of either collegial peer support or supervision.

- The collegial peer relationship (i.e., the "nominated peer") must be with a Fellow, not merely a vocationally registered colleague.
- Cultural safety training should be embedded in the framework. This includes training for nominated peers, guidance on the frequency of meetings, and clear expectations for demonstrating how collegial peer support is integrated into daily practice.

<sup>&</sup>lt;sup>1</sup> As at June 2025, 972 out of 1085 general practices met the RNZCGP Foundation Standard.

• We seek reassurance that peer or supervisor reports will be submitted to MCNZ and monitored as part of the process.

Key questions that require clarification:

- Who at the Council receives and reviews these reports, and what actions are taken based on them?
- Whose responsibility is it to address any concerns raised in the reports? If this responsibility is unclear or not enforced, there is a risk that IMGs may be inadequately supervised or supported.
- What happens if a report is substandard in terms of content or quality? There must be confidence that the process is genuine and that robust support and mentoring are in place.

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

There is a potential conflict of interest in general practices where the person signing off on reports and assessing competency is also the employer. This risk is particularly pronounced in corporate practice environments, where the Clinical Director may be located in a different city and may not have reviewed any interim reports. In such cases, independent sign-off is preferable.

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

The College considers that the Collegial Peer Support pathway could result in a vocationally registered practitioner who has never undergone a clinical assessment during their training. This approach risks diluting the value of Fellowship and may remove incentives to achieve FRNZCGP.

We believe this is inconsistent with MCNZ's stated emphasis on supporting Fellowship in general practice as a goal. It also does not align with MCNZ's parallel requirement that GPEP1 registrars receive onsite supervision by a Fellow, nor with the College's requirement that Fellows supervise or mentor advanced registrars (VOC3s) and those on the Prior Specialist pathway.

#### **Summary**

Thank you for the opportunity to comment on the proposed development of a new collegial peer support and supervision framework for IMGs. We welcome further discussion to ensure that the experience of IMGs is positive and contributes to keeping this valuable workforce in New Zealand.

If you require further clarification, please contact Peter Walton-Jones, Manager Admissions and Registrar Support, Learning - <a href="mailto:Peter.Walton-Jones@rnzcgp.org.nz">Peter.Walton-Jones@rnzcgp.org.nz</a>

Nāku noa, nā

Toby Beaglehole Chief Executive

<sup>&</sup>lt;sup>1</sup> Ministry of Health, 2024 data.