



Medical Council of New Zealand: Proposed changes to the comparable health system pathway

The Australasian College for Emergency Medicine (ACEM) welcomes the opportunity to provide its submission to the Medical Council of New Zealand's (MCNZ) consultation on the proposed changes to the comparable health system pathway (the pathway).

ACEM is the peak body for emergency medicine in Australia and New Zealand, with responsibility for training and educating emergency physicians and advancing professional standards in emergency medicine. As the trusted authority for emergency medicine, ACEM has a vital interest in contributing to a sustainable emergency medicine workforce that provides high quality patient care and upholds the highest possible professional standards in emergency medicine.

As the peak professional organisation for emergency medicine, ACEM has a vital interest in ensuring the highest standards of emergency medical care are maintained for all patients. Fellows of ACEM (FACEMs) are specialist emergency physicians working in Emergency Departments (EDs) across Australia and New Zealand.

1. Reducing the required weekly hours of work in the active clinical practice requirement from 30 to 25 hours

1.1 Question 1: Do you agree or disagree with reducing the minimum hours for 'weeks counted' from 30 hours to 25 hours?

ACEM Response:

Strongly agree / **agree** / neither agree nor disagree / disagree / strongly disagree / don't know

ACEM is supportive of the MCNZ's proposal to reduce the minimum hours required in a week, from 30 hours to 25 hours, for that week to be counted towards the 33-month work requirement.

This provides more hours for ongoing registration than is required in Australia¹ where to meet standard, you must practise within your scope of practice at any time for a minimum total of:

- four weeks full-time equivalent in one registration period, which is a total of 152 hours, or
- 12 weeks full-time equivalent over three consecutive registration periods, which is a total of 456 hours

Other comparable medical registration districts do not require specific hours, for example the Medical Council of Ireland states²:

There are no special requirements for doctors working less than full-time, or on an occasional basis. Once registered, a doctor has the right to practise medicine. From the public perspective, the responsibility to maintain professional competence must apply to all doctors, regardless of their working arrangements.

¹ Medical Board: AHPRA. FAQ: Recency of practice. <https://www.medicalboard.gov.au/codes-guidelines-policies/faq/faq-recency-of-practice.aspx>. Published 2021. Accessed November 24, 2021.

² Medical Council Ireland. Doctors with flexible and diverse working arrangements. <https://www.medicalcouncil.ie/existing-registrants-/professional-competence-faq/doctors-with-flexible-and-diverse-working-arrangements.html>. Published 2021. Accessed November 24, 2021.

The College recommends that flexibility is essential and flexible work practices should be encouraged. The College recommends that the applicant be allowed to count total hours worked over the 'weeks counted' period instead of having to work a fixed number of hours weekly. This allows for flexible work patterns that support physicians to have a work/life balance.

ACEM sees the exclusion of overtime as unnecessary because overtime would be 'actual hours worked' rather than on call which may be 'possible hours worked'. Given the excess work requirements on physicians during the pandemic, these hours should be able to be counted to their qualifying hours.

1.2 Question 2: Do you agree that the proposed wording of the active clinical practice requirement improves the clarity of this requirement

ACEM Response:

Strongly agree / **agree** / neither agree nor disagree / disagree / strongly disagree / don't know

Whilst we are generally supportive of the proposed wording of active clinical practice according to the MCNZ pathway, we are concerned about the impacts of changes on women and other people who take time out of medical practice to have children. We are concerned that this wording may result in a long-term structural barrier that in this case may prevent and/or inhibit women and gender diverse people progressing to their full potential in the field of medicine.

ACEM recommends that MCNZ reflect on other policies around return to work after leave to ensure that leave for childcare purposes does not adversely affect any medical practitioners considering using the comparable health system pathway. Other practices such as applied by the General Medical Council in the United Kingdom may assist in ensuring that medical practitioners are not lost to parenthood where there is a focus on quality of activities, not quantity³.

2. Additional information

ACEM recommends that MCNZ broaden the term "in a comparable health system" to "comparable health systems" to ensure clinicians who have worked in more than one comparable health system in the preceding four years have all their practice included.

ACEM recommends that clinicians from comparable health system pathways be required to understand their obligations under Te Tiriti o Waitangi and health inequities in Aotearoa New Zealand. The College believes this is important across the whole of health system, but particularly important for those wanting to work as a GP or in rural health care.

3. For further information

ACEM would like to thank the MCNZ for the opportunity to provide feedback to the proposed changes to the comparable health system pathway. Should you require clarification or further information, please do not hesitate to contact Jesse Dean, General Manager Policy and Regional Engagement (e: jesse.dean@acem.org.au; m: 0423 251 383).

³ General Medical Council. Guidance on supporting information and appraisal and revalidation. https://www.gmc-uk.org/-/media/documents/rt---supporting-information-for-appraisal-and-revalidation---dc5485_pdf-55024594.pdf?la=en&hash=1CA018A10A29AEEA7CDE433E0B901B97DFE96402. 2020.