Reference:

8 April 2003

Maggie Eibisch
MRA Review
Productivity Commission
PO Box 80
Belconnen ACT 2616
AUSTRALIA

Dear Ms Eibisch

Please find the submission on the Trans-Tasman Mutual Recognition Arrangement Review, from the Medical Council of New Zealand enclosed. Thank you for allowing the extra time to enable the Council to discuss and consider the review at its meeting in early April.

If you have any questions in relation to our submission or would like to discuss it further please contact Sue Ineson, Chief Executive Officer at the above address.

The Council would like be kept informed of the review and any progress made. Please note that the Council supports the continued exemption of medical practitioners from the TTMRA at this stage. The Council strongly recommends that any intention to amend or change the exclusion must be discussed further with both the Australian and New Zealand regulatory authorities and medical professional associations before any changes are made.

Yours sincerely

Chris Aitchison
Policy Analyst

Medical Council of New Zealand

Submission to the Ministry of Economic Development and the Council of Australian Governments from the Medical Council of New Zealand on the review of the Trans-Tasman Mutual Recognition Arrangement (TTMRA).

This submission has been prepared on behalf of the Medical Council of New Zealand. Any enquiries should be addressed to Sue Ineson, Chief Executive Officer/Registrar, Medical Council of New Zealand, P O Box 11 649, Wellington, phone 04 384 7635.

1. Preamble

Medical Council of New Zealand (the Council) is the statutory authority responsible for the regulation of medical practitioners in New Zealand. Its principle purpose, under the Medical Practitioners Act 1995, is to protect the health and safety of members of the public by prescribing or providing for mechanisms to ensure that medical practitioners are competent to practise medicine.

The Council's functions under section 123 of the Medical Practitioners Act 1995 include

(a) To authorise the registration of medical practitioners under this Act, and to maintain the register:
(b) To consider applications for annual practising certificates referred to it by the Registrar:
(c) To review the competence of medical practitioners to practise medicine:
(d) To consider the cases of medical practitioners who, because of some mental or physical condition, may not be fit to practise medicine:
(e) To promote medical education and training in New Zealand:
(f) To provide administrative and related services for the Tribunal:
(g) To advise, and make recommendations to, the Minister in respect of any matter relating to the practice of medicine:
(h) To exercise and perform such other functions, powers, and duties as are conferred or imposed on it by or under this Act or any other enactment.

The Medical Practitioners Act 1995 is currently being revised and is due to be replaced with the Health Practitioners Competence Assurance Act (currently still in Bill format) sometime in the next 12 – 18 months. The Health Practitioners Competence Assurance Bill (HPCA Bill) is based on the Medical Practitioners Act 1995 and proposes to act as overarching legislation for thirteen different health professions in New Zealand, including doctors, nurses, dentists and pharmacists.

The Health Select Committee has recently concluded hearing oral submissions on the HPCA Bill and is due to report back to the House on the Bill in mid-April. The Council has provided a submission on the Bill to the Select Committee outlining its concerns. This includes the failure to include the requirement that a registration applicant 'intends to reside' as currently required in the Medical Practitioners Act 1995. The Council's full submission is available from the Council office or the Select Committee.

2. Mutual recognition of medical practitioners under the TTMRA

An intention of the TTMRA, as understood by the Council, is to enable closer economic relationships between Australia and New Zealand through mutual recognition of occupational registration. When originally considered in 1997 it was agreed that the standards of registration and monitoring of medical practitioners were significantly different between New Zealand and Australia, and that the medical profession should be excluded from the TTMRA.

Now that the TTMRA is being reviewed this exclusion is being revisited. Council supports the principle of the TTMRA and although not obligated by law has made several steps forward to recognition of Australian doctors. At this stage medical practitioners who have an Australian or New Zealand primary or post-graduate medical qualification are mutually recognised by the other country's registration authorities. This means that a doctor qualified in Australia or New Zealand is able to travel and work with relative ease between the two countries.

However, having made several moves towards mutual recognition the Council believes that it is still necessary for medical practitioners to be excluded from the TTMRA. There continue to be differing standards between the registration of overseas-trained doctors and on-going competence legislation between New Zealand and the states of Australia. At this point the Council does not believe it is in the interests of the health and safety of the New Zealand public for medical practitioners to be included in the TTMRA. Current differences include:

Australia	**New Zealand**
Registration and assessment of overseas-trained doctors is split between federal and state level: • AMC • state regulatory boards • medical colleges	The Council is responsible for both assessment and registration of all doctors working in New Zealand and accreditation of vocational branches.
State boards are required to follow the recommendations from branch colleges on the registration suitability of applicants.	The Council process involves the colleges however their recommendations are in an advisory capacity and the Council is not required to adhere to them.

Each state has its own legislation, however there has been a recent introduction of mutual recognition between some of the states once registration is granted.	Assessment and registration for all registration applicants in New Zealand is covered under the Medical Practitioners Act 1995.
No requirements for monitoring of continuous professional development (CPD), although some states are in the development stages of requiring similar standards to New Zealand.	Statutory requirement to participate in either general oversight or recertification (a form of CPD). *Refer to Appendix 1 for details about the requirements of general oversight and recertification*.
No requirement for maintaining cultural competence.	The Council considers cultural competence a component of overall competence and is currently developing standards required for registration. Cultural competence is also about to be legislated under the HPCA Bill.
'Areas of need' and therefore two levels of competence for registration applicants.	No 'areas of need' and one standard of competence for all registration applicants.

2. Registration of medical practitioners with New Zealand or Australian qualifications

As mentioned, medical practitioners who have an Australian or New Zealand primary or post-graduate medical degree are mutually recognised by the other country's registration authorities. This is due to joint accreditation of Australian and New Zealand medical schools.

A committee with representatives from both Australia and New Zealand is responsible for accrediting all the medical schools in New Zealand and Australia. This ensures consistency in standards of every qualification. As a result medical practitioners who have a primary medical qualification from Australia or New Zealand are mutually recognised by every Australian and New Zealand registering authority.

Post-graduate qualifications are also subject to mutual recognition. Australasian colleges provide the majority of post-graduate qualifications therefore recognition of post-graduate qualifications provides no barrier between New Zealand and Australia. The minority of colleges that are not Australasian (general practitioners) have mutual recognition of each others post-graduate qualifications and therefore there is still little or no barrier to medical practitioners who wish to work in either Australia or New Zealand.

4. Registration of overseas-trained doctors

Registration of overseas-trained doctors is one aspect of registration where there continues to be significant difference between Australia and New Zealand and it is these differences that cause the Council concern and underlie its reasoning for supporting the continuation of the medical profession's exclusion from the TTMRA.

4.1 Areas of need

'Areas of need' are locations within Australia that have met set criteria and have been identified as an area where the demand for a medical practitioner overrides the need for the usual level of competence assessment. As a result the AMC assessment of overseas-trained doctors is less stringent but the doctor is required to work in the 'area of need' for a minimum of five years. In short, Australia has a two-tiered competence assessment process for overseas-trained doctors.

New Zealand does not believe a two-tier assessment process is acceptable or in the interests of the health and safety of the New Zealand public. All medical practitioners are required to indicate a level of competence that meets New Zealand standards, whether it is through registration assessment or accreditation of the practitioner's medical qualifications.

If the medical profession is included in the TTMRA the overseas-trained doctors who were not subject to the standard level of competence assessment would be entitled to registration in New Zealand without further assessment. The Council would not support such a move and firmly believes it would be detrimental to patient safety. This would conflict with the principal purpose of the Medical Practitioners Act 1995 and the Health Practitioners Competence Assurance Bill.

4.2 Cultural competence

One matter that also needs to be considered in the TTMRA review is the need to assess cultural competence of health practitioners. With the pending introduction of the Health Practitioners Competence Assurance Act, New Zealand regulatory authorities will be required under section 114(i) to ensure that practitioners are culturally competent. Obviously cultural competence differs between Australia and New Zealand and this difference needs to be addressed. If medical practitioners are eventually included in the TTMRA the Council strongly recommends that some leeway is provided to ensure the practitioner is orientated or receives some form of training in the culture of New Zealand before he or she begins work.

4.3 Continued moves to improve mutual registration standards of overseas-trained doctors

The difference between both countries (and sometimes between Australian states) is readily recognised by all the registering authorities and there has been significant move towards harmonisation. The Council and the regulatory authorities in Australia are continually working to decrease the differences at both state and national levels.

The New Zealand and Australian authorities meet regularly and the CEO and President of the Council meet with the Registrars and Presidents of the Australian regulatory authorities twice a year. There is constant communication between all the authorities on a regular basis in day-to-day registration transactions and the Council has regular communication with the Australasian colleges. Consultation with the Colleges and the Australian authorities has already enabled significant improvements but it must be acknowledged that changes to registration and competence assessment processes are complex matters that take time to develop and sometimes include legislative change (a timely process in itself).

Close links between New Zealand and Australian regulatory authorities means that the Council is confident that the differences in competence assessment and registration of overseas-trained

doctors will significantly decrease over the next few years. Some of the projects that will contribute to increased equivalence of standards that currently underway include:

- The Council and the AMC are working together to share methods of assessment for overseas-trained doctors applying for registration in either country.

- Changes in legislation at state and national levels will allow introduction of equivalent processes to the New Zealand requirement for ongoing competency.

- As previously mentioned the Council and AMC have developed a joint accreditation committee of medical schools for Australia and New Zealand. The Council also has a representative on the AMC.

For this reason, the Council recommends that the review note the continued progress of mutual recognition between the Australian and New Zealand standards of registration, competence assessment and monitoring of the medical profession. The review should acknowledge that there is still some significant differences in registration of overseas-trained doctors and therefore support the continued exclusion of the medical profession from the TTMRA, but recommend another review of this exclusion in five years time.

The Council would also recommend that any review must ensure that there is significant consultation with the Australian and New Zealand regulatory authorities, the colleges and medical professional organisations representing the profession.

Other concerns

Under the Medical Practitioners Act 1995, a registration applicant must 'intend to reside' as a requirement for registration. Several of the other health profession statutes in New Zealand do not have this requirement and those that are subject to the TTMRA have found that there is significant evidence to indicate New Zealand is being used 'as a back door' to enter Australia.

In their experience these registration authorities have found that applicants who are not required to reside in New Zealand when applying for registration often apply from overseas and without ever practising or visiting New Zealand then apply for registration in Australia under the TTMRA. This is a waste of New Zealand resources and not the intention of the TTMRA. The Council has submitted to the Health Select Committee that the HPCA Bill should include the registration requirement that applicants must 'intend to reside'.